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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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](#)

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TEXAS CHILDREN'S HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

6621 FANNIN ST

Room/suite

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

HOUSTON, TX 77030

F Name and address of principal officer

WELDON GAGE
6621 FANNIN ST
HOUSTON, TX 77030

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

D Employer identification number

74-1100555

E Telephone number

(832) 824-2982

G Gross receipts \$

2,436,756,428

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.TEXASCHILDRENS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1950

M State of legal domicile

TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO CREATE A HEALTHIER FUTURE FOR CHILDREN AND WOMEN THROUGHOUT OUR GLOBAL COMMUNITY BY LEADING IN PATIENT CARE, EDUCATION AND RESEARCH

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)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

2

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

11,543

6 Total number of volunteers (estimate if necessary)

1,252

7a Total unrelated business revenue from Part VIII, column (C), line 12

433,333

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

124,863,856

9 Program service revenue (Part VIII, line 2g)

2,010,205,801

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11,887,175

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

14,807,520

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,161,764,352

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

8,284,075

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

947,587,101

16a Professional fundraising fees (Part IX, column (A), line 11e)

1,278,567

16b Total fundraising expenses (Part IX, column (D), line 25) ▶

10,554,966

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,052,217,493

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

2,009,367,236

19 Revenue less expenses Subtract line 18 from line 12

152,397,116

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

5,132,130,302

21 Total liabilities (Part X, line 26)

1,381,331,826

22 Net assets or fund balances Subtract line 21 from line 20

3,750,798,476

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-08-14

Date

WELDON GAGE Executive VP / CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Rachel Spurlock

Preparer's signature

Rachel Spurlock

Date

Check ☐ if self-employed

PTIN P00520729

Firm's name ▶

CROWE LLP

Firm's EIN ▶

35-0921680

Firm's address ▶

750 N St Paul Suite 850

Phone no

(214) 777-5200

Dallas, TX 75201

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

TEXAS CHILDREN'S HOSPITAL, LOCATED IN HOUSTON, TEXAS, IS A NOT-FOR-PROFIT ORGANIZATION WHOSE MISSION IS TO CREATE A HEALTHIER FUTURE FOR CHILDREN AND WOMEN THROUGHOUT OUR GLOBAL COMMUNITY BY LEADING IN PATIENT CARE, EDUCATION AND RESEARCH. WE ARE PROUD TO BE CONSISTENTLY RANKED AMONG THE TOP CHILDREN'S HOSPITALS IN THE NATION. WE ARE PROUD TO BE CONSISTENTLY RANKED AMONG THE TOP CHILDREN'S HOSPITALS IN THE NATION.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 1,938,775,848	including grants of \$ 7,920,024	(Revenue \$ 2,218,916,836)
	See Additional Data			












4b	(Code)	(Expenses \$ 102,553,235	including grants of \$ 418,936	(Revenue \$ 32,271,034)
	See Additional Data			

4c	(Code)	(Expenses \$ 51,204,457	including grants of \$ 209,173	(Revenue \$ 11,708,253)
	See Additional Data			

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	2,092,533,540
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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 Yes	
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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	855
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11,543
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CO, FL, GA, AL, HI, IL, KS, KY, MD, MA, MN, MS, NJ, NM, NY, NC, OH, OR, SC, TN, UT, WI

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► JENNIFER LITTLE 1919 BRAESWOOD BLVD HOUSTON, TX 77030 (832) 824-2972

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

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

[illegible]

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)								11,837,248	879,809	3,763,664

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 ► 1,967

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	PHYSN & FACULTY SVC	82,676,272
ACCUDATA SYSTEMS INC 10713 W SAM HOUSTON PARKWAY N SUITE 600 HOUSTON, TX 77064	NETWORK SERVICES	10,259,162
BAYLOR MIRACA GENETICS LABORATORIES LLC PO BOX 847228 DALLAS, TX 752847228	LAB SERVICES	7,055,917
BRIGGS AND CALDWELL LP 9801 Westheimer Road Suite 701 HOUSTON, TX 77042	ADVERTISING	6,651,058
MICROSOFT CORPORATION 1950 N STEMMONS FWY SUITE 5010 DALLAS, TX 75207	IT SOLUTIONS	6,436,060

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 ► 257

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c	2,979,293		
	d	Related organizations	1d	755,371		
	e	Government grants (contributions)	1e	13,578,483		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	114,015,536		
	g	Noncash contributions included in lines 1a-1f \$ 978,220				
	h	Total. Add lines 1a-1f	131,328,683			
Program Service Revenue			Business Code			
	2a	NET PATIENT SERVICE REVENUE	622310	1,980,263,709	1,980,263,709	
	b	THIS WAIVER UNCOMPENSATED CARE POOL	622310	112,810,360	112,810,360	
	c	PHARMACY REVENUE	622310	66,787,952	66,787,952	
	d	MANAGEMENT SERVICES	541611	65,303,310	64,869,977	433,333
	e	RENTAL INCOME	900099	18,282,094	18,282,094	
	f	All other program service revenue		19,882,031	19,882,031	0
	g	Total. Add lines 2a-2f	2,263,329,456			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	15,780,991			15,780,991
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			403,201			
	b	Less rental expenses		77,480		
	c	Rental income or (loss)		325,721	0	
	d	Net rental income or (loss)	325,721			325,721
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			6,816,368	31,045		
	b	Less cost or other basis and sales expenses		6,796,591		
	c	Gain or (loss)		19,777	31,045	
	d	Net gain or (loss)	50,822			50,822
	8a	Gross income from fundraising events (not including \$ 2,979,293 of contributions reported on line 1c) See Part IV, line 18	a	270,261		
	b	Less direct expenses	b	889,024		
	c	Net income or (loss) from fundraising events	-618,763			-618,763
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	3,030,817			
b	Less cost of goods sold	b	1,902,031			
c	Net income or (loss) from sales of inventory	1,128,787			1,128,787	
Miscellaneous Revenue		Business Code				
11a	PARKING GARAGE REVENUE	812930	15,765,605		15,765,605	
b						
c						
d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d	15,765,605				
12	Total revenue. See Instructions	2,427,091,302		2,262,896,123	433,333	32,433,163

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,097,807	8,097,807		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	450,326	450,326		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	8,704,506	251,302	8,453,204	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	33,782		33,782	
7 Other salaries and wages.	828,406,470	784,483,485	41,034,483	2,888,502
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	39,669,189	37,585,252	1,911,952	171,985
9 Other employee benefits.	102,662,862	95,510,336	6,821,167	331,359
10 Payroll taxes.	61,106,162	55,178,224	5,729,665	198,273
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,025,337		4,025,337	
c Accounting.	469,000		469,000	
d Lobbying.	420,109	420,109		
e Professional fundraising services. See Part IV, line 17.	675,626			675,626
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	421,446,530	401,912,741	19,226,225	307,564
12 Advertising and promotion.	15,668,690	7,206,892	3,811,455	4,650,343
13 Office expenses.	53,585,838	50,683,985	2,791,964	109,889
14 Information technology.	45,561,511	37,424,330	8,090,551	46,630
15 Royalties.				
16 Occupancy.	53,650,964	49,959,839	3,485,795	205,330
17 Travel.	4,371,100	4,145,725	214,816	10,559
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,448,414	2,242,842	198,867	6,705
20 Interest.	21,843,330	18,989,735	2,749,425	104,170
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	156,732,178	149,700,871	6,319,928	711,379
23 Insurance.	10,367,964	10,014,575	323,317	30,072
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 PHARMACEUTICAL SUPPLIES	133,622,124	133,622,124		
b MEDICAL/SURGICAL SUPPLIES	111,221,671	111,221,671		
c BAD DEBT	57,379,291	57,379,291		
d ENHANCED MISSION SUPPORT	22,601,256	22,601,256		
e All other expenses	57,485,401	53,450,822	3,927,999	106,580
25 Total functional expenses. Add lines 1 through 24e.	2,222,707,438	2,092,533,540	119,618,932	10,554,966
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		8,129,978	1	19,051,408
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		103,391,709	3	139,544,622
	4	Accounts receivable, net		321,036,518	4	356,709,163
	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			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,277,905	8	21,493,964
	9	Prepaid expenses and deferred charges		31,615,156	9	42,847,250
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,639,006,559		
	b	Less: accumulated depreciation	10b	1,384,652,453		
				2,102,358,002	10c	2,254,354,106
	11	Investments—publicly traded securities		81,716,609	11	350,305,832
	12	Investments—other securities. See Part IV, line 11		249,851	12	249,851
	13	Investments—program-related. See Part IV, line 11		78,963,186	13	135,268,259
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,385,391,388	15	2,076,116,386	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,132,130,302	16	5,395,940,841	
Liabilities	17	Accounts payable and accrued expenses		293,941,406	17	253,114,828
	18	Grants payable			18	
	19	Deferred revenue		3,825,685	19	12,808,582
	20	Tax-exempt bond liabilities		940,483,475	20	919,924,627
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	0
	23	Secured mortgages and notes payable to unrelated third parties		13,107,831	23	3,866,034
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		129,973,429	25	62,722,978
	26	Total liabilities. Add lines 17 through 25		1,381,331,826	26	1,252,437,049
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,382,201,494	27	3,731,684,755
	28	Temporarily restricted net assets		207,757,471	28	226,818,324
	29	Permanently restricted net assets		160,839,511	29	185,000,713
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		3,750,798,476	33	4,143,503,792
	34	Total liabilities and net assets/fund balances		5,132,130,302	34	5,395,940,841

Part XI Reconciliation of Net AssetsCheck 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	2,427,091,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,222,707,438
3	Revenue less expenses Subtract line 2 from line 1	3	204,383,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,750,798,476
5	Net unrealized gains (losses) on investments	5	5,497,726
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	124,700
9	Other changes in net assets or fund balances (explain in Schedule O)	9	182,699,026
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,143,503,792

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

PATIENT CARE TEXAS CHILDREN'S HOSPITAL IS AN INTERNATIONALLY RECOGNIZED FULL-CARE PEDIATRIC HOSPITAL OPERATING TWO CAMPUSES IN THE HOUSTON AREA, THE LARGEST OF WHICH IS LOCATED IN THE TEXAS MEDICAL CENTER ONE OF THE LARGEST PEDIATRIC HOSPITALS IN THE UNITED STATES, THE HOSPITAL IS CONSISTENTLY RANKED AS THE BEST CHILDREN'S HOSPITAL IN TEXAS, AND AMONG THE TOP IN THE NATION TEXAS CHILDREN'S HAS GARNERED WIDESPREAD RECOGNITION FOR ITS EXPERTISE AND BREAKTHROUGHS IN PEDIATRIC AND WOMEN'S HEALTH THE HOSPITAL INCLUDES TEXAS CHILDREN'S HOSPITAL, THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE, THE FEIGIN CENTER FOR PEDIATRIC RESEARCH, TEXAS CHILDREN'S PAVILION FOR WOMEN, A COMPREHENSIVE OBSTETRICS/GYNECOLOGY HOSPITAL FOCUSING ON HIGH-RISK BIRTHS, TEXAS CHILDREN'S HOSPITAL WEST CAMPUS, A COMMUNITY HOSPITAL IN SUBURBAN WEST HOUSTON, TEXAS CHILDREN'S HOSPITAL THE WOODLANDS, THE FIRST HOSPITAL DEVOTED TO CHILDREN'S CARE FOR COMMUNITIES NORTH OF HOUSTON, a second community hospital that opened April 2017 THE ORGANIZATION ALSO CREATED TEXAS CHILDREN'S HEALTH PLAN, THE NATIONS' FIRST HMO FOR CHILDREN, TEXAS CHILDREN'S PEDIATRICS, THE LARGEST PEDIATRIC PRIMARY CARE NETWORK IN THE COUNTRY, TEXAS CHILDREN'S URGENT CARE CLINICS THAT SPECIALIZE IN AFTER-HOURS CARE TAILORED SPECIFICALLY FOR CHILDREN, AND A GLOBAL HEALTH PROGRAM THAT'S CHANNELING CARE TO CHILDREN AND WOMEN ALL OVER THE WORLD TEXAS CHILDREN'S HOSPITAL IS AFFILIATED WITH BAYLOR COLLEGE OF MEDICINE TEXAS CHILDREN'S PAVILION FOR WOMEN OFFERS A FULL SPECTRUM GYNECOLOGICAL AND MATERNAL AND FETAL MEDICINE SERVICES, INCLUDING AN ARRAY OF FETAL DIAGNOSTIC PROCEDURES AND HIGHLY SPECIALIZED FETAL SURGERIES, THREE PRIVATE OB/GYN PRACTICES, THE FAMILY FERTILITY CENTER, THE MENOPAUSE CENTER AND THE WOMEN'S PLACE - CENTER FOR REPRODUCTIVE PSYCHIATRY DURING THE YEAR THE HOSPITAL OVERALL OPERATED 795 INPATIENT BEDS AND MORE THAN 126 AMBULATORY SPECIALTY CLINICS, SUPPORTED BY AN AWARD-WINNING MEDICAL STAFF CONSISTING OF MORE THAN 1,797 BOARD-CERTIFIED PEDIATRIC SUBSPECIALISTS, OBSTETRICIANS AND GYNECOLOGISTS, ADULT SUBSPECIALISTS AND DENTISTS AND A DEDICATED AND HIGHLY SKILLED NURSING AND SUPPORT STAFF OF MORE THAN 10,181 IN 2018, THE PAVILION PERFORMED APPROXIMATELY 6,205 DELIVERIES AND THE HOSPITAL SYSTEM EXCEEDED 199,080 OUTPATIENT CLINIC VISITS

Form 990, Part III, Line 4b:

RESEARCH TEXAS CHILDREN'S/BAYLOR RESEARCHERS AT THE FEIGIN CENTER, THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE AND THE CHILDREN'S NUTRITION RESEARCH CENTER ARE CONDUCTING SOME OF THE MOST INNOVATIVE ONGOING RESEARCH IN A VARIETY OF AREAS FROM PEDIATRIC CARDIOLOGY TO INFECTIOUS DISEASES, NUTRITION, VACCINES AND PEDIATRIC NEUROLOGY AND NEUROGENETICS DURING 2018, TEXAS CHILDREN'S INVESTED IN MORE THAN \$102 MILLION IN OVER 2,133 CLINICAL, BASIC AND TRANSLATIONAL RESEARCH PROJECTS, EXPLORING A WIDE RANGE OF CHILDREN'S AND WOMEN'S HEALTH ISSUES IN ADDITION, THE HOSPITAL CONTINUED ITS STRATEGIC FOCUS ON THE GROWTH AND SUCCESS OF ALL TEXAS CHILDREN'S RESEARCH ENDEAVORS THROUGH ENHANCED INFRASTRUCTURE, SUCH AS THE EXPANSION OF THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE WHERE INVESTIGATORS CAN ACCESS CUTTING EDGE IMAGING MODALITIES, SUCH AS TWO-PHOTON MICROSCOPY, AND STATE-OF-THE-ART NEUROPHYSIOLOGY AND BEHAVIORAL SCIENCE CORE RESOURCES

Form 990, Part III, Line 4c:

EDUCATION THE HOSPITAL SERVES AS THE PRIMARY PEDIATRIC TEACHING FACILITY FOR BAYLOR COLLEGE OF MEDICINE (THEIR LONG-TERM ACADEMIC PARTNER) IN ADDITION, THE TEXAS CHILDREN'S PAVILION FOR WOMEN IS ONE OF THE PREMIER PRIVATE TRAINING HOSPITALS FOR BAYLOR COLLEGE OF MEDICINE'S DEPARTMENT OF OBSTETRICS AND GYNECOLOGY THE CLOSE AFFILIATION BETWEEN THE INSTITUTIONS EXTENDS THROUGHOUT TEXAS CHILDREN'S OPERATIONS, BAYLOR FACULTY INCLUDING SERVICE CHIEFS, MEDICAL DIRECTORS AND STAFF PHYSICIANS ACROSS THE HOSPITAL'S 65 SUB-SPECIALTY CARE OFFERINGS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, THE HOSPITAL INVESTED MORE THAN \$53 MILLION IN THE TRAINING OF OVER 1,261 TRAINEES IN 99 TRAINING PROGRAMS ROTATING AT TEXAS CHILDREN'S BAYLOR AND TEXAS CHILDREN'S HAVE A PROVEN TRACK RECORD RECRUITING TRANSFORMATIVE PHYSICIAN-SCIENTISTS AND ONE OF THE STRONGEST PEDIATRIC RESIDENCY PROGRAMS IN THE COUNTRY BAYLOR'S PEDIATRIC RESIDENCY PROGRAM IS THE LARGEST TRAINING GROUND FOR PEDIATRICS AND ONE OF THE MOST COMPETITIVE IN THE COUNTRY MORE THAN 2,000 STUDENTS APPLY EACH YEAR FROM THE TOP MEDICAL SCHOOLS AROUND THE COUNTRY

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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Dan DiPrisco	39 0									
SCHEDULE O	..... 1 0	X		X				344,102	0	136,393
Weldon Gage	38 0									
SCHEDULE O	..... 2 0	X		X				697,090	0	279,554
Mark Mullarkey	34 0									
SCHEDULE O	..... 6 0	X		X				573,090	0	226,520
John R Nickens IV	39 0									
Schedule O	..... 1 0	X		X				504,819	0	105,752
Michelle Riley-Brown	39 0									
SCHEDULE O	..... 1 0	X		X				543,532	0	219,651
Mark A Wallace	36 0									
Schedule O	..... 4 0	X		X				2,047,533	0	911,541
Mary Jo Andre	20 0									
Schedule O	..... 20 0	X						481,440	0	98,798
Dean B Andropoulos MD	1 0									
BOARD MEMBER	..... 1 0	X						26,322	0	0
Michael A Belfort MD PhD	1 0									
BOARD MEMBER	..... 3 0	X						37,790	0	0
George Bisset III MD	1 0									
SCHEDULE O	..... 39 0	X						0	843,793	43,322

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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles D Fraser Jr MD	1 0									
SCHEDULE O	..... 1 0	X						118,822	0	0
Angelo P Giardino MD PHD	37 0									
SCHEDULE O	..... 3 0	X						593,925	0	105,249
Larry Hollier MD	1 0									
SCHEDULE O	..... 1 0	X						0	0	200,000
Thierry Huisman MD	1 0									
SCHEDULE O	..... 1 0	X						0	0	0
Mark W Kline MD	1 0									
BOARD MEMBER	..... 4 0	X						40,122	0	300,000
James Versalovic MD PhD	1 0									
BOARD MEMBER	..... 1 0	X						28,246	0	0
Eric Williams MD	39 0									
SCHEDULE O	..... 1 0	X						0	0	0
Aisha Jamal	36 0									
Assistant Secretary	..... 4 0			X				114,966	36,016	23,582
Mallory Caldwell	39 0									
SCHEDULE O	..... 1 0				X			557,749	0	131,604
Matthew Girotto	39 0									
Senior Vice President	..... 1 0				X			336,766	0	92,853

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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Tabitha Rice	40 0									
Senior Vice President	..... 0 0				X			403,889	0	134,079
Ivett Shah	38 0									
VICE PRESIDENT	..... 2 0				X			211,431	0	42,353
Linda Aldred	40 0									
Senior Vice President	..... 0 0					X		684,718	0	183,566
MYRA L DAVIS	40 0									
SENIOR VICE PRESIDENT	..... 0					X		518,286	0	115,895
ROBERT DURDEN	40 0									
SCHEDULE O	..... 0					X		1,122,134	0	153,533
Lance Lightfoot	40 0									
SCHEDULE O	..... 0					X		557,437	0	116,747
Kay Tittle	6 0									
Vice President	..... 34 0					X		601,169	0	104,153
Benjamin Melson	0 0									
SCHEDULE O	..... 0 0						X	362,993	0	19,832
Dace Reinholds	0 0									
Former Assistant Secretary	..... 0 0						X	124,894	0	15,111
Randy Wright	0 0									
SCHEDULE O	..... 2 0						X	203,983	0	3,576

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
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						

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						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
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 ► <input type="checkbox"/>					
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 ► <input type="checkbox"/>					
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 ► <input type="checkbox"/>					
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 ► <input type="checkbox"/>					
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 ► <input type="checkbox"/>					

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TEXAS CHILDREN'S HOSPITAL	Employer identification number 74-1100555
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$ _____
3	Volunteer hours for political campaign activities (see instructions)	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		390,867
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		87,827
j	Total. Add lines 1c through 1i			478,694
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	TEXAS CHILDREN'S HOSPITAL (TCH) MAINTAINS A GOVERNMENT RELATIONS DEPARTMENT THAT ADVOCATES FOR PUBLIC POLICY AT THE LOCAL, STATE, AND FEDERAL LEVEL. TCH SUPPORTS POLICIES THAT PROMOTE THE HEALTH OF CHILDREN AND WOMEN, BUILD HIGH QUALITY PEDIATRIC AND WOMEN'S HEALTHCARE SYSTEMS, AND ADVOCATE FOR HEALTH COVERAGE FOR CHILDREN AND WOMEN. IN ADDITION TO ADVOCACY, THE GOVERNMENT RELATIONS DEPARTMENT PROVIDES EDUCATION ON THE UNIQUE NEEDS OF PEDIATRIC AND WOMEN'S HEALTHCARE PATIENTS AND FAMILIES. TEXAS CHILDREN'S HOSPITAL PAID DUES TO THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH) AND TEXAS HOSPITAL ASSOCIATION (THA), OF WHICH A PORTION WAS ATTRIBUTABLE TO LOBBYING ACTIVITIES.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	TEXAS CHILDREN'S HOSPITAL (TCH) MAINTAINS A GOVERNMENT RELATIONS DEPARTMENT THAT ADVOCATES FOR PUBLIC POLICY AT THE LOCAL, STATE, AND FEDERAL LEVEL. TCH SUPPORTS POLICIES THAT PROMOTE THE HEALTH OF CHILDREN AND WOMEN, BUILD HIGH QUALITY PEDIATRIC AND WOMEN'S HEALTHCARE SYSTEMS, AND ADVOCATE FOR HEALTH COVERAGE FOR CHILDREN AND WOMEN. IN ADDITION TO ADVOCACY, THE GOVERNMENT RELATIONS DEPARTMENT PROVIDES EDUCATION ON THE UNIQUE NEEDS OF PEDIATRIC AND WOMEN'S HEALTHCARE PATIENTS AND FAMILIES. TEXAS CHILDREN'S HOSPITAL PAID DUES TO THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH) AND TEXAS HOSPITAL ASSOCIATION (THA), OF WHICH A PORTION WAS ATTRIBUTABLE TO LOBBYING ACTIVITIES.

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
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	160,839,511	139,937,336	131,831,471	132,134,564	121,015,298
b Contributions	13,640,542	15,943,722	3,651,064	7,810,864	2,864,009
c Net investment earnings, gains, and losses	17,439,098	11,439,594	10,445,580	-2,104,397	13,573,470
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,918,438	6,481,141	5,990,779	6,009,560	5,318,213
g End of year balance	185,000,713	160,839,511	139,937,336	131,831,471	132,134,564

2

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

a

Board designated or quasi-endowment

7 %

b

Permanent endowment

93 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

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		130,868,740		130,868,740
b Buildings		1,703,731,597	336,392,995	1,367,338,602
c Leasehold improvements		41,139,471	30,258,183	10,881,288
d Equipment		1,678,649,750	997,587,903	681,061,847
e Other		84,617,001	20,413,372	64,203,629
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,254,354,106

Schedule D (Form 990) 2017

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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) INVESTMENT IN TEXAS CHILDREN'S HOSPITAL FOUNDATION	1,978,019,143
(2) TCH INSURANCE COMPANY REBATE RECEIVABLE	52,396,612
(3) MISC RECEIVABLES	10,509,572
(4) Prepaid Mission Support	20,364,712
(5) DUE FROM AFFILIATES	14,826,347
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,076,116,386

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTEREST RATE SWAP	18,593,952
DEFERRED COMPENSATION	11,187,706
RETIREMENT PLAN LIABILITY	27,863,632
OTHER LONG TERM LIABILITY	5,077,688
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	62,722,978

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

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: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	TEXAS CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED FUNDS IN WHICH THE PRINCIPAL IS HELD IN PERPETUITY AND INVESTED FOR GROWTH AND THE INCOME GENERATED IS CONSUMED IN THE FURTHERANCE OF TEXAS CHILDREN'S EXEMPT PURPOSE

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2018 OR 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

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**

Employer identification number

74-1100555

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,388,683
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,388,683

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 74-1100555

Name: TEXAS CHILDREN'S HOSPITAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Sub-Saharan Africa			Program Services	Health care services	1,316,417
Central America and the Caribbean			Program Services	SELF- INSURANCE	72,266

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As Filed Data -

DLN: 93493226028239

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
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

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?		(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
		Yes	No			
1 INFOGROUP INC 200 Pemberwick Road GREENWICH, CT 06830	DIRECT MAIL		No		533,101	-533,101
2 270 STRATEGIES 626 WEST JACKSON BLVD SUITE 600 CHICAGO, IL 60661	ANALYTIC SERVICES		No		80,065	-80,065
3 TARRYN LANKFORD 9713 PINE LAKE DRIVE HOUSTON, TX 77055	EVENT COORDINATION		No		62,460	-62,460
4						
5						
6						
7						
8						
9						
10						
Total ▶				0	675,626	-675,626

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.

CA, CO, CT, DE, DC, FL, GA, AL, HI, ID, IL, IN, IA, KS, KY, LA, ME, AK, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, AZ, RI, SC, SD, TN, TX, UT, VT, VA, AR, WA, WV, WI, WY

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 THE LEGACY OF MOTOWN GALA (event type)	(b) Event #2 AN EVENING WITH A LEGEND (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,092,768	645,135	1,511,651	3,249,554
	2 Less Contributions	1,040,193	589,568	1,349,532	2,979,293
	3 Gross income (line 1 minus line 2)	52,575	55,567	162,119	270,261
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	75,072	378,103	435,849	889,024
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				889,024
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-618,763

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493226028239

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

TEXAS CHILDREN'S HOSPITAL

Employer identification number

74-1100555

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

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 %

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

Yes

4

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"?

5a

Yes

5a

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5b

Yes

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5c

No

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a

Yes

6a

6a

Did the organization prepare a community benefit report during the tax year?

6b

Yes

6b

6b

If "Yes," did the organization make it available to the public?

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)			23,862,720	2,514,016	21,348,704	0 99 %
b Medicaid (from Worksheet 3, column a)			931,001,645	861,130,430	69,871,215	3 23 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			64,705,951	51,858,740	12,847,211	0 59 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	1,019,570,316	915,503,186	104,067,130	4 81 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,996,359	3,220,660	4,775,699	0 22 %
f Health professions education (from Worksheet 5)			51,204,456	3,977,312	47,227,144	2 18 %
g Subsidized health services (from Worksheet 6)			22,847,201	8,587,870	14,259,331	0 66 %
h Research (from Worksheet 7)			102,553,235	32,271,034	70,282,201	3 25 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7,465,752	32,934	7,432,818	0 34 %
j Total. Other Benefits	0	0	192,067,003	48,089,810	143,977,193	6 65 %
k Total. Add lines 7d and 7j	0	0	1,211,637,319	963,592,996	248,044,323	11 46 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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			2,000	0	2,000	0 %
2 Economic development			15,000	0	15,000	0 %
3 Community support			72,000	0	72,000	0 %
4 Environmental improvements			1,500	0	1,500	0 %
5 Leadership development and training for community members			130,000	0	130,000	0 01 %
6 Coalition building			1,500	0	1,500	0 %
7 Community health improvement advocacy			13,000	0	13,000	0 %
8 Workforce development					0	0 %
9 Other			141,110	0	141,110	0 01 %
10 Total	0	0	376,110	0	376,110	0 02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	57,377,580	
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	0	
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	8,641,228
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	9,945,025
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,303,797
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
TEXAS CHILDREN'S HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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	No
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 Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs</u>	10 Yes	
a If "Yes" (list url) <u>community-health-needs</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

TEXAS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input type="checkbox"/> 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? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part VI</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part VI</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part VI</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

TEXAS CHILDREN'S HOSPITAL

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

TEXAS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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.

[illegible]

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? 5

Name and address	Type of Facility (describe)
1 Vannie Cook Children's Cancer and Hematology Clinic 101 W Expressway 83 McAllen, TX 78503	Community Based Outpatient / Diagnostic Clinic
2 SuperKids and Ronald McDonald Care Mobile Clinics 8080 N Stadium Drive Houston, TX 77054	Community Based Mobile Clinics
3 Texas Children's Pavilion for Women - Obstetrics & Gynecology Pearland 9003 Broadway St Pearland, TX 77584	Community Based Outpatient / Diagnostic Clinic
4 Primary Care Practice at Palm Center 5400 Griggs Road Suite 101 Houston, TX 77021	Community Based Outpatient / Diagnostic Clinic
5 Texas Children's Specialty Care - Upper Kirby 3023 Kirby Dr Suite 201 Houston, TX 77098	Community Based Outpatient / Diagnostic Clinic
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	Additional information The Hospital files the Annual Statement of Community Benefits Standard (ASCBS), the State of Texas' community benefit reporting for not-for-profit hospitals For the fiscal year ended September 30, 2018, the Hospital reported approximately \$261,533,000 as the total annual charity and community benefit in its ASCBS Differences between Schedule H and the ASCBS are stated below The resulting difference of \$(13,489) between the ASCBS and the amounts recorded in Part I line 7 are due primarily to varying reporting requirements as outlined below (in \$1000's) ASCBS includes bad debt expense in the patient care RCC Additionally, the ASCBS RCC is calculated using 2016 financial information 4,821 ASCBS includes financial assistance provided to community by related organizations (6,269) ASCBS includes the unreimbursed cost of community building activities (5,310) ASCBS includes the unreimbursed cost of Medicare and Champus (6,731) Total variance between Part I line 7 and ASCBS (13,489)

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	<p>(continued) c Texas Children's Hospital West Campus serves one of the fastest growing pediatric populations in the country As the population grows, so has this community hospital To meet the needs of these diverse neighborhoods, the Hospital continues to look at its patients and engage community-based organizations and leaders to determine what programs, services and initiatives may make the most impact in west Houston In 2018, Texas Children's Hospital provided pediatric care with over 417,000 visits at the West Campus, and this number has continued to grow annually each year since opening its doors in 2010 The campus provides subspecialty outpatient care including physician visits, therapy services, and a full complement of diagnostic services The Hospital has 86 inpatient beds, which includes a new 22 bed pediatric intensive care unit and remains the only 24/7 dedicated pediatric emergency center in the west Houston area In addition, a 28,500 square foot, state-of-the-art sports medicine clinic continues to serve the Greater Houston area with physicians specialized in Orthopedics and Sports Medicine with dedicated physical therapists focusing on the unique needs of a pediatric athlete In an effort to focus on our most vulnerable patients, a Complex Care Clinic was opened at West Campus to support patients with complex medical needs including care coordination needs, medical fragility, technology dependence, and increased health care utilization As our need for providing increased access to diagnostic services, West Campus operates an Interventional Radiology Suite providing a wide range of image-guided minimally invasive procedures such as Needle Biopsies, Placement of central lines, feeding and drainage tubes for abscess or other abnormal collections of pus/fluid in the body The patients most commonly served by this department include those with Hypersalivation, Varicocele, deep Vein thrombosis, Cystic Fibrosis, foreign body removal and Venous system related diseases d Texas Children's Health Plan operates two Centers for Children and Women, a family-centered medical home for TCHP members located within two of Houston's most underserved areas, Greenspoint and Sharpstown The facilities offer primary pediatric and obstetric care, pediatric optometry and dentistry and onsite imaging, speech therapy, lab and pharmacy In November 2016, TCHP launched STAR Kids, a Medicaid-managed care plan for children and young adults up to 21 years old with disabilities The STAR Kids program offers the same benefits as Medicaid plus many extra services, including long-term support, service coordination through the STAR Kids health plan, and help in the home to optimize the environment for the child with disabilities, among other benefits e The Jan and Dan Duncan Neurological Research Institute (NRI) at Texas Children's Hospital is the world's first comprehensive pediatric neurological research center devoted to collaborative efforts to understand neurological conditions like autism, cerebral palsy and epilepsy - a class of disorders that together are expected to exceed more than a half-trillion dollars annually in healthcare costs The NRI includes more than 400,000 square feet of advanced research and office space, including a new laboratory floor, a customized nuclear MRI suite and additional vivarium space f At Texas Children's, we believe in providing women, mothers and babies quality health care at every important stage of their lives We call this model "family-centered care " Texas Children's Pavilion for Women brings together obstetricians, gynecologists, oncologists, surgeons, geneticists and nurses from the Hospital and Baylor College of Medicine, to accomplish this purpose With high-risk births on the rise nationally, our renowned experts and specialists focus on furthering obstetrical research We also provide advanced treatment, including level IV neonatal intensive care units to give premature and sick babies more extensive support and care The Hospital was the first hospital to receive designation from the State of Texas as a level IV NICU, one of only a few verified under the new regulations g The Feigin Tower is the Hospital's central hub for pediatric research The Hospital is an internationally recognized leader in pediatric research and continues to be a leading recipient of pediatric grant funding through the National Institutes of Health (NIH) With total external and internal funding of more than \$169 million annually, researchers conduct more than 1,100 clinical, basic science and translational research projects to identify groundbreaking treatments and cures for childhood diseases</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 FAP WEBSITE	The website for Schedule H, Part V, Lines 16a-c is https://www.texaschildrens.org/patients-and-visitors/insurance-and-billing-assistance/financial-arrangements

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Organizational Subsidized Health Services	<p>Continued from prior response on Schedule H, Part I, Line 7 Texas Children's Hospital Primary Care Practice at Palm Center provides comprehensive routine and preventive health care, including well child check-ups, sick visits, sports physicals, immunizations and management of chronic pediatric medical conditions Texas Children's Hospital Primary Care Practice at Palm Center serves as the largest Texas Children's Hospital and Baylor College of Medicine practice that provides primary care experience for pediatric medical students and residents This clinic's location in the Palm Center neighborhood in Houston's Third Ward offers a great opportunity to serve the community while modeling best practices to the next generation of pediatricians Third Ward is a historically African American community with a rich history and cultural legacy along with a renewed sense of purpose and commitment The clinic's location offers free parking and is conveniently located at the Palm Center Station on the MetroRail's Purple Line</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	<p>The Hospital has included five hospital-based outpatient clinical services (The Autism Center, Renal Outpatient Services, Special Needs Primary Care Clinic, The Center for Childhood Obesity and Mental Health Services- includes pediatric and maternal services) and four stand-alone clinics (the Mobile Clinic Outreach Program, Pediatric Dentistry, the Primary Care practice at Palm Center, and the Vannie E. Cook Jr. Children's Cancer and Hematology Clinic) as subsidized health services in Part I, Line 7g. Gross expenses of \$22,847,201, offsetting revenue of \$8,587,870 and net expenses of \$14,259,331 are included in that line. The stand-alone clinics include gross expenses of \$11,807,385, offsetting revenue of \$5,246,456 and net expenses of \$6,560,930 in line 7g. These clinics qualify as subsidized health services because they provide care and services to vulnerable, low income populations whose communities lack primary care services and programs. The Texas Children's Autism Center and Meyer Center for Developmental Pediatrics provides diagnostic services for children suspected of having an Autism Spectrum Disorder, Developmental Delay, Intellectual Disabilities, Learning problems etc. This is a multidisciplinary center comprised of developmental pediatricians, neurologists, psychologists and psychiatrists who work collaboratively to provide a comprehensive diagnostic evaluation. They also have a social work team to help families obtain resources in the community and school not provided at the Hospital. The Autism Center and The Meyer Center for Developmental Pediatrics are housed in the same location and have over 4,800 patient visits annually. Renal Outpatient Services - Services started in 1980 in response to community needs for chronic hemodialysis for children. Approximately 70 chronic patients are seen annually by pediatric nephrologists and undergo dialysis treatment at the hospital or at home in order to improve their health outcomes while maintaining a child's normalcy of school and activities with friends. In addition to chronic end stage renal dialysis patients, approximately 3,800 patients are treated in pheresis and renal clinics. The Special Needs Primary Care Clinic provides a medical home, case management and social services for children with very complex underlying medical conditions. These patients have difficulty finding a general pediatrician to oversee their care and tend to utilize emergency rooms and subspecialists for routine care. The Center for Childhood Obesity was developed to provide comprehensive help to the community and providers in caring for patients with weight management challenges, obesity (children with a body mass index above the 95th percentile) and associated co-morbidities. Programs include:</p> <ul style="list-style-type: none"> * The Program for Healthy Bodies - a comprehensive evaluation of medical and psychosocial issues as well as an assessment of lifestyle leads to an individualized plan for each patient. This plan may include subspecialty care. The goal for every family is additional weight management services close to home between visits to the Center. Over 80% of the children seen are severely obese. * On the Weight - a 10-week group programs for elementary school age children and their parents are offered at the CyFair Health Center in the late afternoon. * The Weight of Life Program - a 15-week program that serves individual children and addresses behavior change for weight control as well as emotions and self-esteem. * Kamp K'aana - a two-week residential camp program for children 10 to 14 years of age who are struggling with obesity, supported in part through fundraising efforts of volunteers from the Hospital. <p>Sites expanded through community partners from Camp Cho-yeh and YMCA Camp Cullen.</p> <ul style="list-style-type: none"> * The Saturday Wellness Program - quarterly sessions offered on Saturday mornings to teach children six to 16 years of age about healthy lifestyles and nutrition. Supported by the Texas Department of State Health Services. <p>The Psychiatry Service serves patients with a wide variety of psychiatric conditions often which are comorbid. Services include diagnostic assessments and treatment of complex anxiety and mood disorders, Tourette's syndrome, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, medication management for children with Autism Spectrum Disorders, among other conditions. The Service also has a consult liaison service to the inpatient units of the Hospital. The Service has over 11,000 patient visits annually. The Psychology Service serves patients with varying degrees of assessment and treatment needs. Services include neuropsychological testing, cognitive assessments, treatment in the areas of pre-school and school age disruptive behavior, anxiety and mood disorders, complex ADHD, and the Trauma and Grief Center (TAG). TAG services patients from 7-17 who are in need of therapy for trauma related incidents or grief counseling. The TAG team also helps train community partners including numerous</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	<p>school districts in trauma and grief protocols etc. The Psychology Service works closely with other services within Texas Children's Hospital, both inpatient and outpatient, in helping patients adjust to and manage complicated or serious medical diagnoses. The Service has over 7,700 patient visits annually. Mobile Clinic Outreach Program -The Hospital's mobile clinics partner with underserved schools in the city and travel to low-income neighborhoods to provide free health care to children and adolescents ages zero to 18 who do not have insurance. As part of its goal to build a community of healthy children, the Hospital operates mobile clinics to provide trusted, high-quality medical services to children who normally might not have the opportunity to receive health care. In 2018, mobile clinics visited over 30 locations in Greater Houston, with nearly 10,000 patients, 11,000 procedures and 9,000 vaccines administered. Services include sick visits, well-child check-ups, vision and hearing screenings and free immunizations to all Texas Vaccines for Children-eligible patients. Additionally, our community health workers can help families apply for public health insurance, such as Medicaid, CHIP and the Harris Health Eligibility Card. We also provide referrals for social services and affordable permanent medical homes.</p> <p>Pediatric Dentistry Services - Community based dentists are generally not equipped to treat dental patients with special needs that often require treatment in the operating room or heavy sedation. The Pediatric Dental Clinic at Texas Children's Hospital (Dental Clinic) was developed to care for these children. The Dental Clinic is primarily focused on patients with cardiac issues, cancer, neurologic disorders and other medical issues. Approximately 82% of the patients seen in the Dental Clinic are insured through Medicaid. In 2018, the Dental Clinic had over 3,400 patient visits which included about 1,100 operating room cases. Additionally, the Pediatric Orthodontic Clinic at Texas Children's Hospital (Orthodontic Clinic) treats children who have congenital anomalies and/or cleft palates in conjunction with the Plastic Surgery department. In 2018, the Orthodontic Clinic had over 3,500 patient visits with about 66% insured through Medicaid.</p> <p>The Vannie E. Cook Jr. Children's Cancer and Hematology Clinic (Vannie Cook Clinic) is located in McAllen, Texas and is a joint effort between the Vannie E. Cook Jr. Cancer Foundation, Baylor College of Medicine and Texas Children's Cancer and Hematology Centers. The Vannie Cook Clinic offers treatment to children along the Mexico border in South Texas who suffer from cancer and blood disorders. It is the only comprehensive pediatric cancer treatment facility in South Texas. Many of these patients previously would have traveled to San Antonio or Houston for their treatment, a hardship physically, emotionally and financially for them and their families. It is a comprehensive care facility offering diagnostic and cancer treatment services, cancer genetic counseling and a long-term survivorship program which follows childhood cancer survivors through adulthood. Most of the patients (86%) are from low-income, uninsured or underinsured families. Every year, the clinic staff sees approximately 1,270 patients and of these patients, approximately 580 are newly diagnosed. (See continuation of Part I, Line 7g)</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	57379291

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	<p>For Part 1, Line 7, Texas Children's Hospital (Hospital) applied the ratio of patient care costs (RCC) to charges derived from Worksheet 2 to the charges the Hospital forgave pursuant to the financial assistance policy (line 7a), Medicaid charges (line 7b), other means-tested charges (line 7c) and research patient care charges (line 7h) Worksheets 1, 2, 3, 4, 5, 6, 7 & 8 and the corresponding instructions have been used as the primary basis for completing Part 1, Line 7 For each subsidized health service, the Hospital used the RCC for cost report line 90 00 Outpatient Clinics where the subsidized health service cost centers reside and applied it to the respective gross patient charges to calculate community benefit expense The exception to the above is Renal Outpatient Services Costs incurred for Renal Outpatient Services reside in multiple cost centers and multiple cost report lines The RCC for the related cost report line where the actual gross patient charges were recorded was used to calculate community benefit expense for Renal Outpatient Services For each subsidized stand-alone clinic, the Hospital calculated a specific ratio of patient care costs to charges using the same method prescribed in worksheet 2 and applied it to the respective clinics' gross patient charges to calculate community benefit expenses For Part 1, Line 7, the Hospital applied indirect cost ratios from the 2018 Medicaid cost report to direct program expense to determine total community benefit expense related to community health improvement services and community benefit operations (line 7e), non-GME health professional education programs (line 7f) and in-kind contributions (line 7i) The indirect cost ratios computed from the 2018 Medicaid cost report are both comprehensive and a good proxy of the associated overhead costs For Part 1, Line 7f, the Hospital included the direct and indirect expense from the 2018 Medicaid cost report for state accredited and nationally accredited Graduate Medical Education (GME) programs For Part 1, Line 7h, the Hospital included the direct and indirect expense from the 2018 Medicaid cost report for research No industry-sponsored research activities are included in line 7h</p>

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES SERVED AND SUPPORTS ORGANIZATIONS FOCUSED ON THE ROOT CAUSES OF HEALTH PROBLEMS (E G , POVERTY AND HOMELESSNESS) AND VULNERABLE POPULATIONS (E G , CHILDREN WITH SPECIAL HEALTHCARE NEEDS) Physical improvements and housing (Line 1) Net Community Building Expense HERMANN PARK CONSERVANCY \$ 1,000 SEARCH - Houston without Homeless \$ 1,000 TOTAL \$ 2,000 Economic Development Activities (Line 2) Net Community Building Expense Genesys Works Houston \$ 15,000 Community Support Activities (Line 3) Net Community Building Expense YMCA \$ 50,000 BAKERRIPLEY \$ 10,000 YES to YOUTH - Montgomery County Youth Services \$ 3,000 The Woodlands Township \$ 3,000 GIRL SCOUTS \$ 2,500 Sam Houston Area Council - Boy Scouts of America \$ 2,500 The Woodlands High School \$ 1,000 TOTAL \$ 72,000 Environmental Improvement Activities (Line 4) Net Community Building Expense Air Alliance Houston \$ 1,500 Leadership Development and Training for Community Member Activities (Line 5) Net Community Building Expense JUNIOR LEAGUE OF HOUSTON \$ 110,000 TEACH - To Educate All Children \$ 15,000 Children's Defense Fund \$ 5,000 TOTAL \$ 130,000 Coalition Building Activities (Line 6) Net Community Building Expense NAACP \$ 1,500 Community Health Improvement Advocacy Activities (Line 7) Net Community Building Expense Interfaith of The Woodlands \$ 12,500 SAFEAustin - Stop Abuse for Everyone \$ 500 TOTAL \$ 13,000 Other (Line 9) Net Community Benefit Expenses CENTER FOR HEARING AND SPEECH \$ 60,000 Texas A&M University - Biomedical Engineering Industry Alliance Fund \$ 45,000 The Living Bank \$ 25,000 SIRE - Therapeutic Horsemanship \$ 3,000 INSPIRATION RANCH \$ 2,800 Dec My Room \$ 1,800 All Ears - Listening and Language Center \$ 1,760 Kids' Meal \$ 1,000 The Woodforest Charitable Foundation \$750 TOTAL \$ 141,110

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense represents the difference between the standard rates (or the discounted rates negotiated or provided by policy) and the amounts expected to be collected after all reasonable collection efforts have been exhausted. Bad debt expense is calculated as the charges written off (at full established rate), less any indirect funds received used to offset charges written off.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Bad debt attributable to patients eligible under financial assistance policy The Hospital does not contend that any portion of patient charges written off to bad debt expense is attributable to the organization's financial assistance policy (FAP) or should be considered a community benefit Robust screening processes are used in determining FAP-eligibility and financial assistance amounts are not expected to result in cash flows All uncollected charges attributable to patients eligible under the organization's FAP are included in line 7a (at cost)

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Footnote describing accounts receivables and allowance for doubtful accounts (page 15) of audited financial statements Patient receivables and related allowances for contractual adjustments and doubtful accounts are recorded on an accrual basis and at net realizable value in the consolidated balance sheets For receivables associated with services provided to patients who have third-party coverage, Texas Children's analyzes contractually due amounts and provides estimated allowances The allowance for doubtful accounts is recorded based primarily on the aging of patient receivables and historical collection experience by major payor group Texas Children's regularly reviews revenue source data related to these major payor groups in evaluating the sufficiency of the allowance for doubtful accounts Self-pay receivables include patients without insurance or government assistance For self-pay patient receivables, Texas Children's records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The allowance for doubtful accounts represents the difference between the standard rates (or the discounted rates negotiated or provided by the policy) and the amounts expected to be collected after all reasonable collection efforts have been exhausted</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>The sources used to determine the amount reported as Medicare Allowable Costs on Part III, line 6 was the Hospital's 2017 Medicare Cost Report and supporting workpapers. Substantial shortfalls typically arise from payments that are less than the cost to provide the care or services and do not include any amounts relating to inefficient or poor management. The Hospital accepts Medicare patients seeking pediatric or women's health services, as reflected on the year-end Medicare Cost Report, with the knowledge that there may be shortfalls. IRS Revenue Ruling 69-545, which established the community benefit standards for nonprofit hospitals, implies that treating Medicare patients is a community benefit and states that if a hospital serves patients with governmental health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community.</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Patients who have qualified for financial assistance which receive discounted care will be responsible for payment of any applicable hospital charges at a reduced rate. If the patient does not pay the amount and fails to renegotiate a payment plan (if applicable), the uncollected balance will be considered bad debt. The Hospital may use reasonable efforts to collect bad debt which include but are not limited to telephone calls, email and couriered written correspondence. The Hospital does not engage in extraordinary actions to force collections on patient accounts.

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Form and Line Reference		Explanation	
Schedule H, Part V, Section B, Line 16a FAP website		- TEXAS CHILDREN'S HOSPITAL Line 16a URL	See Part VI,

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Form and Line Reference	Explanation		
Schedule H, Part V, Section B, Line 16b FAP Application website	- TEXAS CHILDREN'S HOSPITAL	Line 16b URL	See Part VI,

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Form and Line Reference		Explanation		
Schedule H, Part V, Section B, Line 16c FAP plain language summary website		- TEXAS CHILDREN'S HOSPITAL	Line 16c URL	See Part VI,

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to the CHNA, Texas Children's Hospital has a Community Benefits department whose structure and purpose includes engaging with internal and external partners in the development of community partnerships, identifying new programs and funding opportunities and reporting community benefit programs' progress, outcomes and evaluation To accomplish this, Community Benefits employs the ICARE framework</p> <ul style="list-style-type: none">* Identify community health needs as they arise* Collect data* Align the Texas Children's community-related efforts with identified needs* Recognize components of Texas Children's that provide quality community-related services* Enhance community-related health efforts across the entire system <p>The Community Benefits programs are guided by six priority areas 1) Access to Appropriate Care and Health Coverage, 2) Education and Research, 3) Disease and Injury Prevention, 4) Management of Chronic Diseases, 5) Community Health Partnerships and Collaborations, and 6) Women's Health A Community Benefits Workgroup, comprised of physician and administrative leaders from across Texas Children's, works in collaboration with the Community Benefits department The workgroup is charged with determining how best to address identified community needs that would fall under these health pillars Members/Leaders provide critical guidance to the Community Benefits department in the Hospital's supported programs created to address existing community health needs and how best to measure program success and continued support or expansion of these efforts to other areas of the community</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>All patients who receive services at the Hospital or their families are notified of their rights and responsibilities and the availability of government or hospital sponsored programs if financial assistance is needed * Information is provided during inpatient and outpatient registration where materials are always available in both English and Spanish * Notices of the Hospital's financial assistance program are posted in public waiting and registration areas, including Admissions, Emergency Center, outpatient clinics and other prominent areas A variety of language services are available upon request * The Hospital's Financial Assistance Policy, Financial Assistance Application and a plain language summary of the Financial Assistance Policy are posted on Texas Children's Hospital's public website in both English and Spanish The site directs patient families to contact admissions counselors and financial counselors in the Admissions department for more information about available financial options and resources * The Hospital annually publishes a summary of its financial assistance policy in the local major newspapers * Financial counselors are available to determine eligibility for government and/or hospital-sponsored financial assistance Financial counselors receive training on eligibility requirements for financial assistance and government programs * State Out-stationed Eligibility Workers (OEW) are on-site to support the government-sponsored assistance program application process * Referrals for charity consideration may originate with the scheduling, pre-service, customer service departments, hospital social workers and clinicians, external providers and through self-referral These referrals are directed to the appropriate department's financial counselors who discuss options, including charity assistance * Financial counselors also contact patients arriving via the Emergency Center after appropriate medical screenings to discuss eligibility for government programs like Medicaid, CHIP, CSHCN and charity assistance</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>Given the services provided to patients from around the world, the Hospital has defined its community as local, national and international. In regards to its CHNA, the Hospital chose to focus on addressing local needs. For more in depth information for each county in the Hospital's primary service area in addition to five vulnerable neighborhoods highlighted, please refer to the Hospital's CHNA online https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs. Locally, the following cities and counties are the Hospital's primary and secondary service areas: Harris, Houston, Brazoria, Alvin, Chambers, Baytown, Fort Bend, Sugar Land, Galveston, Liberty, Dayton, Montgomery, The Woodlands, Waller and Brookshire. The U.S. Department of Health and Human Services Health Resources and Service Administration (HRSA) defines Medically Underserved Areas (MUAs) as the following: May be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. HRSA defines Medically Underserved Populations (MUPs) as the following: May include groups of persons who face economic, cultural or linguistic barriers to health care. In Harris County alone, HRSA has identified 24 Medically Underserved Areas and Medically Underserved Populations (MUA/Ps) stated as the following: Pov/Span-Speaking/Immigrant Population- Southwest Houston (MUP), Harris Service Area (MUA), East Central Houston (MUA), Ripley Service Area (MUA), South Central Harris County (MUA), Casa De Amigos Service Area (MUA), Baytown Service Area (MUA), Galena Park/ Jacinto City Service Area (MUA), Low Income- Alief Service Area (MUP), Acres Home Service Area (MUA), Settegast Service Area (MUA), Independence Heights Service Area (MUA), Trinity Gardens Service Area (MUA), Aldine (MUA), North Central (MUA), South Service Area (MUA), Northeast Central Service Area (MUA), Central Harris (MUA), West Pasadena (MUA), Low Income- Spring Branch (MUP), Southern Third Ward Service Area (MUA), North Forest Service Area (MUA), Low Income- Northwest Harris (MUP), Governor's Low Income- Southwest Harris (MUP). The Hospital's other service area MUAs include the following: Brazoria County - Three MUAs (Brazoria, Alvin and South Service Area), Chambers County-One MUA (Chambers Service Area), Fort Bend County- One MUA (Fort Bend Service Area), Galveston County- Three MUAs (Two in the Galveston Service Area and Bayshore), Liberty County- One MUA (Liberty Service Area), Montgomery County- Two MUAs (Montgomery Service Area and East Montgomery), and Walker County- One MUA (Walker Service Area). Understanding the demographics of our state and our region is important to planning a thoughtful community benefit program with lasting impact. Consider the following facts: I The Census Bureau reported that between 2010 and 2015 the state of Texas increased by a greater number of people than any other state in the nation, adding 2.3 million residents. II Harris County's population increased by approximately 11% between 2010 and 2015, while Houston added nearly half a million people, which is more than the growth of New York City and Chicago combined. III In 2014 there were 73.6 million children in the U.S. with 1 in 10 living in Texas. Of those over seventy million children in Texas, almost 2 in 10 lived in Harris County. IV The largest county is Harris, with a population of 4,092,459. The surrounding counties and respective populations include: Fort Bend, 583,375, Montgomery, 455,746, Brazoria, 313,166, Galveston, 291,309, Liberty, 75,643, and Chambers, 35,096. V Over 3 million children in Texas are covered by Medicaid and Children's Health Insurance Program. While these statistics underscore the tremendous growth and diversity of the greater Houston area and its surrounding counties, a closer review of social, economic, environmental and health indicators is essential in assisting the Hospital's CBW in the support and development of community collaborations and programs relevant to current needs. As the City's evolving population places further demands on the traditional health care system, it will be critical to identify and execute innovative, effective and collaborative programs or solutions to maintain the health and well-being of our community, particularly for our children.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a leader in pediatrics and women's health, the Hospital continues its mission to serve the community through preeminent research, education and patient care. This ongoing commitment ensures the health and well-being of the youngest and most vulnerable members of the community, whether they reside in nearby neighborhoods or on the other side of the world. In addition to the information supplied in other sections of this document, the following are examples of the Hospital's ongoing commitment to the community it serves:</p> <ol style="list-style-type: none"> 1) Texas Children's Board of Trustees is composed of representatives who reside in the greater Houston community and are not employees of the hospital. Many Trustees are business and civic leaders who are active in other local charitable organizations. 2) The Hospital extends medical staff privileges to all qualified non-hospital-based physicians from the community. Privileges are granted in accordance with medical staff bylaws. 3) Emphasizing its world-class expertise in highly specialized fields, the Hospital operates Centers of Excellence in oncology, cardiology and neonatology. Ranked third among all children's hospitals nationally by U.S. News & World Report, Texas Children's Hospital is the only children's hospital in Texas to receive the prestigious Honor Roll designation. In the 2019 U.S. News survey - which uses data from 2018 - the Hospital ranked in the top ten in all ten subspecialties and #1 in the nation in cardiology/heart surgery and pulmonology. As a national leader among pediatric institutions, the Hospital has multidisciplinary expertise in some of the most complex medical challenges facing children today. 4) As part of its responsiveness to the community, the Hospital operates and supports several advisory committees, comprised of community members and patient families. These groups consult with Hospital representatives on a wide range of topics designed to increase the quality of care and services provided. 5) The Hospital invests its operating margin in capital projects and programmatic initiatives focused on improving patient care, medical education and research. 6) The Hospital served as a training center for nursing students, supporting approximately 1640 candidates in 2018. Although these trainees are not obligated to remain at the Hospital upon certification, they gain valuable knowledge for their careers in pediatrics. 7) Texas Children's Medical Legal Partnership (MLP) promotes the health of vulnerable, low-income populations by addressing legal needs that affect patient health. In fiscal year 2018, there were a total of 384 consultations. The MLP brings together lawyers, doctors and social workers when a legal situation is required. A staff attorney and volunteers provide free legal advice to patients and families on a variety of legal matters including improving housing conditions, obtaining guardianships for adult children or unrelated caregivers and securing public school accommodations for children with disabilities. 8) The Simulation Center at Texas Children's Hospital provides Pediatric Simulation Training for Emergency Pre-hospital Providers (Pedi-STEPPs) to members of the Houston Fire Department (HFD). This program originally started with a grant from the Cullen Trust for Healthcare, as well as a commitment from the Hospital, which allowed this innovative training to be offered free of charge to the City. The initial grant was for two years. Although there is no longer a grant, the hospital continues to see great need for this program, continuing its commitment to train firefighters. In fiscal year 2018, 237 individuals participated in this training. The training course incorporates multimedia, technical skills training and communication/team skills training through participation in high-fidelity simulation scenarios. February 26, 2016, marked the first day of implementing newly revised scenarios with the continuation of each high-fidelity simulation followed by a facilitated video-reviewed debriefing session where participants reflect on and learn from their performance. 9) The Hospital's 24/7 transport service, the Kangaroo Crew, comprises a fixed-wing aircraft and ground ambulance medical service providing coordinated patient assessment, necessary intervention and safe, rapid transport of critically ill or injured patients. All transport service personnel are specially trained in pediatric/neonatal transport medicine and safety in accordance with Federal Aviation Administration (FAA) and Texas Department of State Health Services guidelines. 10) The transport service team is a member of the Pediatric Disaster Coalition (Coalition), a planning group that consists of subject matter experts from freestanding children's hospitals, facilities with dedicated pediatric/neonatal units, pediatric specialty transport organizations, local and state public health and federal partners. The Coalition shares recommendations and technical guidance with other healthc

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>are facilities throughout the state, as well as federal agencies and other national organizations including Child Health Care Association (CHCA), Children's Hospital Association (CHA), Association of Air Medical Services (AAMS) and American Academy of Pediatrics (AAP) Section on Transport Medicine 11) At Texas Children's Hospital, we are committed not only to providing the best possible care, but also to expanding that care-reaching out to more children and families and providing more specialized services where they are most needed The Hospital is committed to creating a healthier future for children and women throughout our global community by leading in patient care, education and research a This region has embraced Texas Children's Hospital The Woodlands since we opened the doors in 2017 We have brought world class pediatric care closer to home for the North Region's patient and families This pediatric hospital campus increases access to pediatric subspecialty care within the following services adolescent medicine and physical rehabilitation, allergy and immunology, cardiology, cancer and hematology, dermatology, developmental pediatrics, diabetes and endocrinology, gastroenterology, hepatology and nutrition, genetics, infectious disease, neurology, neurosurgery, ophthalmology, orthopedics, otolaryngology, pediatric and adolescent gynecology, pediatric surgery, plastic surgery, psychiatry, psychology, pulmonology, rheumatology, sports medicine and urology Hospital facilities include 25 emergency center rooms, 74 outpatient rooms, five radiology rooms, four operating rooms and 46 acute care beds, 14 pediatric intensive care and 14 neonatal intensive care beds with plans allowing for expansion up to 200 beds Additional hospital services include radiology, pathology, sleep center, infusion center, helipad access, audiology, cardiac stress tests, echosonography, pulmonary diagnostics, developmental physical, occupational and speech therapy and sports physical therapy as well as motion gait analysis and fetal medicine testing Along with serving families throughout The Woodlands area, the Hospital anticipates serving families throughout Greater North Houston and north of Houston including Montgomery, Angelina, Walker, Brazos, Grimes, Madison, Liberty, Harris, Polk, San Jacinto, Trinity and Hardin counties b In 2018, a \$350 million expansion to add 19 stories and 640,000 square feet on top of an existing 6 floor building was completed The Lester and Sue Smith Legacy Tower is the Hospital's new home for surgery, critical care and the #1 ranked Texas Children's Heart Center It was designed to help the Hospital meet the increasing demand for the highly-specialized, critical and medically-complex pediatric care that few centers in the country can provide It enhances patient care by giving caregivers and families in critical and progressive care areas much-needed additional space The tower houses a 130-bed intensive care unit, new operating rooms with the latest technology and a cardiovascular intensive care unit The roof features a helipad to transport critically ill patients to the Hospital A renovation and expansion of the Hospital's existing Emergency Center will begin next</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The Hospital is affiliated with Texas Children's Pediatrics (TCP, EIN 76-0460242) in promoting health care in the community served TCP is one of the nation's largest pediatric primary care networks With 51 practices in the Greater Houston area, 3 in Austin, and 1 in College station, TCP pediatricians serve approximately 25 percent of Houston's children, helping treat and prevent infectious illnesses Seven TCP practices, identified as the Community Cares Program, are located in medically underserved neighborhoods and provide consistent care for little or no cost to more than 36,000 children who otherwise would seek services from emergency rooms or go without care In addition to providing high quality, affordable primary care, each Community Cares practice is uniquely designed to meet the needs of the diverse communities they serve Using the medical home model of care, we provide wrap-around services that eliminate logistical, cultural and social barriers to access care, counseling and educational services with emphasis on risk behaviors, on-site social workers and specialists who provide assistance signing up for Medicaid/CHIP or other ACA providers, partnerships with local dentists, pharmacies and other services to ensure comprehensive affordable health care is provided, extra support and guidance for parents to promote total health and well-being of children In addition to providing care to children in our community during normal business hours, TCP through its subsidiary, Texas Children's Urgent Care (TCUC, EIN 47-2029489), provides urgent care when kids get sick at night or on the weekends As of the end of 2018, there were eleven TCUC sites around the greater Houston area and one location in South Austin These sites provide families with convenient access to care when it is needed most, and saves them time and money from seeking out inappropriate use of emergency center care Two of our busiest locations are located adjacent to our Medical Center EC and West Camps EC These locations have helped redirect patients to seeking care in a more appropriate setting, as well as reducing the cost of care from the patient side The impact has been tremendous on reducing the EC low acuity visits at being treated in our Emergency Center Texas Children's Health Plan (TCHP, EIN 76-048264) is the largest and most frequently selected provider of Children's Medicaid/CHIP coverage in the region TCHP was founded in 1996 by Texas Children's Hospital making it the nation's first health maintenance organization (HMO) created just for children Through a contractor role with the Texas Health and Human Services Commission (HHSC), Texas Children's Health Plan provides STAR/Medicaid and Children's Health Insurance Program (CHIP) to pregnant women, teens and children in Houston and surrounding areas Starting in November 2016, Texas Children's Health Plan also provides STAR Kids to children and young adults under the age of 21 with disabilities As of September 2018, the Health Plan has over 438,000 members The staff and network of over 3,000 primary care physicians, 6,000 specialists and 110 hospitals that provide acute care and inpatient and outpatient behavioral health and substance abuse treatment are committed to providing excellent service and patient care to TCHP members The Hospital is Baylor College of Medicine's primary pediatric training hospital, with one of the largest pediatric residency programs in the country The hospital's medical staff consists of more than 1,700 board-certified, primary care physicians, pediatric subspecialists and pediatric-surgical subspecialists Together, the Hospital and Baylor College of Medicine represent one of the most active and best funded pediatric research programs in the country Baylor College of Medicine investigators at the Hospital are conducting innovative research in nearly every pediatric subspecialty with the goal of quickly translating discoveries into breakthrough treatments for children everywhere</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	TX

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	TEXAS CHILDREN'S HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030 WWW.TEXASCHILDRENS.ORG 000117	X	X	X	X		X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Texas Children's Hospital In the summer of fiscal year 2016, Texas Childre n's Hospital (Hospital) conducted a Community Health Needs Assessment (CHNA) using a colla borative research team consisting of members from the departments of Community Benefits, P ublic Health Pediatrics and Baylor College of Medicine In preparation for conducting the 2016 CHNA, the research team reviewed and updated the comprehensive list of data indicator s, key stakeholders and community service organizations developed from the 2013 report Th e CHNA team then presented study findings to the Hospital's Community Benefits Workgroup (CBW) to vet the data and refine information to create informed recommendations on how the organization could proceed in addressing some of these needs over the next few years Thro ughout the ten-week data collection period, the research team met weekly to discuss the pr ogress and data findings, and to refine the list of stakeholders to be interviewed and inc luded in the final report Community representatives who participated in interviews also p rovided suggestions for additional data sources and subject matter experts Researchers an d staff from all three entities worked together to gather both the primary and secondary d ata used for this assessment The Hospital serves an international population, however, in order to accomplish an adequate in-depth study, the scope of the needs assessment was lim ited to the geographic area immediately surrounding the Hospital and its local affiliates Harris County and the seven bordering counties (Brazoria, Galveston, Fort Bend, Waller, M ontgomery, Liberty and Chambers) The term "Greater Houston" is used to reference this eig ht-county region As not all data were available at the county level, geographic locations are noted within indicators In addition to the vast array of epidemiological data previo usly collected by federal, state and local institutions, qualitative research was conducte d with key community stakeholders from a variety of professional backgrounds and areas of expertise, including elected officials, academicians, educators, law enforcement officials and community and faith-based organization leaders Key informants included, but were not limited to, individuals from Fort Bend County Division of Behavioral Health Services, Har ris County Protective Services for Children and Adults and Epiphany Community Outreach Ser vices A full list of key informants can be found in Appendix B of the CHNA Thirty-one ke y participants were contacted by the Hospital's research team In-person or telephone inte rviews were conducted by trained staff at locations convenient for the interview participa nts and lasted approximately 60 minutes The interview guide and additional questions can be found in Appendix A of the CHNA Community experts were asked to list and prioritize th e most pressing needs of the community with whom they were most familiar The top three to five priority areas were then

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	discussed individually in more detail Qualitative data were compiled and key themes that emerged across interviews were identified All of the emergent themes fit within the three general categories (access to care, service and partnership outreach, and advocacy) and in the four healthcare topics (women's health, mental and preventive health, foster care and social determinants of health) identified by the team as a priority Many of the themes were crosscutting and were discussed in the interviews in combination (e g , mental health was discussed on its own as well as in relation to other chronic conditions, community violence and health behaviors), each interview was coded to ensure the overlapping themes were illustrated in the narrative

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Texas Children's Hospital Facility Name Public Health Pediatrics, Baylor College of Medicine Description Launched in October 2015, the Public Health Pediatrics section has two components - child abuse pediatrics and the Center for the Study of Childhood Adversity and Resilience Education (CARE) Both components work together to engage the community around perceived risk factors and improve the trajectory for children of abuse and neglect In conjunction with child abuse pediatrics, the main focus of CARE is community-level research to identify, promote and implement strategies to prevent adverse childhood experiences such as poverty, violence, inequality, homelessness, and lack of mental health, education and nutrition Facility Name Baylor College of Medicine Description Baylor College of Medicine is a health sciences university that creates knowledge and applies science and discoveries to further education, healthcare and community service locally and globally The school, located in the middle of the world's largest medical center (Texas Medical Center), is part owner of Baylor St Luke's Medical Center, part of the CHI St Luke's Health system, and has hospital affiliations with Harris Health System, Texas Children's Hospital, The University of Texas MD Anderson Cancer Center, Memorial Hermann - The Institute for Rehabilitation and Research, Menninger Clinic, the Michael E DeBakey Veterans Affairs Medical Center and Children's Hospital of San Antonio The medical school has been consistently considered in the top tier of programs in the country

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Texas Children's Hospital HOW TEXAS CHILDREN'S IS ADDRESSEING NEEDS IDENTI FIED IN ITS 2016 CHNA Texas Children's 2016 Community Health Needs Assessment identified f our healthcare topics needing specific Hospital expertise and resources * Women's Health - maternal mortality and postpartum depression * Mental and Preventive Health - expanding or collaborating on services and education * Foster Care - outreach and education to curre nt and future foster families * Social Determinants of Health - screenings, referrals, and resources Texas Children's is addressing these needs by employing the strategies outlined in the Texas Children's 2017-2019 Community Benefit Implementation Plan This plan, devel oped by the Hospital's Community Benefit Workgroup (CBW) and reviewed and endorsed by the Board of Trustees, presents current actions Texas Children's is taking to address these ne eds in addition to proposed actions and strategies Women's Health - maternal mortality an d postpartum depression Current actions to address this issue * Leveraging existing Hospi tal and physician leadership roles in Texas' Maternal Mortality and Morbidity Taskforce * Engaging elected officials to develop research studies on access to women's preventative health services and improved birth outcomes Urging legislators to invest in family planni ng, cancer screenings, postpartum care, and other preventative health services * Expandin g screening of new mothers for PPD during the initial well-baby exam at Texas Children's P ediatrics sites * Pursuing a telemedicine model for mental health consults and/or offer g roup therapy sessions in community clinics or service organizations for mothers who diagno sed with PPD to expand access to these services in the community * Working with other nat ional, state, and local advocacy organizations such as the March of Dimes, the Children's Hospital Association of Texas, the Texas Medical Association, the Texas Nurses Association , Texas Pediatric Society, and the American Academy of Pediatrics in urging policymakers t o extend Medicaid coverage for new mothers after childbirth with a special focus on postpa rtum depression screening and treatment Mental and Preventive Health - expanding or colla borating on services and education Current actions to address this issue * Identifying an d pursuing resources to assist in building the mental health professional workforce Such resources include public/private partnerships, government grants, and private donors and f oundations who champion community health and the strengthening of families * Advocating t o improve access to care and increase funding for health and dental care in Medicaid and C HIP at the State capitol and Washington, DC * Considering the adoption a single screening tool to be used across Texas Children's system to identify social and medical needs of ou r families Using data analytics, work to develop community-based strategies to address th ese needs Seeking external fu

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>nding to support these efforts * In the summer of 2017 Texas Children's opened its Trauma and Grief (TAG) Center The primary purpose of the Trauma and Grief Center is to raise th e standard of care and increase access to best-practice care among traumatized and bereave d children, adolescents, and their families The Trauma and Grief Clinic is a SAMHSA-funde d Category II Treatment and Services Adaptation Center of the National Child Traumatic Str ess Network (NCTSN) It provides evidence-based risk screening, assessment, and interventi ons for youth aged 7 to 17 who have experienced traumas and/or losses, including the death of loved ones It use state-of-the-art, empirically validated screening tools to ensure t hat youth seen in the clinic receive the most appropriate and effective interventions The primary treatments include Trauma and Grief Component Therapy, Multidimensional Grief The rapy, and Trauma-Focused Cognitive Behavioral Therapy Proposed actions to address this is sue *</p> <p>Collaborate with other nonprofits to create and host education forums and materials that inform the larger community about cultural and social barriers to accessing mental h ealth services, and ways to improve communication and information on disease conditions *</p> <p>Consider the provision of mental health screenings and therapy services within our mobile clinics or through partnering schools with licensed mental health professionals such as s ocial workers or psychologists These services should include basic screenings for Adverse Childhood Experiences and referrals to community providers or other mental health resourc es such as mobile-behavioral health treatment interactive tools like those offered by the Harris Center for Mental Health and IDD (Intellectual Development and Disability) Foster Care - outreach and education to current and future foster families Current actions to add ress this issue *</p> <p>Examining best practices from other hospitals and nonprofits in foster care, screening and referrals to social and community services, and sexual orientation and gender identity care Proposed actions to address this issue *</p> <p>Offering continuing medic al education for providers on the unique healthcare needs of foster children and LGBTQ chi ldren *</p> <p>Offering education forums throughout Texas Children's geographic service areas to interested community stakeholders and families on these topics, especially for school hea lth providers and counselors, parent-teacher organizations, and small nonprofits that serv e these families Social Determinants of Health - screenings, referrals, and resources Cur rent actions to address this issue *</p> <p>Enhancing participation in community health initiati ves with community service organizations, local businesses, chambers of commerce and schoo ls, especially efforts that address social determinants of health such as nutrition, food insecurity, physical activity, parenting skills, etc New partnerships would elevate overa ll community awareness and eng</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	agement regarding these issues and would begin to align the various community sectors' app roaches to regional health care needs * As part of the Hospital's Care Coordination Initi ative, Texas Children's formed a Community Partnerships Workgroup to, among other things, explore the possibility of adopting a system-wide community resource referral platform Th e Community Partnerships Workgroup has interviewed several companies including Aunt BERTHA , TAV Health, CareStarter and NowPow, who design platforms that enable hospitals to easily refer patients to community-based resources to help with social needs (housing, transport ation, food insecurity, etc) Many of the platforms also offer feedback mechanisms that c an interface with electronic health records systems so that providers can see whether or n ot their patients are actually accessing the services they are being referred to

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - Texas Children's Hospital CHALLENGING REGIONAL HEALTH NEEDS In our assessm ent findings, two specific health services were identified as being severely inadequate fo r both the pediatric and female populations in our community These services were mental a nd oral health (as they relate to women and children) According to our 2016 CHNA findings Oral Health - despite increases in insurance enrollment, there is still a high percentag e of children living in Greater Houston without dental coverage In general, these childre n often lack a medical home * Data from Medicaid gov for 2014 on lack of dental coverage of children in our region did not show any change to this percentage - 27 3%, yet, the abs ence of pediatric access to basic dental health services was mentioned as a new topic in i nterviews of stakeholders for the 2016 CHNA * Oral health is an important component of ov erall health and well-being The Hospital's academic partner, Baylor College of Medicine (BCM), does not house a dental school Fortunately, the University of Texas School of Denti stry is expanding its partnerships to complement care provided in the community by pediatr ic and adult medical providers However, funding constraints, dental provider workforce sh ortages and clinic site limitations, especially for the uninsured and enrollees in governm ent health programs, has limited the roll-out of these collaborations * The Orthodontic C linic at Texas Children's Hospital treats children who have congenital craniofacial anomal ies and/or cleft palates Children with special problems may be treated by a full range of orthodontic services Minor orthodontic treatment is also available Patients must be ref erred by the Craniofacial/Plastic Surgery team from within the Hospital The Hospital also provides comprehensive dental services to patients with complex medical conditions These children with complex dental needs or extensive problems are treated through various inpa tient or outpatient means including our well-equipped operating rooms Mental Health - Thr ee quarters of Texas counties are mental health professional shortage areas (CodeRedTexas org 2015) * The Hospital does not have dedicated pediatric beds for psychiatric care Th e organization does provide behavioral and mental health testing and assessment and counse ling in our outpatient areas for some behavioral health diagnosis Our licensed profession al counselor social workers offer limited counseling to patients and families in coordinat ion with care delivered by the clinical care teams throughout the hospital * In the summe r of 2017, Texas Children's launched the Trauma and Greif (TAG) Center under the leadershi p of Dr. Julie Kaplow The primary purpose of the TAG Center is to raise the standard of c are and increase access to best-practice care among traumatized and bereaved children, ado lescents, and their families Other significant community collaborations exist with Texas Children's subsidiaries In 20

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	13, the Texas Children's Health Plan opened The Center for Children and Women at Greenspoi nt and a second Center in 2014 in southwest Houston. These Centers provide comprehensive p ediatric and adult health care including medical, dental care, vision and behavioral healt h services for Medicaid and CHIP health plan members.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Texas Children's Hospital The Hospital annually places a notice of its financial assistance policy in the legal section of a widely read local paper, The Houston Chronicle, as well as in the Spanish version of this paper, La Voz Additionally, a notice of the financial assistance policy is posted in the Hospital's emergency rooms, waiting rooms and admissions offices

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Texas Children's Hospital Line 20A is not checked because the Hospital does not perform any Extraordinary Collection Actions

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As Filed Data -

DLN: 93493226028239

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

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.

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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 39

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) FELLOWSHIPS	4	432,326			
(2) SCHOLARSHIPS	6	18,000			
(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
Schedule I, Part I, Line 1 DESCRIPTION OF GRANT SELECTION CRITERIA	TEXAS CHILDREN'S HOSPITAL REQUIRES ALL REQUESTS TO BE IN WRITING AND BE SUBMITTED TO THE OFFICE OF DEVELOPMENT FOR EVALUATION THE DIRECTOR OF DEVELOPMENT MAKES A RECOMMENDATION FOR RECOGNITION OF EACH CONTRIBUTION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF TEXAS CHILDREN'S HOSPITAL FOR FINAL APPROVAL
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	AFTER THE SPONSORSHIP/DONATION IS MADE, WE RECEIVE AN ACKNOWLEDGMENT LETTER WITH A RECEIPT OF THE GIFT TYPICALLY THIS LETTER TELLS US HOW THE MONEY WILL BE USED AT THEIR PARTICULAR ORGANIZATION

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

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
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 20006	52-1231983	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
AIDS FOUNDATION HOUSTON 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501(C)(3)	25,000				SUPPORT NON-PROFIT HEALTHCARE ORG

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
AMERICAN HEART ASSOCIATION 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	13-5613797	501(C)(3)	55,000				SUPPORT NON-PROFIT HEALTHCARE ORG
ASSOCIATION OF FUNDRAISING PROFESSIONALS 4300 WILSON BOULEVARD SUITE 300 ARLINGTON, VA 222034167	94-3011524	501(C)(3)	25,000				SUPPORT NON-PROFIT MISSION

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
BEYOND BATTEN DISEASE FOUNDATION 3300 DUVAL ROAD SUITE 110 AUSTIN, TX 78759	26-3223661	501(C)(3)	6,500				SUPPORT NON-PROFIT HEALTHCARE ORG
BLUE BIRD CIRCLE 615 WEST ALABAMA HOUSTON, TX 77055	74-1405134	501(C)(3)	25,000				SUPPORT PEDIATRIC HEALTHCARE ORG

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
THE CENTER FOR HEARING AND SPEECH 3636 WEST DALLAS HOUSTON, TX 77019	74-6003178	501(C)(3)	60,000				SUPPORT NON-PROFIT HEALTHCARE ORG
CHILDREN'S SAFE HARBOR INC 1416 20TH STREET ROCKFORD, IL 61104	36-4628644	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
CROHN'S AND COLITIS FOUNDATION 386 PARK AVENUE SOUTH NEW YORK, NY 10016	13-6193105	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG
EASTER SEALS OF GREATER HOUSTON INC 4500 BISSONNET SUITE 340 BELLAIRE, TX 774013006	74-1238418	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW SUITE 900 HOUSTON, TX 77057	74-2141084	501(C)(3)	12,500				SUPPORT NON-PROFIT HEALTHCARE ORG
GENESYS WORKS 14400 MEMORIAL DRIVE SUITE 200 HOUSTON, TX 77079	90-0757035	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
GOOD SAMARITAN FOUNDATION 3355 W ALABAMA STREET SUITE 1025 HOUSTON, TX 77098	74-1235398	501(C)(3)	22,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG
GRANT A STARR FOUNDATION 10451 CLAY ROAD HOUSTON, TX 77043	20-5003726	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG

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
Holocaust Museum Houston 9220 KIRBY DRIVE NO 100 HOUSTON, TX 77054	76-0331398	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
HOUSTON CHILDREN'S CHARITY 230 WESTCOTT ST HOUSTON, TX 77007	76-0135741	501(C)(3)	20,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
HOUSTON HOSPICE 1905 HOLCOMBE BLVD HOUSTON, TX 77030	74-2092951	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG
HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY INC PO BOX 5168 KATY, TX 77491	76-0695612	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
WOODLANDS RELIGIOUS COMMUNITY INC 4242 INTERFAITH WAY THE WOODLANDS, TX 77381	74-1804123	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
JUNIOR LEAGUE OF HOUSTON 1811 Briar Oaks Lane HOUSTON, TX 77027	74-1185659	501(C)(3)	110,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
MAKE A WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA INC 12625 SOUTHWEST FREEWAY STAFFORD, TX 77477	76-0116615	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
MARCH OF DIMES FOUNDATION 3000 WESLAYAN SUITE 100 HOUSTON, TX 77027	13-1846366	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
MEN OF DISTINCTION OF GREATER HOUSTON INC 4218 MARQUETTE HOUSTON, TX 77005	26-0421594	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
MUSCULAR DYSTROPHY ASSOCIATION INC 222 S RIVERSIDE PLAZA STE 1500 CHICAGO, IL 60606	13-1665552	501(C)(3)	6,500				SUPPORT NON-PROFIT HEALTHCARE ORG

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
BAKERRIPLEY PO BOX 271389 HOUSTON, TX 77277	23-7062976	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
NORA'S GIFT FOUNDATION 8300 EL RIO STREET HOUSTON, TX 77054	62-1763895	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
PERIWINKLE FOUNDATION 3000 RICHMOND AVE SUITE 340 HOUSTON, TX 77098	76-0093914	501(C)(3)	17,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG
PURPLE SONGS CAN FLY 2455 DUNSTAN ROAD HOUSTON, TX 77005	20-3068698	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
WILLIAM MARCH RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	9,500				SUPPORT NON-PROFIT EDUCATIONAL ORG
RONALD MCDONALD HOUSE OF HOUSTON INC 1907 HOLCOMBE BLVD HOUSTON, TX 77030	74-1984499	501(C)(3)	160,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE WESTPORT, CT 06880	31-1794455	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TCH PEDIATRIC ASSOCIATES INC PO BOX 300630 HOUSTON, TX 77230	76-0460242	501(C)(3)	6,500,000				SUPPORT NON-PROFIT HEALTHCARE ORG

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
TEXANS FOR LAWSUIT REFORM 1701 BRUN HOUSTON, TX 77019	76-0439129	501(C)(6)	55,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TEXAS A&M RESEARCH FOUNDATION 400 HARVEY MITCHELL PKWAY NO 300 COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	20,000				SUPPORT NON-PROFIT EDUCATIONAL ORG

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
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	75,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
THE BRENDA AND JOHN H DUNCAN RISE SCHOOL OF HOUSTON 5618 H MARK CROSSWELL JR STREET HOUSTON, TX 77021	76-0606866	501(C)(3)	5,250				SUPPORT NON-PROFIT EDUCATIONAL ORG

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
KNOWLEDGE ARTS FOUNDATION 2900 WESLAYAN HOUSTON, TX 77027	20-2425139	501(C)(3)	15,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
TEXAS MEDICAL CENTER 2450 HOLCOMBE BLVD SUITE 1 HOUSTON, TX 77021	74-1030788	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN STREET SUITE 1200 HOUSTON, TX 77226	74-1761309	GOVT	60,000				SUPPORT NON-PROFIT MEDICAL SCHOOL
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA 2600 NORTH LOOP WEST HOUSTON, TX 77092	74-1109737	501(C)(3)	80,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 - ▶ **Attach to Form 990.**
 - ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number

74-1100555

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

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, Part I, Line 4b Supplemental nonqualified retirement plan	<p>457(F) PLAN PAID/DEFERRED BENJAMIN MELSON 174,928 / 0 RANDY WRIGHT 77,544 / 0 DAN DIPRISCO 24,850 / 102,000 WELDON GAGE 44,850 / 240,583 MARK MULLARKEY 108,740 / 168,624 JOHN R NICKENS, IV 65,835 / 77,544 MICHELLE RILEY-BROWN 73,866 / 168,624 MARK A WALLACE 696,730 / 316,174 MARY JO ANDRE 70,337 / 53,540 GEORGE BISSET III 4,050 / 0 ANGELO P GIARDINO, MD, PhD 90,308 / 71,000 MALLORY CALDWELL 72,380 / 77,636 MATTHEW GIROTTO 31,992 / 36,000 TABITHA RICE 75,843 / 86,433 IVETT SHAH 10,775 / 20,000 LINDA ALDRED 236,501 / 126,818 MYRA DAVIS 79,217 / 61,380 ROBERT DURDEN 467,150 / 104,120 LANCE LIGHTFOOT 86,337 / 67,920 KAY TITTLE 108,743 / 69,460 DIRECTOR INCENTIVE PLAN PAID/DEFERRED AISHA JAMAL 2,225 / 0 457(F) THE 457(F) PLAN IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN THAT ALLOWS ELIGIBLE EXECUTIVES, FROM THE ASSISTANT VICE PRESIDENT LEVEL TO CHIEF EXECUTIVE OFFICER, TO RECEIVE SUPPLEMENTAL EXECUTIVE RETIREMENT INCOME FUNDS MAY BE CREDITED INTO THIS ACCOUNT FROM AN EMPLOYER CONTRIBUTION, CALCULATED BASED ON AN INDIVIDUAL'S TITLE AND BASE SALARY AS OF JANUARY 1 THESE EMPLOYER FUNDED CONTRIBUTIONS VEST THE EARLIER OF FIVE YEARS, OR THE ATTAINMENT OF AGE 60 AND 75-POINTS DETERMINED AS OF THEIR AGE AND YEARS OF SERVICE THE 457(F) PLAN ALSO CONTAINS RESIDUAL LONG-TERM INCENTIVE PLAN CONTRIBUTIONS AND CAPITAL ACCUMULATION CONTRIBUTIONS FROM A FLEXIBLE BENEFIT ACCOUNT SURPLUS THE LONG-TERM INCENTIVE CONTRIBUTIONS VEST AFTER THREE YEARS AND THE CAPITAL ACCUMULATION CONTRIBUTIONS VEST AFTER 5 YEARS IN THE PLAN DIRECTOR INCENTIVE PLAN THE DIRECTOR INCENTIVE PLAN IS AN ANNUAL INCENTIVE PLAN IN WHICH ELIGIBLE DIRECTORS PARTICIPATE THE PLAN SHARES GOALS WITH THE EXECUTIVE ANNUAL INCENTIVE PLAN, FOCUSING ON FACTORS SUCH AS FINANCIAL PERFORMANCE, QUALITY GOALS, AND PATIENT SATISFACTION IN ADDITION, THERE ARE INDIVIDUAL COMPONENTS FOR EACH DIRECTOR WHICH VARY DEPENDING ON THE EXPECTED OUTCOMES FOR THAT AREA AND/OR YEAR</p>

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

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				
1Benjamin Melson	(i)	102,602	0	260,391	15,559	4,273	382,825	174,928
SCHEDULE O	(ii)	0	0	0	0	0	0	0
1Randy Wright	(i)	116,001	0	87,982	2,596	980	207,559	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
2Dan DiPrisco	(i)	312,127	24,850	7,125	120,775	15,618	480,495	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
3Weldon Gage	(i)	632,423	44,850	19,817	259,133	20,421	976,644	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
4Mark Mullarkey	(i)	462,246	32,800	78,044	189,824	36,696	799,610	75,940
SCHEDULE O	(ii)	0	0	0	0	0	0	0
5John R Nickens IV	(i)	366,547	0	138,272	85,494	20,258	610,571	65,835
Schedule O	(ii)	0	0	0	0	0	0	0
6Michelle Riley-Brown	(i)	467,262	32,800	43,470	189,824	29,827	763,183	41,066
SCHEDULE O	(ii)	0	0	0	0	0	0	0
7Mark A Wallace	(i)	1,293,642	147,000	606,891	887,324	24,217	2,959,074	318,903
Schedule O	(ii)	0	0	0	0	0	0	0
8Mary Jo Andre	(i)	380,144	37,000	64,296	74,890	23,908	580,238	0
Schedule O	(ii)	0	0	0	0	0	0	0
9George Bisset III MD	(i)	0	0	0	0	0	0	0
SCHEDULE O	(ii)	798,119	34,766	10,908	18,700	24,622	887,115	0
10Angelo P Giardino MD PHD	(i)	481,709	33,075	79,141	92,350	12,899	699,174	57,233
SCHEDULE O	(ii)	0	0	0	0	0	0	0
11Larry Hollier MD	(i)	0	0	0	200,000	0	200,000	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
12Mark W Kline MD	(i)	0	40,122	0	300,000	0	340,122	0
BOARD MEMBER	(ii)	0	0	0	0	0	0	0
13Dace Reinholds	(i)	97,742	0	27,152	12,507	2,604	140,005	0
Former Assistant Secretary	(ii)	0	0	0	0	0	0	0
14Aisha Jamal	(i)	111,689	2,225	1,052	10,665	9,310	134,941	0
Assistant Secretary	(ii)	35,988	0	28	475	3,132	39,623	0
15Mallory Caldwell	(i)	464,936	33,200	59,613	96,186	35,418	689,353	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
16Matthew Girotto	(i)	285,719	16,975	34,072	57,200	35,653	429,619	0
Senior Vice President	(ii)	0	0	0	0	0	0	0
17Tabitha Rice	(i)	326,070	22,425	55,394	107,633	26,446	537,968	53,418
Senior Vice President	(ii)	0	0	0	0	0	0	0
18Ivett Shah	(i)	199,649	10,775	1,007	36,063	6,290	253,784	0
VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
19Linda Aldred	(i)	426,512	169,633	88,573	148,168	35,398	868,284	206,101
Senior Vice President	(ii)	0	0	0	0	0	0	0

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				
21MYRA L DAVIS SENIOR VICE PRESIDENT	(i)	436,350	29,825	52,111	82,730	33,165	634,181	0
	(ii)	0	0	0	0	0	0	0
1ROBERT DURDEN SCHEDULE O	(i)	634,620	467,150	20,364	122,670	30,863	1,275,667	0
	(ii)	0	0	0	0	0	0	0
2Lance Lightfoot SCHEDULE O	(i)	450,698	25,575	81,164	89,120	27,627	674,184	0
	(ii)	0	0	0	0	0	0	0
3Kay Tittle Vice President	(i)	472,060	26,725	102,384	90,810	13,343	705,322	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

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

Employer identification number
74-1100555

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 HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009DY3	01-15-2010	80,078,929	REFUND PRIOR ISSUES (1999B-2 SERIES ISSUED 07/20/99)		X		X		X
B HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009CG3	06-17-2009	198,965,284	BUILD HEALTH CARE FACILITIES		X		X		X
C HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CO	52-1284201	414152RW0	04-30-2008	300,000,000	REFUND PRIOR ISSUES (2007 SERIES ISSUED 06/27/07)		X		X		X
D HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009JX9	06-30-2015	225,732,600	REFUND AND REDEEM PRIOR ISSUES (1999B-1 SERIES ISSUED 07/20/99) AND BUILD HEALTH CARE FACILITIES		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				23,025,000		72,535,000		15,300,000		12,545,000	
2	Amount of bonds legally defeased				0		0		0		0	
3	Total proceeds of issue				80,078,929		199,780,590		300,000,000		225,843,941	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				0		0		0		3,839,429	
6	Proceeds in refunding escrows				0		0		0		0	
7	Issuance costs from proceeds				1,278,929		3,311,550		0		1,825,784	
8	Credit enhancement from proceeds				0		0		0		0	
9	Working capital expenditures from proceeds				0		0		0		0	
10	Capital expenditures from proceeds				0		196,469,040		0		97,078,729	
11	Other spent proceeds				78,800,000		0		300,000,000		123,100,000	
12	Other unspent proceeds				0		0		0		0	
13	Year of substantial completion				2010		2011		2011		2018	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?							X	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			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		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?								
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 %		0 9 %		0 5 %		0 %	
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 ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 9 %		0 5 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .				X		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		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?								
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		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		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?	X		X		X			X
c No rebate due?		X		X		X		X
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	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
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		X		X
b Name of provider								
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		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		X		X	

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

Return Reference	Explanation
Schedule K, Part VI Explanation for variance	THE VARIANCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR ALL ISSUES INCLUDE INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part I, Column (c) CUSIP #	Prior fiscal year, Bond Issuance Price of 160,000,000 consisted of two CUSIP #s 414009KC3 and 414009KB5 CUSIP 414009KC3 and 414009KB5 are now reported separately

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Schedule K
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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 HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009KB5	06-03-2015	50,000,000	BUILD HEALTH CARE FACILITIES		X		X		X
B HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	NONEAVAIL	07-16-2015	100,000,000	BUILD HEALTH CARE FACILITIES		X		X		X
C Harris County Cultural Education Facilities FIN CO	76-0337885	414009KC3	06-03-2015	110,000,000	BUILD HEALTH CARE FACILITIES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		1,700,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	50,158,367		100,911,324		110,637,440			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	369,684		1,779,231		666,579			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	436,586		63,000		783,455			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	49,352,097		99,069,093		109,187,406			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2018		2018		2018			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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

Cat No 50193E

Schedule K (Form 990) 2017

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		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		X		
c Are there any research agreements that may result in private business use of bond-financed property?		X		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?								
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 %		0 %		0 %			
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 ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test? . . .		X		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		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?								
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		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		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
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		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
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		X		
b Name of provider								
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		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X			

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

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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

Part ITypes of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,525	Market value
5 Clothing and household goods	X		12,284	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	818,756	Other
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6	46,714	Cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	4	85,634	Cost
26 Other ► (TICKETS AND CERTIFICATES)	X	18	13,307	Cost
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Cat No 51227J

Schedule M (Form 990) (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 Explanations of reporting method for number of contributions	Securities - Publicly traded - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Food inventory - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Other - EQUIPMENT - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Other - TICKETS AND CERTIFICATES - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL**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****Employer identification number**

74-1100555

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a	Texas Children's is the parent entity of Texas Children's Hospital Texas Children's board of directors retains significant reserved authorities (detailed in Part VI, Line 7b below) that allow it to provide strategic oversight and direction to Texas Children's Hospital and its affiliated entities Texas Children's board is representative of the community served and is composed of 35 individuals, 34 of which are independent

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Texas Children's is the sole corporate member of Texas Children's Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Texas Children's annually appoints the Organization's board of directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	PER THE ORGANIZATION'S BYLAWS THE MEMBER HAS CERTAIN RESERVED POWERS -APPROVE, INTERPRET OR CHANGE THE PURPOSE OF THE CORPORATION -FIX THE NUMBER, APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY DIRECTOR OF THE CORPORATION -APPROVE THE MERGER, DISSOLUTION OR CONSOLIDATION OR REORGANIZATION OF THE CORPORATION -APPROVE THE ACQUISITION, SALE, LEASE, TRANSFER, OR OTHER ALIENATION OF PROPERTY OF THE CORPORATION, OTHER THAN IN THE USUAL AND REGULAR COURSE OF THE CORPORATION'S BUSINESS, WHEN SUCH ACQUISITION, SALE, LEASE, TRANSFER OR OTHER ALIENATION IS ABOVE SPECIFIC FINANCIAL LEVELS SET IN ACCORDANCE WITH POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBER -APPROVE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION -ADOPTION OR AMENDMENT OF SALARIES OR OTHER COMPENSATION OF THE OFFICERS, PHYSICIAN EMPLOYEES AND INDEPENDENT CONTRACTOR PHYSICIANS OF THE CORPORATION -APPROVE DEBT INCURRED BY THE CORPORATION, WHICH IS IN EXCESS OF SUCH LIMITS AS ARE ESTABLISHED BY THE MEMBER -APPROVE THE DISPOSITION OF ASSETS OF THE CORPORATION AT THE TIME OF ITS DISSOLUTION -APPROVE ANY LONG-RANGE FINANCIAL OR STRATEGIC PLANS FOR THE CORPORATION -SELECTION OF THE CORPORATION'S AUDITORS -DESIGNATION OF ADDITIONAL OR SUCCESSOR MEMBERS -TAKE ANY ACTION WHICH WOULD BE INCONSISTENT WITH THE GOVERNING DOCUMENTS OR POLICIES OF THE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	No such committees exist

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Per a resolution approved by the member's board of directors, the member board's audit and compliance committee has Delegated authority to review the organization's completed Form 990 prior to filing. Following the committee's Review, the completed Form 990 is distributed to the members of the organization's board of directors prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION CONSISTENTLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY THROUGH TWO SEPARATE PROCESSES, ONE THAT APPLIES TO THE BOARD MEMBERS, AND A SECOND THAT APPLIES TO OFFICERS AND KEY EMPLOYEES 1) BOARD MEMBERS - PER THE ORGANIZATION'S BOARD-APPROVED CONFLICTS REVIEW PROCESS, RESPONSES TO THE ANNUAL CONFLICTS QUESTIONNAIRE ARE REVIEWED BY THE MEMBER'S BOARD LEADERSHIP AND PRESENTED TO THE MEMBER'S AUDIT & COMPLIANCE COMMITTEE IF THE COMMITTEE DEEMS THERE ARE ANY SIGNIFICANT ISSUES, THE RESPONSES ARE THEN REVIEWED BY THE MEMBER BOARD'S EXECUTIVE COMMITTEE AND ANY REQUIRED ACTION (RECUSEMENT FROM BOARD DELIBERATIONS RELATED TO THE CONFLICT, ETC) IS TAKEN IN ACCORDANCE WITH THE ORGANIZATION'S BOARD-APPROVED CODE OF CONDUCT 2) OFFICERS/KEY EMPLOYEES - PER THE ORGANIZATION'S BOARD APPROVED CONFLICTS REVIEW PROCESS, RESPONSES TO THE ANNUAL CONFLICTS QUESTIONNAIRE ARE REVIEWED BY THE COMPLIANCE SERVICES DEPARTMENT IF THE DEPARTMENT DEEMS THERE ARE ANY SIGNIFICANT ISSUES, REQUIRED ACTION IS TAKEN IN ACCORDANCE WITH THE ORGANIZATION'S BOARD APPROVED CODE OF CONDUCT AND THE BOARD IS NOTIFIED OF SUCH ACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE ANNUAL PROCESS FOR DETERMINING COMPENSATION INCLUDES - REVIEW AND APPROVAL BY GOVERNING BODY AND COMPENSATION COMMITTEE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE WERE NOT INVOLVED - COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS - CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Please refer to process described in Part VI, Line 15a

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A TITLES	DAN DIPRISCO EXECUTIVE VICE PRESIDENT FOR THE ENTIRE YEAR AND BOARD MEMBER AS OF 10/2/17 WELDON GAGE CFO, EXECUTIVE VICE PRESIDENT, AND BOARD TREASURER MARK MULLARKEY EXECUTIVE VICE PRESIDENT AND BOARD MEMBER JOHN R NICKENS, IV EXECUTIVE VICE PRESIDENT AND BOARD MEM BER THROUGH 10/2/17 MICHELLE RILEY-BROWN EXECUTIVE VICE PRESIDENT AND BOARD MEMBER MARK A WALLACE CEO, PRESIDENT AND BOARD CHAIRMAN MARY JO ANDRE SENIOR VICE PRESIDENT, CNO AND BOARD MEMBER GEORGE S BISSET, III, M D BOARD MEMBER THROUGH 6/5/18 CHARLES D FRASER JR , M D BOARD MEMBER THROUGH 1/11/18 ANGELO GIARDINO, M D , PH D CHIEF QUALITY OFFICER, SENIOR VICE PRESIDENT AND BOARD MEMBER THROUGH 5/24/18 LARRY HOLLIER, M D BOARD MEMBER AS OF 1/11/18 THIERRY HUISMAN, M D BOARD MEMBER AS OF 9/13/18 ERIC WILLIAMS, M D BOARD MEMBER AS OF 9/13/18 MALLORY CALDWELL SENIOR VICE PRESIDENT THROUGH 3/17/18 ROBERT DURDE N SENIOR VICE PRESIDENT THROUGH 2/11/18 LANCE LIGHTFOOT SENIOR VICE PRESIDENT AS OF 1/1/ 18 BENJAMIN MELSON FORMER CFO, EXECUTIVE VICE PRESIDENT AND BOARD TREASURER RANDALL WRIGH T FORMER EXECUTIVE VICE PRESIDENT AND BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A INCENTIVE COMPENSATION	DRS ANDROPOULOS, BELFORT, FRASER, KLINE AND VERSALOVIC, WHILE EMPLOYED BY BAYLOR COLLEGE OF MEDICINE, SERVE AS IN-CHIEFS DIRECTING PATIENT CARE AT TEXAS CHILDREN'S HOSPITAL DUE TO THEIR SENIOR LEADERSHIP ROLES, THEY ARE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON THEIR CONTRIBUTIONS TO ACHIEVING THE ORGANIZATION'S STRATEGIC GOALS ALL COMPENSATION IS EARNED IN THEIR CAPACITY AS PHYSICIAN LEADERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	OTHER - Total Revenue 19882031, Related or Exempt Function Revenue 19882031, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	HEALTHCARE PROFESSIONAL SERVICES - Total Expense 321058945, Program Service Expense 321058945, Management and General Expenses , Fundraising Expenses , OTHER NON-HEALTHCARE PROFESSIONAL SERVICES - Total Expense 100387585, Program Service Expense 80853796, Management and General Expenses 19226225, Fundraising Expenses 307564,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL GAIN ON PENSION - 34020417, CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - -39922 220, CHANGE IN BENEFICIAL INTEREST IN AFFILIATES - -24590246, CHANGE IN CHARITABLE GIFT AN NUITY - -37583, CHANGE IN SWAP VALUATION - 14709281, CHANGE IN TECO VALUATION - 920970, TR ANSFER FROM FOUNDATION - 199293443, TRANSFER TO TCH PEDIATRIC ASSOCIATES - -110928, DESIGN ATED ASSETS RELEASED FOR EQUIPMENT - -1355016, DUE TO TEXAS CHILDREN'S HOSPITAL FROM CAIN FOUNDATION - -229092,

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O FORM 5471 DISCLOSURE STATEMENT	UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TEXAS CHILDREN'S HOSPITAL FOUNDATION EIN 20-2380599 6621 FANNIN ST HOUSTON, TX 77030

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

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

Employer identification number

74-1100555

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) CORDILLERA PRIMARY WAVE CO-INVESTMENT FUND LP 3000 SAND HILL ROAD BUILDING 3 SUITE 100 MENLO PARK, CA 94025 82-1568240	INVESTMENT	CA	NA	N/A								

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	No
(1) TCH INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE GRAND CAYMAN KY11102 CJ 98-0176652	INSURANCE	CJ	NA	C Corporation				Yes	
(2) CVI GVF HOLDINGS 3 LTD UGLAND HOUSE SOUTH CHURCH STREET GEORGE TOWN KY11104 CJ 98-1078282	INVESTMENT	CJ	NA	C Corporation				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 300630 HOUSTON, TX 77230 26-1482195	HEALTH CARE	TX	501(c)(3)	Type II	TEXAS CHILDREN'S	Yes	
1919 S BRAESWOOD 4TH FL HOUSTON, TX 77030 76-0461578	PARENT	TX	501(c)(3)	Type II	NA		No
6621 FANNIN STREET HOUSTON, TX 77030 26-0834681	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
PO BOX 300630 HOUSTON, TX 77230 76-0460242	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
6330 WEST LOOP SOUTH SUITE 800 8TH FLOOR BELLAIRE, TX 77401 76-0486264	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
6621 FANNIN STREET HOUSTON, TX 77030 20-2380599	SUPPORTING ORG	TX	501(c)(3)	Type II	TEXAS CHILDREN'S	Yes	
6621 FANNIN STREET HOUSTON, TX 77030 46-1392824	HEALTH CARE	TX	501(c)(3)	Type I	TEXAS CHILDREN'S HEALTH PLAN INC	Yes	
1919 S BRAESWOOD BLVD 4TH FLOOR HOUSTON, TX 77030 47-2029489	HEALTH CARE	TX	501(c)(3)	10	TCH PEDIATRIC ASSOCIATES INC	Yes	
9 GREENWAY PLAZA HOUSTON, TX 77046 76-0246858	SUPPORTING ORG	TX	501(c)(3)	Type I	TEXAS CHILDREN'S HOSPITAL	Yes	

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
TEXAS CHILDREN'S HEALTH PLAN	L	7,578,075	COST
TEXAS CHILDREN'S HEALTH PLAN	N	27,172,722	COST
TEXAS CHILDREN'S HEALTH PLAN	Q	42,195,804	COST
TEXAS CHILDREN'S HEALTH PLAN	L	382,158,239	COST
TEXAS CHILDREN'S HEALTH PLAN	R	50,000,000	COST
TEXAS CHILDREN'S WOMEN'S SPECIALISTS	L	737,752	COST
TCH PEDIATRIC ASSOCIATES INC	L	3,000,000	COST
TCH PEDIATRIC ASSOCIATES INC	B	6,500,000	COST
TCH PEDIATRIC ASSOCIATES INC	R	110,928	COST
TCH PEDIATRIC ASSOCIATES INC	Q	30,731,104	COST
TEXAS CHILDREN'S PHYSICIAN GROUP	Q	1,000,727	COST
TEXAS CHILDREN'S PHYSICIAN GROUP	M	361,365	COST
TEXAS CHILDREN'S PHYSICIAN GROUP	R	209,329,647	COST
TEXAS CHILDREN'S HOSPITAL FOUNDATION	S	199,293,443	COST
TCH INSURANCE COMPANY LTD	S	7,000,000	COST
TCH INSURANCE COMPANY LTD	Q	2,993,469	COST
TEXAS CHILDREN'S URGENT CARE	B	2,586,091	COST
THE GORDON AND MARY CAIN PEDIATRIC NEUROLOGY RESEARCH FOUNDATION	C	755,371	COST