



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

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

<b>4a</b>	(Code )	(Expenses \$ 2,116,413,736	including grants of \$ 8,664,149	(Revenue \$ 2,457,847,852 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$ 107,289,887	including grants of \$ 439,222	(Revenue \$ 25,333,625 )
	See Additional Data			

















<b>4c</b>	(Code )	(Expenses \$ 50,697,592	including grants of \$ 207,545	(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** ▶ 2,274,401,215

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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) 	<b>17</b> Yes	
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
<b>c</b>	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
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	911	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	12,738			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b>	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		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		No
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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, ND, OH, OR, SC, TN, UT, WA, WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

1

● 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)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	23,161,927	670,839	2,484,927

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 ▶ 2,172

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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	PHYSCN & FACULTY SVC	87,865,481
ACCUDATA SYSTEMS INC  10713 W SAM HOUSTON PARKWAY N STE 600 HOUSTON, TX 77064	NETWORK SERVICES	8,829,430
BRIGGS & CALDWELL LP  9801 WESTHEIMER ROAD STE 701 HOUSTON, TX 77042	ADVERTISING	7,698,234
BAYLOR MIRACA GENETICS LABORATORIES LLC  PO BOX 847228 DALLAS, TX 752847228	LAB SERVICES	7,364,046
EPIC SYSTEMS CORPORATION  1979 Milky Way Verona, WI 53593	IT SERVICES	6,746,776

**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 ► 278



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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c	2,707,760		
d	Related organizations	1d			
e	Government grants (contributions)	1e	13,624,561		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,887,042		
g Noncash contributions included in lines 1a - 1f \$		2,190,687			
h Total. Add lines 1a-1f		72,219,363			

Program Service Revenue

		Business Code				
2a	NET PATIENT SERVICE REVENUE	622310	2,140,250,018	2,140,250,018		
b	1115 WAIVER UNCOMPENSATED CARE POOL	622310	123,557,412	123,557,412		
c	PHARMACY REVENUE	622310	107,811,575	107,811,575		
d	MANAGEMENT SERVICES	541611	72,338,730	72,005,397	333,333	
e	RENTAL INCOME	900099	17,452,945	17,452,945		
f All other program service revenue			33,479,050	33,479,050	0	0
g Total. Add lines 2a-2f		2,494,889,730				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		14,768,642				14,768,642
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	(ii) Personal			
		393,548				
b Less rental expenses		69,637				
c Rental income or (loss)		323,911	0			
d Net rental income or (loss)		323,911				323,911
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		6,176,671	247,937			
b Less cost or other basis and sales expenses		6,156,234				
c Gain or (loss)		20,437	247,937			
d Net gain or (loss)		268,374				268,374
8a Gross income from fundraising events (not including \$ 2,707,760 of contributions reported on line 1c) See Part IV, line 18		a 490,981				
b Less direct expenses		b 1,147,315				
c Net income or (loss) from fundraising events		-656,334				-656,334
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 3,183,030				
b Less cost of goods sold		b 1,777,531				
c Net income or (loss) from sales of inventory		1,405,499				1,405,499
Miscellaneous Revenue		Business Code				
11a	PARKING GARAGE REVENUE	812930		18,180,487		18,180,487
b						
c						
d All other revenue				0	0	0
e Total. Add lines 11a-11d				18,180,487		
12 Total revenue. See Instructions				2,601,399,672	2,494,556,397	333,333

Form 990 (2018)

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,767,916	8,767,916		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	543,000	543,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	16,740,571	583,600	16,156,971	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	525,000	525,000		
<b>7</b> Other salaries and wages.	885,875,039	845,639,863	37,126,246	3,108,930
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	39,294,287	37,263,463	1,862,824	168,000
<b>9</b> Other employee benefits.	118,885,121	108,538,006	9,973,999	373,116
<b>10</b> Payroll taxes.	66,025,837	59,651,071	6,160,530	214,236
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	5,050,567		5,050,567	
<b>c</b> Accounting.	177,000		177,000	
<b>d</b> Lobbying.	522,958	522,958		
<b>e</b> Professional fundraising services. See Part IV, line 17.	481,822			481,822
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	447,822,963	427,181,954	19,607,885	1,033,124
<b>12</b> Advertising and promotion.	15,547,971	7,427,644	4,009,302	4,111,025
<b>13</b> Office expenses.	59,316,642	55,999,590	3,196,058	120,994
<b>14</b> Information technology.	51,694,303	42,955,880	8,686,759	51,664
<b>15</b> Royalties.				
<b>16</b> Occupancy.	63,125,794	59,382,507	3,523,347	219,940
<b>17</b> Travel.	4,877,096	4,628,051	237,909	11,136
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	2,699,351	2,480,062	211,609	7,680
<b>20</b> Interest.	29,117,600	23,386,229	5,596,833	134,538
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	184,007,524	175,427,707	7,726,209	853,608
<b>23</b> Insurance.	4,645,843	4,219,121	390,410	36,312
<b>24</b> 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):				
<b>a</b> PHARMACEUTICAL SUPPLIES	176,350,551	176,350,551		
<b>b</b> MEDICAL/SURGICAL SUPPLIES	121,202,029	121,202,029		
<b>c</b> ENHANCED MISSION SUPPORT	44,304,529	44,304,529		
<b>d</b> LOCAL PROVIDER FUNDS TAX	8,102,275	8,102,275		
<b>e</b> All other expenses	63,889,587	59,318,209	4,458,548	112,830
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,419,593,176	2,274,401,215	134,153,006	11,038,955
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		19,051,408	<b>1</b>	56,008,663
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		139,544,622	<b>3</b>	130,994,022
	<b>4</b>	Accounts receivable, net . . . . .		356,709,163	<b>4</b>	394,408,001
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	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 . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		21,493,964	<b>8</b>	25,426,595
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		42,847,250	<b>9</b>	61,834,854
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	3,757,521,757		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	1,557,367,631		
				2,254,354,106	<b>10c</b>	2,200,154,126
	<b>11</b>	Investments—publicly traded securities . . . . .		350,305,832	<b>11</b>	384,523,926
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		249,851	<b>12</b>	36,329
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		135,268,259	<b>13</b>	195,426,548
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,076,116,386	<b>15</b>	2,198,467,969	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		5,395,940,841	<b>16</b>	5,647,281,033	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		253,114,828	<b>17</b>	317,728,654
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		12,808,582	<b>19</b>	8,763,174
	<b>20</b>	Tax-exempt bond liabilities . . . . .		919,924,627	<b>20</b>	903,910,230
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		3,866,034	<b>23</b>	944,062
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		62,722,978	<b>25</b>	143,678,511
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,252,437,049	<b>26</b>	1,375,024,631
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		3,731,684,755	<b>27</b>	3,876,046,184
	<b>28</b>	Temporarily restricted net assets . . . . .		226,818,324	<b>28</b>	210,222,355
	<b>29</b>	Permanently restricted net assets . . . . .		185,000,713	<b>29</b>	185,987,863
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		4,143,503,792	<b>33</b>	4,272,256,402
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		5,395,940,841	<b>34</b>	5,647,281,033

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,601,399,672
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,419,593,176
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	181,806,496
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,143,503,792
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,590,685
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	4,798,707
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-59,443,278
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,272,256,402

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-1100555  
**Name:** TEXAS CHILDREN'S HOSPITAL

Form 990 (2018)

**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 125 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 2019, 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 2019, TEXAS CHILDREN'S INVESTED IN MORE THAN \$109 MILLION IN OVER 2,132 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

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**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, 2019, THE HOSPITAL INVESTED MORE THAN \$55 MILLION IN THE TRAINING OF OVER 1,229 TRAINEES IN 89 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

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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	38 0									
SCHEDULE O	..... 2 0	X		X				1,006,907	0	124,006
Weldon Gage	38 0									
SCHEDULE O	..... 2 0	X		X				1,492,417	0	187,027
Mark Mullarkey	34 0									
SCHEDULE O	..... 6 0	X		X				1,344,041	0	162,895
Michelle Riley-Brown	39 0									
SCHEDULE O	..... 1 0	X		X				1,388,536	0	189,426
Mark A Wallace	36 0									
Schedule O	..... 4 0	X		X				6,781,279	0	657,376
Mary Jo Andre	20 0									
Schedule O	..... 20 0	X						1,241,079	0	125,332
Dean B Andropoulos MD	1 0									
BOARD MEMBER	..... 1 0	X						92,800	0	0
Michael A Belfort MD PhD	1 0									
BOARD MEMBER	..... 3 0	X						123,600	0	0
Mark W Kline MD	1 0									
BOARD MEMBER	..... 4 0	X						136,600	0	0
James Versalovic MD PhD	1 0									
BOARD MEMBER	..... 1 0	X						100,000	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Williams MD BOARD MEMBER	37 0 .....	X						0	0	0
Thierry Huisman MD BOARD MEMBER	1 0 .....	X						0	323,031	16,636
Larry Hollier MD BOARD MEMBER	39 0 .....	X						130,600	0	0
Aisha Jamal Assistant Secretary	38 0 .....			X				172,898	0	27,216
Tabitha Rice Senior Vice President	40 0 .....				X			845,957	0	115,117
Ivett Shah VICE PRESIDENT	40 0 .....				X			363,592	0	64,593
Matthew Grotto Senior Vice President	39 0 .....				X			739,201	0	106,034
Linda Aldred Senior Vice President	40 0 .....					X		1,119,190	0	151,234
MYRA L DAVIS SENIOR VICE PRESIDENT	40 0 .....					X		1,192,269	0	149,765
Stanley Spinner MD Vice President	38 0 .....					X		777,336	0	62,697

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kay Tittle Vice President	6 0 ..... 34 0					X		1,706,393	0	50,533
Lance Lightfoot SENIOR VICE PRESIDENT	38 0 ..... 2 0					X		1,205,235	0	151,265
Angelo P Giardino MD PHD FORMER BOARD MEMBER	..... 0						X	388,215	0	30,619
Charles D Fraser Jr MD FORMER BOARD MEMBER	..... 0						X	525,000	0	0
Mallory Caldwell SENIOR VICE PRESIDENT	..... 0						X	288,782	0	97,909
George Bisset III MD FORMER BOARD MEMBER	..... 0						X	0	347,808	15,247

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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
---	--

**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? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		464,177
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		139,252
<b>j</b>	Total. Add lines 1c through 1i			603,429
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ 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	185,000,713	160,839,511	139,937,336	131,831,471	132,134,564
b Contributions	6,077,225	13,640,542	15,943,722	3,651,064	7,810,864
c Net investment earnings, gains, and losses	2,446,808	17,439,098	11,439,594	10,445,580	-2,104,397
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	7,536,883	6,918,438	6,481,141	5,990,779	6,009,560
g End of year balance	185,987,863	185,000,713	160,839,511	139,937,336	131,831,471

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

	Yes	No
(i) unrelated organizations		No
(ii) related organizations	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		129,955,335		129,955,335
b Buildings		1,629,904,084	376,676,679	1,253,227,405
c Leasehold improvements		47,051,852	32,914,602	14,137,250
d Equipment		1,873,008,001	1,061,208,391	811,799,610
e Other		77,602,485	86,567,959	-8,965,474
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,200,154,126

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	2,019,624,558
(2) TCH INSURANCE COMPANY REBATE RECEIVABLE	55,203,766
(3) MISC RECEIVABLES	17,066,249
(4) Prepaid Mission Support	6,283,096
(5) DUE FROM AFFILIATES	26,670,279
(6) DISPROPORTIONATE RECEIVABLE	59,318,289
(7) WAIVER RECEIVABLE	14,301,732
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	2,198,467,969

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	47,971,246
DEFERRED COMPENSATION	4,216,019
RETIREMENT PLAN LIABILITY	91,491,246
OTHER LONG-TERM LIABILITY	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	143,678,511

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.

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

**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.

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

**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:** 18007697  
**Software Version:** 2018v3.1  
**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, 2019 OR 2018

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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
See Add'l Data					
<b>3a</b> Sub-total	0	0			2,478,067
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			2,478,067

**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.

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

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

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

[illegible]

**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, don't 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, don't 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:** 18007697

**Software Version:** 2018v3.1

**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	2,429,098
Central America and the Caribbean			Program Services	SELF- INSURANCE	48,969

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As Filed Data -

DLN: 93493227023570

SCHEDULE G  
(Form 990 or 990-EZ)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

2018

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 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			
INFOGROUP INC 200 Pemberwick Road  GREENWICH, CT 06830	DIRECT MAIL		No		372,642	-372,642
270 STRATEGIES 626 WEST JACKSON BLVD SUITE 600  CHICAGO, IL 60661	ANALYTIC SERVICES		No		30,500	-30,500
TARRYN LANKFORD 9713 PINE LAKE DRIVE  HOUSTON, TX 77055	EVENT COORDINATION		No		78,680	-78,680
Total ▶				0	481,822	-481,822

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, 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 <u>Spirit of the Woods</u> (event type)	(b) Event #2 <u>Mainstreet America</u> (event type)	(c) Other events <u>6</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	770,029	541,256	1,887,455	3,198,740
	<b>2</b> Less Contributions . . . . .	534,656	496,229	1,676,874	2,707,759
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	235,373	45,027	210,581	490,981
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	430,703	111,217	605,395	1,147,315
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				1,147,315
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-656,334	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> 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 \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> 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				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</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

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other \_\_\_\_\_ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other \_\_\_\_\_ %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

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

5a

Yes

b

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

5b

Yes

c

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

5c

No

6a

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

6a

Yes

b

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

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			26,269,159	2,933,523	23,335,636	0 96 %
b Medicaid (from Worksheet 3, column a)			1,068,383,701	903,514,758	164,868,943	6 81 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			68,901,958	56,766,671	12,135,287	0 50 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	1,163,554,818	963,214,952	200,339,866	8 28 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,200,652	3,949,831	3,250,821	0 13 %
f Health professions education (from Worksheet 5)			50,697,592	3,480,171	47,217,421	1 95 %
g Subsidized health services (from Worksheet 6)			21,562,773	10,809,756	10,753,017	0 44 %
h Research (from Worksheet 7)			108,921,276	27,160,608	81,760,668	3 38 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,125,868	93,912	8,031,956	0 33 %
j Total. Other Benefits	0	0	196,508,161	45,494,278	151,013,883	6 24 %
k Total. Add lines 7d and 7j	0	0	1,360,062,979	1,008,709,230	351,353,749	14 52 %

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

Cat No 50192T

Schedule H (Form 990) 2018

**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
<b>1</b> Physical improvements and housing			0	0	0	0 %
<b>2</b> Economic development			0	0	0	0 %
<b>3</b> Community support			105,495	0	105,495	0 %
<b>4</b> Environmental improvements			5,000	0	5,000	0 %
<b>5</b> Leadership development and training for community members			122,780	0	122,780	0 01 %
<b>6</b> Coalition building			50,300	0	50,300	0 %
<b>7</b> Community health improvement advocacy			7,500	0	7,500	0 %
<b>8</b> Workforce development			0	0	0	0 %
<b>9</b> Other			41,220	0	41,220	0 %
<b>10 Total</b>	0	0	332,295	0	332,295	0 01 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	0	
<b>3</b> 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.	<b>3</b>	0	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	8,035,214
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	9,422,252
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-1,387,038
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

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

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

**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
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <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>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
<b>10</b> 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>	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>community-health-needs</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> 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)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part VI</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part VI</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part VI</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>22</b>		
<b>23</b>		No
<b>24</b>		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)
<b>1</b> Vannie Cook Children's Cancer and Hematology Clinic 101 W Expressway 83 McAllen, TX 78503	Community Based Outpatient / Diagnostic Clinic
<b>2</b> SuperKids and Ronald McDonald Care Mobile Clinics 8080 N Stadium Drive Houston, TX 77054	Community Based Mobile Clinics
<b>3</b> Texas Children's Pavilion for Women - Obstetrics & Gynecology Pearland 9003 Broadway St Pearland, TX 77584	Community Based Outpatient / Diagnostic Clinic
<b>4</b> Primary Care Practice at Palm Center 5400 Griggs Road Suite 101 Houston, TX 77021	Community Based Outpatient / Diagnostic Clinic
<b>5</b> Texas Children's Specialty Care - Upper Kirby 3023 Kirby Dr Suite 201 Houston, TX 77098	Community Based Outpatient / Diagnostic Clinic
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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, 2019, the Hospital reported approximately \$377,506,018 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 \$(26,152) 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 2019 financial information (12,767) ASCBS includes financial assistance provided to community by related organizations (7,190) ASCBS includes the unreimbursed cost of community building activities (332) ASCBS includes the unreimbursed cost of Medicare and Champus (5,863) Total variance between Part I line 7 and ASCBS (26,152)

# 990 Schedule H, Supplemental Information

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 2019, Texas Children's Hospital provided pediatric care with over 464,000 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 22 bed pediatric intensive care unit and remains the only 24/7 dedicated pediatric emergency center in the west Houston area The hospital continues to operate a state of the art Special Isolation Unit to care for those patients with highly contagious diseases such as Ebola 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, and with dedicated physical therapists focusing on the unique needs of a pediatric athlete In an effort to focus on our most vulnerable patients, West Campus continues to utilized its Complex Care Clinic to support patients with complex medical needs including care coordination needs, medical fragility, technology dependence, and increased health care utilization To meet the 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, and the 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, family-centered medical homes 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 \$186 million annually, researchers conduct more than 1,400 clinical, basic science and translational research projects to identify groundbreaking treatments and cures for childhood diseases</p>



## 990 Schedule H, Supplemental Information

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 <a href="https://www.texaschildrens.org/patients-and-visitors/insurance-and-billing-assistance/financial-arrangements">https://www.texaschildrens.org/patients-and-visitors/insurance-and-billing-assistance/financial-arrangements</a>

## 990 Schedule H, Supplemental Information

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 7g 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 Developmental Pediatrics and 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 \$21,562,773, offsetting revenue of \$10,809,756 and net expenses of \$10,753,017 are included in that line. The stand-alone clinics include gross expenses of \$9,638,381, offsetting revenue of \$7,583,032 and net expenses of \$2,055,349 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 provide diagnostic services for children suspected of having an Autism Spectrum Disorder, Developmental Delay, Intellectual Disabilities, Learning problems, etc. These multidisciplinary centers are 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 4,600 patient visits annually. Renal Outpatient Services - Services started in 1980 in response to community needs for chronic hemodialysis for children. Approximately 60 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 3,900 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 and enduring 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 comorbidities. Programs include:</p> <ul style="list-style-type: none"> <li>* 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.</li> <li>* On the Weight - a 10-week group program for elementary school age children and their parents that is offered at the CyFair Health Center in the late afternoon.</li> <li>* 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.</li> <li>* 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. Sites expanded through community partners from Camp Cho-yeh and YMCA Camp Cullen.</li> <li>* 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.</li> </ul> <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 13,800 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 comm</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	<p>unity partners including numerous 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 nearly 7,900 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 from birth to age 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 2019, mobile clinics visited over 30 locations in Greater Houston, with over 11,000 patients, 12,000 procedures and 11,000 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 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 77% of the patients seen in the Dental Clinic are insured through Medicaid In 2019, the Dental Clinic had over 3,800 patient visits which included about 1,400 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 2019, the Orthodontic Clinic had over 3,600 patient visits with about 66% insured through Medicaid 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 (73%) are from low-income, uninsured or underinsured families Every year, the clinic staff sees approximately 1,300 patients and of these patients, approximately 600 are newly diagnosed (See continuation of Part I, Line 7G)</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

**990 Schedule H, Supplemental Information**

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 &amp; 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 2019 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 2019 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 2019 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 2019 Medicaid cost report for research No industry-sponsored research activities are included in line 7h</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>The Hospital's community building activities promote the health of the communities served and support organizations focused on the root causes of health problems (e g , poverty and homelessness) and vulnerable populations (e g , children with special healthcare needs) Community Support Activities (Line 3) Net Community Building Expense GIRL SCOUTS \$ 27,500 RONALD MCDONALD HOUSE Houston \$ 15,000 THE BALLARD HOUSE \$ 15,000 Candlelighters Childhood Cancer Family Alliance \$ 10,000 GiGi's Playhouse \$ 10,000 Be An Angel \$ 5,000 FAITH Fighting Cancer \$ 5,000 LIFELINE CHAPLAINCY \$ 5,000 The Stacey and Bo Porter SELF Foundation \$ 5,000 YES to YOUTH - Montgomery County Youth Services \$ 3,000 Boys &amp; Girls Club of Greater Houston \$ 2,500 Autoimmune Encephalitis Alliance \$ 1,495 Houston Texans Foundation \$ 1,000 TOTAL \$ 105,495 Environmental Improvement Activities (Line 4) Net Community Building Expense Air Alliance Houston \$ 5,000 TOTAL \$ 5,000 Leadership Development and Training for Community Member Activities (Line 5) Net Community Building Expense JUNIOR LEAGUE OF HOUSTON \$ 115,000 TEACH - To Educate All Children \$ 5,000 Center for Houston's Future \$ 2,750 American Leadership Forum \$ 30 TOTAL \$ 122,780 Coalition Building Activities (Line 6) Net Community Building Expense Leaping Butterfly Ministry \$ 25,000 State of Black Women \$ 25,000 Jewish Family Services Houston \$ 300 TOTAL \$ 50,300 Community Health Improvement Advocacy Activities (Line 7) Net Community Building Expense Children's Defense Fund \$ 5,000 Interfaith of The Woodlands \$ 2,500 TOTAL \$ 7,500 Other (Line 9) Net Community Benefit Expenses The Health Museum \$ 20,000 Houston Children's Charity \$ 10,170 The Woodforest Charitable Foundation \$ 5,250 Summerhouse Houston \$ 3,000 INSPIRATION RANCH \$ 2,800 TOTAL \$ 41,220</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	In accordance with HFMA Statement 15 and ASU 2014-09, Topic 606, Bad debt expense represents the difference between the standard rates (or explicit contracted rates) and the amounts expected to be collected from a third-party payor after all reasonable collection efforts have been exhausted. Also in accordance with HFMA Statement 15 and ASU 2014-09, Topic 606, Bad debt expense is calculated as the charges written off (at full established rate), less any indirect funds received to offset charges written off.



## 990 Schedule H, Supplemental Information

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 of its 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)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Footnote describing accounts receivables (page 14) of audited financial statements Patient accounts receivable include reductions for explicit contractual agreements, discounts provided to uninsured and underinsured patients, implicit price concessions, and charity adjustments and are recorded on an accrual basis at net realizable value in the consolidated balance sheets The estimate of patient accounts receivable is based primarily on Texas Children's historical collection and write-off experience and the aging of patient accounts receivables Changes in business and economic conditions, trends in federal, state and private employer health care coverage, and other collection indicators are also taken into consideration when estimating price concessions each quarter</p> <p>Footnote describing revenue recognition, implicit price concessions and bad debt expense (page 18) of audited financial statements In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers which provides for a single comprehensive principles-based standard for the recognition of revenue across all industries through the application of a five-step framework The core principle of 2014-09 is that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services In addition, the standard requires expanded disclosures in regards to the nature, amount, timing and uncertainty of revenue, as well as the certain additional quantitative and qualitative disclosures Texas Children's has adopted ASU 2014-09 by applying the full retrospective method As of September 30, 2019, the primary impact of adopting ASU 2016-09 is \$74,333 previously classified as the provision for doubtful accounts is now reflected as an implicit price concession within net patient service revenue These amounts are no longer separately stated as a reduction to net patient service revenue in the consolidated statements of operations and changes in net assets Texas Children's will consider certain changes in the financial status of a third-party payor not assessed at the date of service, for example, a bankruptcy, as bad debt expense within general and administrative expenses</p>

**990 Schedule H, Supplemental Information**

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 2019 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>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>Patients who have qualified for financial assistance, if the discount is less than 100%, 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 an implicit price concession. Provisions for estimated retroactive adjustments under such programs are provided in the period the related services are rendered, adjusted in future periods as final settlements are determined, and are included in current assets. The Hospital may use reasonable efforts to collect outstanding patient receivables 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.</p>

990 Schedule H, Supplemental Information				
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,

990 Schedule H, Supplemental Information			
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,

990 Schedule H, Supplemental Information				
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,

**990 Schedule H, Supplemental Information**

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"><li>* Identify community health needs as they arise</li><li>* Collect data</li><li>* Align the Texas Children's community-related efforts with identified needs</li><li>* Recognize components of Texas Children's that provide quality community-related services</li><li>* Enhance community-related health efforts across the entire system</li></ul> <p>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 Members/Leaders in the Hospital's supported programs created to address existing community health needs provide critical guidance to the Community Benefits department on how best to measure program success and continued support, or expansion of these efforts to other areas of the community</p>



**990 Schedule H, Supplemental Information**

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>

# 990 Schedule H, Supplemental Information

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 defines its community as local, national and international. In regards to the CHNA, the Hospital focuses on addressing local needs. For community benefit reporting purposes, Texas Children's defines the community it serves as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as "Greater Houston." An MSA - defined by the U.S. Office of Management and Budget (OMB) and used by the Census Bureau and other federal government agencies for statistical purposes - is a geographical region with a relatively high population density at its core and close economic ties throughout the area. While the Texas Children's Hospital Network of Care treats patients from around the globe, the majority of our patients (90.9% in fiscal year 2019) come from Greater Houston. In terms of land area, Greater Houston is approximately 9,350 square miles, making it as large or larger than the states of New Hampshire (9,350 sqmi), New Jersey (8,721 sqmi), Connecticut (5,543 sqmi), Delaware (2,489 sqmi), or Rhode Island (1,545 sqmi). For more in-depth information on each county in the Hospital's community benefits service area, including demographic profiles, please refer to the Hospital's CHNA online: <a href="https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs">https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs</a>. In general, Texas Children's focuses community benefit efforts in neighborhoods with high concentrations of poverty because poverty is linked to many other social determinants of health. Several research institutions have developed indexes to better understand neighborhood-level factors beyond poverty that can affect health outcomes. These indexes include the CDC's Social Vulnerability Index (SVI), Ohio State University's Childhood Opportunity Index (COI), and HRSA/The University of Wisconsin's Area Deprivation Index (ADI). These indexes often score neighborhoods based on a variety of factors related to socioeconomic status to paint a more comprehensive picture of the disadvantages faced by neighborhood residents. Texas Children's uses the Area Deprivation Index to identify the most vulnerable neighborhoods in our service area because it is based on the most current data of all of the indexes. Additionally, it provides data at a higher spatial resolution, the census block group, compared to other indexes that oftentimes use census tracts or zip codes. The ADI was developed by HRSA over twenty years ago for county-level use, but has since been adapted and validated to the census block group level by researchers at the University of Wisconsin-Madison. The ADI ranks each census block group in each state from 1 to 10 based on socioeconomic factors, such as income, education, employment, and housing quality. Census block groups that receive a score of 1 are the lowest on the ADI, and are the least disadvantaged neighborhoods, while census block groups that receive a score of 10 are the highest on the ADI and are the most disadvantaged neighborhoods.</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"> <li>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.</li> <li>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.</li> <li>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 &amp; World Report, Texas Children's Hospital is the only children's hospital in Texas to receive the prestigious Honor Roll designation. In the 2020 U.S. News survey - which uses data from 2019 - the Hospital ranked in the top ten in nine subspecialties and #1 in the nation in cardiology/heart surgery for the fourth year in a row. As a national leader among pediatric institutions, the Hospital has multidisciplinary expertise in some of the most complex medical challenges facing children today.</li> <li>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.</li> <li>5) The Hospital invests its operating margin in capital projects and programmatic initiatives focused on improving patient care, medical education and research.</li> <li>6) The Hospital served as a training center for nursing students, supporting approximately 1700 cadet nurses in 2019. Although these trainees are not obligated to remain at the Hospital upon certification, they gain valuable knowledge for their careers in pediatrics.</li> <li>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 2019, there were a total of 306 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.</li> <li>8) The Simulation Center at Texas Children's Hospital provides Pediatric Simulation Training for Emergency Pre-hospital Providers (Pedi-STEPs) 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, 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 and is continuing its commitment to train firefighters. In fiscal year 2019, 258 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.</li> <li>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.</li> <li>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</li> </ol>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>er healthcare 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 serves 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 2019, our \$350 million expansion, the Lester and Sue Smith Legacy Tower, completed its first full year operation The Hospital's new home for surgery, critical care and Texas Children's Heart Center was designed to help 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 (SEE CONTINUATION OF PART VI, LINE 5)</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, 7 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 Affordable Care Act 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 2019, 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 low acuity visits 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 2019, the Health Plan has over 425,000 members The staff and network of over 4,300 primary care physicians, 6,800 specialists and 118 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

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**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	Prioritized Community Health Needs Through an extensive process including but not limited to key informant interviews, focus groups, and ongoing participation in community health efforts in the region, Texas Children's identified six key health needs that pertain to our patient population. The findings were brought before the Hospital's Community Benefits Workgroup for guidance on prioritizing them from the perspective of the Hospital's Network of Care. Their guidance is shaped by the institution's mission to create a healthier future for the children and women throughout our global community by leading in patient care, education and research. It is also shaped by the four core values of Texas Children's: to embrace freedom, lead tirelessly, live compassionately, and amplify unity.



**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 5 Facility , 1	<p>Facility , 1 - Texas Children's Hospital Shared Initiative - Key Informant Interviews In fulfillment of its 2018-2022 Strategic Plan to take a systems-focused approach to community health, the Episcopal Health Foundation coordinated an interview initiative in 2018 to support four Greater Houston hospital systems in preparing their 2019 community health needs assessments. The collaborating hospitals include CHI St. Luke's, Houston Methodist Hospital, Memorial Hermann Health System, and Texas Children's Hospital. The goal of the CHNA Shared Initiative was to collect qualitative data from a group of stakeholders representing diverse populations in Greater Houston. Through this collaborative effort, the four hospitals sought to minimize burden to respondents who may receive multiple requests for interviews by the participating hospitals for their respective CHNAs. The Foundation hired Health Resources in Action (HRIA), a nonprofit public health institute, to conduct interviews with respondents identified by the four hospitals and to analyze those interviews for prominent themes. Though the Texas Children's service area, Greater Houston, is only nine counties, respondents are distributed across ten counties. Interviews were conducted with stakeholders, community leaders, providers, and staff from a wide range of organizations across sectors, including public health, health care, education, housing, transportation, immigrant services, the faith-based community, local government, early childhood, and social services. The University of Texas School of Public Health - Focus Groups In the spring of 2019, Texas Children's formed a partnership with the University of Texas Health Science Center at Houston, School of Public Health (UTSPH) to afford public health graduate students the opportunity to gain real-world public health experience, by helping Texas Children's complete its 2019 Community Health Needs Assessment. Nine graduate students enrolled in the PH 1112 Community Needs Assessment class conducted focus groups with Texas Children's social workers, financial assistance program workers, and health care providers. Through a focus group discussion guide the team gathered information on community and systemic health factors and suggestions for improving community health. At each focus group, two students led the focus group questioning while one student took notes and recorded the session. Other students listened to the recordings, highlighted key themes, and presented key findings. Ongoing Participation in Local Community Health Initiatives Texas Children's Department of Government Relations and Community Benefits participates in several community health initiatives, workgroups, and councils throughout Greater Houston providing ongoing insight into the health needs of the communities we serve.</p>

**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 6a Facility , 1	Facility , 1 - Texas Children's Hospital In fulfillment of its 2018-2022 Strategic Plan to take a systems-focused approach to community health, the Episcopal Health Foundation coordinated an interview initiative in 2018 to support four Greater Houston hospital systems in preparing their 2019 community health needs assessments The collaborating hospitals include CHI St Luke's, Houston Methodist Hospital, Memorial Hermann Health System, and Texas Children's Hospital

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 The CHNA was conducted with the Episcopal Health Foundation Shared Initiative and The University of Texas School of Public Health

**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 2019 CHNA Texas Children's 2019 Community Health Needs Assessment identified f ive healthcare topics needing specific Hospital expertise and resources, prioritized in th e following order * Mental and Behavioral Health * Access to Care * Social Determinants o f Health * Maternal Health * Obesity & Chronic Disease (Tie) * Environmental Health (Tie) Texas Children's is addressing these needs by employing the strategies outlined in the Tex as Children's 2020-2022 Community Benefit Implementation Plan This plan, developed by the Hospital's Community Benefit Workgroup (CBW) and reviewed and endorsed by the Board of Tr ustees, presents current actions Texas Children's is taking to address these needs in addi tion to proposed actions and strategies Mental and Behavioral Health Current actions to a ddress this issue Action 1 - Support school-based efforts aimed at prevention and early i ntervention in mental health Mental Health America, the nation's leading community-based non-profit dedicated to mental illness, points out that schools provide an important oppor tunity for addressing the mental health and well-being of children This is because they c an provide students with the tools they need to be mentally well, while also identifying e arly signs that a child might need extra support * In February of 2020, Texas Children's executed a multiyear gift agreement with the Girl Scouts of San Jacinto Council to promote their Girl Scouting in the School Day (GSSD) program GSSD is a free leadership developme nt program held during the school day, that provides an authentic Girl Scout experience to middle school girls in underserved communities where a lack of volunteers, transportation , and financial resources are often barriers to joining traditional Girl Scout troops Pre liminary analysis of pre and post surveys on the GSSD program in Dallas suggest that girls who participate see a 78% improvement in academic engagement, 84% improvement in stronger sense of self, 80% improvement in practical life skills, and 96% improvement in increased understanding of STEM * Texas Children's Departments of Psychiatry, Psychology, and the Texas Children's Trauma and Grief Center, support various initiatives aimed at prevention and early intervention in mental health in schools * Texas Children's Department of Gover nment Relations and Community Benefits, furthermore, is actively involved in the implement ation of Texas Senate Bill 11, which was signed into law in June, 2019 The bill provides an additional \$110 million over the next two years for school security and better access t o mental health resources It also requires that districts create multi-hazard emergency p lans, use trauma-informed practices, and provide more training to staff Action 2 - Explor e the logistics of forming an on-site crisis response team based out of the Texas Children 's Trauma and Grief (TAG) Cent

**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	er According the National Alliance on Mental Illness (NAMI), mental health crisis response services are a vital part of any mental health service system. A well-designed crisis response system can provide backup to community providers, perform outreach by connecting first-time users to appropriate services and improve community relations by providing reassurance that the person's needs are met in a mental health crisis. While the Harris Center for Mental Health and Intellectual or Developmental Disabilities (IDD) currently operates a mobile crisis outreach team for children and adults of Harris County, an additional crisis response team, based out of Texas Children's TAG Center, could potentially reach more people in other parts of the Hospital's community benefits service area. TAG is often called upon to provide mental health crisis outreach, including in the aftermath of Hurricane Harvey, the Santa Fe School shooting, Sutherland Springs Church shooting, and more. With a dedicated on-site crisis response team, TAG may be able to respond to more crises without significantly disrupting its operations. * The Texas Children's Trauma and Grief Center and the Department of Community Benefits are currently pursuing funding opportunities to support an on-site crisis response team. Action 3 - Encourage collaborations between law enforcement agencies and mental health providers to decriminalize mental health crises. Individuals with mental illness are often detained and transported by law enforcement during instances of mental crisis. The National Alliance on Mental Illness (NAMI) estimates that over 2 million people with mental illness, most of which are non-violent offenders, are booked into the jail system annually instead of diverted into medical care to assess their mental health. The continued jailing of individuals committing non-violent crime who suffer from mental illness induces unnecessary stress, increases state and local law enforcement spending, and creates unwarranted burden on law enforcement. * Texas Children's Trauma and Grief (TAG) Center is currently piloting the "Handle with Care" initiative, which puts systems in place for police to alert schools when a child experiences a potentially traumatic event so that the teacher is made aware and the child receives immediate support in the classroom, if needed. * Texas Children's Section of Public Health Pediatrics seeks to expand its collaboration with the Harris County Sheriff's Office and the University of Texas Medical Branch to study the needs of children with incarcerated parents. Access to Care Current actions to address this issue. Action 1 - Partner with community-based organizations to improve health insurance coverage and health literacy in vulnerable communities. Extensive research indicates that health insurance coverage improves children's access to preventive checkups and medications, and to a medical home, where caregivers can meet health issues and developmental needs. Medi

**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>caid, which serves over half of Texas newborns and two out of five Texas kids, is also lin ked to better educational outcomes and better health and economic well-being over time Th e Center for Public Policy Priorities (CPPP) estimates that of the 835,000 uninsured Texas children in 2017, at least 350,000 were eligible for Medicaid or CHIP * For decades, Tex as Children's has advocated for improving health insurance coverage policies, including ef forts to expand Medicaid coverage for postnatal women for 12 months, and removal of income checks after 6 months of eligibility for children on Medicaid Texas Children's Departmen t of Government Relations and Community Benefits is currently coordinating a system-wide h ealth literacy and health insurance enrollment campaign targeting YMCA locations, Boys and Girls Club locations, and schools in areas with high uninsured rates Key personnel at co mmunity-based sites will be trained on how to identify and approach uninsured families and navigate them to staff that can provide application assistance Action 2 - Continue to ex plore telehealth strategies to increase access to healthcare in vulnerable communities Th e Health Resources and Services Administration (HRSA) defines telehealth as the use of ele ctronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health a dministration * Established in 1993, the Texas Children's Center for TeleHealth was the f irst pediatric-based telemedicine program to go live The Center for TeleHealth continues t o facilitate timely diagnoses and treatments, link researchers and patient populations at a variety of sites throughout the world and promote networking among physicians, health ca re providers and institutions Action 3 - Explore the use of ride-share services to help u nderserved communities access care Lack of transportation, specifically for lower income residents, was identified by respondents in the 2019 CHNA as a top barrier to accessing he alth care They noted that the large footprint of the city-and its sprawling nature-makes it difficult to get anywhere except by car While there is a public bus system, respondent s reported that using the system can be cumbersome and expensive * Texas Children's Trauma and Grief Center, which is a subsidized health service primarily supported by grant fund ing, partners with Lyft to help patients get to appointments Texas Children's Department of Government Relations and Community Benefits will explore mechanisms to expand this mode l to other areas of the Texas Children's Hospital System, especially in underserved commun ities (See continuation of Part V, Line 11)</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 , 2	Facility , 2 - Texas Children's Hospital Social Determinants of Health Current actions to address this issue Action 1 - Advocate for evidence based programs and policies that imp rove the quality of life and health outcomes for children and families living in poverty In "Poverty and Child Health in the United States," the American Academy of Pediatrics poi nts out that almost half of young children in the United States live in poverty or near po verty They further advise that poverty and related social determinants of health are link ed to adverse health outcomes in childhood and adulthood, negatively affecting physical he alth, socioemotional development, and educational achievement The American Academy of Ped iatrics suggests that pediatricians and other pediatric health practitioners are uniquely equipped to assess the financial stability of families, link families to resources, and co ordinate care with community partners Facilitating pediatric health practitioners' capaci ty to provide this type of support and information to families served is vital to combatti ng poverty and related adverse health outcomes * Texas Children's is a charter member of the Greater Houston Coalition for Social Determinants of Health, whose stated mission is t o establish a sustainable, data-driven, human-centered ecosystem of care that equitably ad dresses the social determinants of health among Greater Houston's communities * In Februa ry of 2020, Texas Children's executed a multiyear gift agreement with the Houston Food Ban k to support their Food for Change initiative (FFC) Food for Change includes several prog rams aimed at creating economic and healthcare partnerships to address root causes and dow nstream effects of food insecurity FFC's health programs include Food Rx, FIRST Link, and Core Connections Network Action 2 - Support efforts to increase access to quality early childhood education programs in economically disadvantaged communities According to the I nstitute of Education Sciences, a branch of the US Department of Education, early childhoo d education is a broad term used to describe any type of educational program that serves c hildren from birth through third grade Early childhood education may consist of any numbe r of activities and experiences designed to aid in the cognitive and social development of young children in their early formative years * Through partnerships with child-serving organizations, local governments, places of worship, school districts, public housing comm unities, WIC centers, public libraries, and safety net providers, Texas Children's Departm ent of Public Health Pediatrics is focused on expanding the upWORDS program, a 14-week ear ly language development program for low-resourced families with children aged 0-2 years F rom 2016-2019 the upWORDS program served over 500 families * Texas Children's will contin ue partnerships with The City of Houston Health Department and the Children's Museum to ex pand the Houston Basics Progra

**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	m, a free program empowering parents with skills and tools to support improved brain development in children for the first three years of life Mental Health Current actions to address this issue Action 1 - Advocate for policies that increase access to health services during the year after pregnancy In "It's Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum," Emily Eckert argues that medical and behavioral health conditions must be managed and treated before the point of progressive severity to help curb maternal deaths in the postpartum period Extending Medicaid coverage for pregnant women from 60 days to 12 months postpartum, for example, would help women access the care they need to address health concerns after their pregnancy ends Current coverage does not allow ample time for women to access care for chronic conditions, treatment for substance use disorders, and behavioral or other mental health services, and this is a more critical barrier for mothers at lower socioeconomic status The American College of Obstetricians and Gynecologists (ACOG) supports the suggestion to extend coverage, and at its June 2019 meeting, the American Medical Association's House of Delegates adopted a resolution supporting the extension of Medicaid coverage for women in the postpartum period * Dr Lisa Hollier, CMO at Texas Children's Health Plan, and Division Director in Obstetrics and Gynecology at Baylor College of Medicine, currently chairs the governor-appointed Texas Maternal Mortality and Morbidity Taskforce * Dr Hollier and Dr Chris Greeley, Section Head of Public Health Pediatrics, are also on the Harris County Maternal Mortality Taskforce, which shares a similar mission as the state taskforce, but for Harris County * Leaders at Texas Children's comprise a large part of the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Executive Committee The TCHMB is a multidisciplinary network of health professionals throughout the state whose mission is to advance health care quality and patient safety for all Texas mothers and babies, through the collaboration of health and community stakeholders in the development of joint quality improvement (QI) initiatives, the advancement of data-driven best practices, and the promotion of education and training Action 2 - Support community-based care models to improve maternal health outcomes and promote postpartum wellness among vulnerable populations Community-based care is an important component of providing a continuum of care for low-resource communities The health and well-being of women, newborns, and children, furthermore, are inherently linked - when mothers are malnourished, ill, or receive insufficient care, their newborns are at increased risk of disease, morbidity, and premature death * Texas Children's Section of Public Health Pediatrics was funded by the Texas Medical Center to work with Dr Lucy Puryear, Medical Director of The Women's Place - Center for Reprod



**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	<p>active Psychiatry, to pilot a home visitation program for women with postpartum depression This pilot is aimed at narrowing the disparity gap in receiving mental health services Obesity &amp; Chronic Disease Current actions to address this issue Action 1 - Support commun ity-based interventions that focus on diet and physical activity in families Research sug gests that community-based programs represent a feasible approach to assist individuals, f amilies, and communities in developing healthy behaviors that promote and maintain weight loss * Texas Children's partners extensively with the YMCA of Greater Houston, providing financial support for initiatives like the Diabetes Prevention Program and the Healthy Wei ght and Your Child Program In addition, providers at Texas Children's Hospital and Baylor College of Medicine helped develop the YMCA's Kamp K'aana, nutritional summer camp for ov erweight children * In the past, Texas Children's has supported an array of YMCA initiati ves, including the construction of an adaptive sports complex for children with physical l imitations, and the YMCA's Safety Around Water Initiative In February of 2020, Texas Chil dren's executed a multiyear gift agreement with the Houston Food Bank to support their Foo d for Change initiative (FFC) Food for Change includes several programs aimed at creating economic and healthcare partnerships to address root causes and downstream effects of foo d insecurity FFC's health programs include Food Rx, FIRST Link, and Core Connections Netw ork Action 2 - Advocate for programs and policies that improve the nutritional quality of school lunches and breakfasts Researchers and advocates argue that schools play a unique role in influencing children's eating habits and lifelong behavior through the food and d rink choices offered in cafeterias, hallway vending machines, and elsewhere on campus * T he Children's Nutrition Research Center (CNRC) is a unique cooperative venture between Bay lor College of Medicine, Texas Children's Hospital and the U S Department of Agriculture/ Agricultural Research Service (USDA/ARS) that has 50 faculty members conducting nutrition- related research Research goals include establishment of evidence-based guidelines promot ing health, growth and development through optimal nutrition for use by physicians, parent s and others responsible for the care and feeding of children * The Texas Children's Cent er for Childhood Obesity provides comprehensive help to the community and providers in car ing for patients with weight management challenges, obesity and associated co-morbidities</p>

**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 11 Facility , 3	Facility , 3 - Texas Children's Hospital Environmental Health Current actions to address this issue Action 1 - Support evidence-based strategies to reduce the effects of mobile and industrial sources of pollution on health in Greater Houston Mobile sources of pollution include cars, trucks, ships, planes, and trains A wealth of research suggests that people who are disproportionality exposed to pollution from mobile sources suffer higher rates of asthma, cardiovascular disease, impaired lung development in children, pre-term and low-birthweight infants, childhood leukemia, and premature death Industrial pollution sources include chemical plants, oil refineries, and other "small area" sources that represent 90 percent of the worst urban toxic pollutants for human health The American Public Health Association (APHA) recommends increasing EPA funding for ambient and community-scale air toxics programs, focusing more resources on environmental justice issues, developing and validating advanced monitoring and data analysis technologies, and promoting clean power programs to mitigate mobile sources of pollution * Texas Children's Department of Government Relations and Community Benefits works closely with Air Alliance Houston, a local non-profit advocacy organization working to reduce the public health impacts of air pollution and advance environmental justice In addition to partnering on research and advocacy efforts, representatives from Texas Children's sit on Air Alliance Houston's Policy Advisory Committee for the health impact assessment of the proposed I-45 highway expansion Action 2 - Explore strategies to improve access to green space for children and families in underserved communities A wealth of evidence suggests a positive relationship between mental and physical well-being and access to green space, particularly in children In fact, studies show that children with a green space nearby spend less time on the computer, watching television, or playing video games than children who have to walk more than 20 minutes to a green space * Texas Children's is working with The Episcopal Health Foundation, the City of Houston Parks Department, and the Memorial Hermann Community Benefit Corporation on an effort to improve park space in the Alief area of Houston, an economically disadvantaged community that is part of the Mayor's Complete Communities initiative The effort is aimed at utilizing community benefit resources and foundation support to enhance programming and equipment at a park in Alief, and track utilization and health outcomes over time

**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.	
<b>Section C. Supplemental Information for Part V, Section B.</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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS CHILDREN'S HOSPITAL

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 . . . . . 69

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**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	5	525,000			
(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: 18007697  
Software Version: 2018v3.1  
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
AADE - American Association of Drilling Engineers Houston Chapter P O Box 107 Houston, TX 77001	76-0485105	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
ACHA - Adult Congenital Heart Association 280 North Providence Rd Ste 6 Media, PA 19063	04-3447959	501(C)(3)	12,500				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
AIDS FOUNDATION HOUSTON 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501(C)(3)	25,000				SUPPORT NON-PROFIT HEALTHCARE ORG
Air Alliance Houston 3914 Leeland St Houston, TX 77003	76-0461030	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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American Heart Association 10060 Buffalo Speedway Houston, TX 770541302	13-5613797	501(C)(3)	18,100				SUPPORT NON-PROFIT HEALTHCARE ORG
Astros Golf Foundation 501 Crawford St Ste 500 Houston, TX 77002	83-1791157	501(C)(3)	115,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Be An Angel 2003 Aldine Bender Houston, TX 77032	76-0262730	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Big Love Cancer Care P O Box 90818 Austin, TX 78709	20-8516221	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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Brookwood Community 1752 FM 1489 Brookshire, TX 77423	74-1587672	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Candlelighters Childhood Cancer Family Alliance 12919 Southwest Freeway Ste 100 Stafford, TX 77477	76-0367440	501(C)(3)	11,200				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Center for Public Policy Priorities 7020 Easy Wind Drive Ste 200 Austin, TX 78752	74-2898197	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Championship Hearts Foundation 8310 Shoregrove Dr Humble, TX 77346	81-1986712	501(C)(3)	5,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Chance For Hope Foundation P O Box 842044 Pearland, TX 77584	46-5359628	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Children At Risk 2900 Weslayan Ste 400 Houston, TX 77027	76-0360533	501(C)(3)	30,000				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
CHILDRENS ASSESSMENT CENTER FOUNDATION 2500 Bolsover Houston, TX 77005	76-0458780	501(C)(3)	52,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Children's Defense Fund 840 First St NE Suite 300 Washington, DC 20002	52-0895622	501(C)(3)	5,000				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
CHILDRENS MUSEUM INC 950 Trout Brook Drive West Hartford, CT 06119	06-0896043	501(C)(3)	75,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
DePelchin's Children Center 4950 Memorial Drive Houston, TX 77007	76-0318867	501(C)(3)	7,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG

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Easter Seals Greater Houston 4500 BISSONNET SUITE 340 Bellaire, TX 774013006	74-1238418	501(C)(3)	5,000				SUPPORT NON-PROFIT HEALTHCARE ORG
Epilepsy Foundation 2401 Fountainview Suite 900 Houston, TX 77057	74-2141084	501(C)(3)	8,500				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
FAITH Fighting Cancer P O Box 445 Conroe, TX 77305	27-2274753	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Fore The Cure 9568 Doliver Dr Houston, TX 770631011	47-2874715	501(C)(3)	5,000				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
GIGI's Playhouse 2350 W Higgins Rd Hoffman Est, IL 60169	46-2014837	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Girl Scouts 12012 Park Thirty-Five Circle Austin, TX 78753	74-1109644	501(C)(3)	27,500				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)	5,131				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Harrison's Heroes 10921 Roaring Brook Ln Houston, TX 770246837	47-4958602	501(C)(3)	5,000				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
Heart Heroes 610 S Pinckney St Elk Point, SD 57025	83-4138370	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Houston Alumnae Chapter of Kappa Alpha Theta 5868 A-1 Westheimer Rd 302 Houston, TX 770575641		501(C)(6)	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
Houston Children's Charity 230 Westcott St Houston, TX 77007	76-0135741	501(C)(3)	10,170				SUPPORT NON-PROFIT PHILANTHROPIC ORG
HOUSTON DEFENDER NEWSPAPER INC 12401 South Post Oak Houston, TX 77045	76-0238885		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
Houston Pi Beta Phi 9668 Westheimer Rd Ste 200 95 Houston, TX 77063	76-0438662	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Humble ISD Education Foundation P O Box 2000 Humble, TX 77347	76-0608461	501(C)(3)	15,000				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
IMMUNIZATION PARTNERSHIP P O Box 5168 Katy, TX 77491	76-0695612	501(C)(3)	40,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TCH Pediatric Associates Inc P O Box 300630 Houston, TX 772300630	76-0460242	501(C)(3)	6,999,998				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
INSTITUTE FOR SPIRITUALITY AND HEALTH 8100 Greenbriar Houston, TX 77054	74-1246255	501(C)(3)	100,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
JUNIOR LEAGUE OF HOUSTON 1811 Briar Oaks Lane HOUSTON, TX 77027	74-1185659	501(C)(3)	115,000				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
Kinder Institute 2479 Aloma Avenue Winter Park, FL 32792	26-2620015	501(C)(3)	10,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
Leaping Butterfly Ministry 30 Kingscote Way The Woodlands, TX 77382	45-5343705	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
Lifeline Chaplaincy 1415 Southmore Blvd Houston, TX 77004	76-0504483	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
MAKE A WISH FOUNDATION OF THE TEXAS GULF 12625 SOUTHWEST FREEWAY STAFFORD, TX 77477	76-0116615	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
MARCH OF DIMES 3000 WESLAYAN SUITE 100 HOUSTON, TX 77027	13-1846366	501(C)(3)	55,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Mental Health America of Greater Houston 2211 Norfolk Houston, TX 77098	74-1272394	501(C)(3)	5,000				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
Moebius Syndrome Foundation P O Box 147 Pilot Grove, MO 65276	13-3753992	501(C)(3)	12,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
Mothers Against Cancer P O Box 5103 Kingwood, TX 77325	76-0324101	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Hemophilia Foundation - Lone Star Chapter of the National Hemophil ia Foundation 5600 Northwest Central Road Ste 140 Houston, TX 77092	76-0661966	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
National Multiple Sclerosis Society 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	13-5661935	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
Rise School 5618 H MarkCrosswell Jr St Houston, TX 77021	76-0606866	501(C)(3)	10,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
Ronald McDonald House Houston 1907 HOLCOMBE BLVD HOUSTON, TX 77030	74-1984499	501(C)(3)	65,000				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
Rotary International in the Woodlands P O Box 7353 The Woodlands, TX 77387	51-0136532	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
SEARCH - Houston without Homeless 2015 Congress Avenue Houston, TX 77002	76-0260403	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
Shlenker School 5524 Dayna Court New Orleans, LA 70124	76-0686559	501(C)(3)	10,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
Sky High 9800 Richmond Ave Ste 335 Houston, TX 77042	26-0465972	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
Social Motion 10694 Haddington Ste G Houston, TX 77043	47-4785251	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TEACH - To Educate All Children 2900 Wesleyan Ste 375 Houston, TX 77027	20-2425139	501(C)(3)	5,000				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
Texans Care for Children 1106 Clayton Lane Austn, TX 78723	75-2687008	501(C)(3)	5,000				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)	10,000				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 Southern Foundation 3100 Cleburne St Hannah Hall Houston, TX 77004	74-1620415	501(C)(3)	10,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
THE BALLARD HOUSE 1420 7th Avenue North Birmingham, AL 35203	45-3971768	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
The Cure Starts Now 10280 Chester Road Cincinnati, OH 45215	26-0269131	501(C)(3)	15,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
The Greater Houston Partnership 701 Avenida De Las America Ste 9 Houston, TX 77010	20-8179135	501(C)(3)	5,000				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
The Health Museum 1515 Hermann Dr Houston, TX 77004	74-6106357	501(C)(3)	20,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
The Living Bank 4545 Post Oak Pl Dr 340 Houston, TX 77027	74-1607315	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
The Periwinkle Foundation 3000 Richmond Ave Suite 340 Houston, TX 77098	76-0093914	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
The Rose 12700 N Featherwood Ste 260 Houston, TX 77034	76-0193812	501(C)(3)	5,000				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
The Stacey and Bo Porter Self Foundation P O Box 16751 Sugarland, TX 77496	45-5619988	501(C)(3)	5,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	5,000				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 at Houston (UTHealth) 7000 FANNIN STREET SUITE 1200 HOUSTON, TX 77226	74-1761309	GOVT	55,000				SUPPORT NON-PROFIT MEDICAL SCHOOL
West Houston Leadership Institute 10370 Richmond Ave Suite 125 Houston, TX 77042	20-4314065	501(C)(3)	5,010				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
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA 2600 North Loop West Houston, TX 77092	74-1109737	501(C)(3)	75,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) 2018**

**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	457(F) PLAN PAID/DEFERRED DAN DIPRISCO 519,500 / 80,388 WELDON GAGE 744,500 / 137,500 MARK MULLARKEY 784,707 / 98,780 MICHELLE RILEY-BROWN 752,123 / 115,500 MARK A WALLACE 4,638,133 / 0 MARY JO ANDRE 800,152 / 61,630 TABITHA RICE 445,742 / 52,500 IVETT SHAH 54,800 / 34 300 MATTHEW GIROTTI 389,171 / 42,500 LINDA ALDRED 583,902 / 80,200 MYRA L DAVIS 593,702 / 93,760 KAY TITTLE 1,072,401 / 0 STANLEY SPINNER 408,549 / 0 LANCE LIGHTFOOT 623,176 / 90,900 ANGELO P GIARDINO 133,017 / 0 THIERRY HUISMAN, M D 0 / 1,412 GEORGE BISSETT, III M D 4,125 / 0 DIRECTOR INCENTIVE PLAN PAID/DEFERRED AISHA JAMAL 14,300 / 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



Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
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				
Dan DiPrisco	(i)	478,183	519,500	9,224	105,355	18,651	1,130,913	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
Weldon Gage	(i)	723,323	744,500	24,594	159,130	27,897	1,679,444	0
SCHEDULE O	(ii)	0	0	0	0	0	0	0
Mark Mullarkey	(i)	555,930	670,300	117,811	125,407	37,488	1,506,936	114,407
SCHEDULE O	(ii)	0	0	0	0	0	0	0
Michelle Riley-Brown	(i)	631,681	715,000	41,855	143,622	45,804	1,577,962	37,123
SCHEDULE O	(ii)	0	0	0	0	0	0	0
Mark A Wallace	(i)	1,824,913	4,606,723	349,643	623,980	33,396	7,438,655	2,080,523
Schedule O	(ii)	0	0	0	0	0	0	0
Charles D Fraser Jr MD	(i)	525,000	0	0	0	0	525,000	0
FORMER BOARD MEMBER	(ii)	0	0	0	0	0	0	0
George Bisset III MD	(i)	0	0	0	0	0	0	0
FORMER BOARD MEMBER	(ii)	247,196	0	100,612	7,798	7,449	363,055	0
Mary Jo Andre	(i)	416,085	441,600	383,394	93,412	31,920	1,366,411	358,552
Schedule O	(ii)	0	0	0	0	0	0	0
Thierry Huisman MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	198,653	100,000	24,378	7,072	9,564	339,667	0
Angelo P Giardino MD PHD	(i)	222,308	0	165,907	24,547	6,072	418,834	133,017
FORMER BOARD MEMBER	(ii)	0	0	0	0	0	0	0
Aisha Jamal	(i)	157,564	14,300	1,034	14,274	12,942	200,114	0
Assistant Secretary	(ii)	0	0	0	0	0	0	0
Mallory Caldwell	(i)	117,446	0	171,336	87,444	10,465	386,691	0
SENIOR VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
Tabitha Rice	(i)	397,046	380,800	68,111	80,601	34,516	961,074	64,942
Senior Vice President	(ii)	0	0	0	0	0	0	0
Ivett Shah	(i)	297,767	54,800	11,025	57,664	6,929	428,185	0
VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
Matthew Girotto	(i)	329,358	355,400	54,443	68,700	37,334	845,235	33,771
Senior Vice President	(ii)	0	0	0	0	0	0	0
Linda Aldred	(i)	507,210	514,400	97,580	113,592	37,642	1,270,424	69,502
Senior Vice President	(ii)	0	0	0	0	0	0	0
MYRA L DAVIS	(i)	574,921	543,400	73,948	120,812	28,953	1,342,034	50,302
SENIOR VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
Stanley Spinner MD	(i)	338,471	362,700	76,165	32,986	29,711	840,033	0
Vice President	(ii)	0	0	0	0	0	0	0
Kay Tittle	(i)	599,274	574,400	532,719	33,268	17,265	1,756,926	74,339
Vice President	(ii)	0	0	0	0	0	0	0
Lance Lightfoot	(i)	559,496	554,400	91,339	118,622	32,643	1,356,500	68,776
SENIOR VICE PRESIDENT	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 . . . . .	26,540,000		77,230,000		108,550,000		20,310,000	
2	Amount of bonds legally defeased . . . . .	51,670,000		122,770,000		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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
D HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009LJ7	07-10-2019	179,636,388	DEFEASANCE AND SUBSEQUENT REFUNDING OF PRIOR ISSUES (2009 & 2010 SERIES)		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		2,575,000		0			
2	Amount of bonds legally defeased . . . . .	0		0		0			
3	Total proceeds of issue . . . . .	50,158,367		100,911,324		110,637,440		179,636,388	
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		178,136,681	
7	Issuance costs from proceeds . . . . .	436,586		63,000		783,455		1,499,707	
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		2019	
		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			X
<b>b</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		
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> 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?								
<b>4</b> 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 %		0 %	
<b>5</b> 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 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> 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		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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		X	

Part IV

Arbitrage

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 FACILITIES FIN CO	76-0337885	414009MAS	07-10-2019	92,175,560	REFUND PRIOR ISSUE (2008-3 SERIES ISSUED 4/30/2008)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	92,175,560							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	675,560							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	91,500,000							
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use

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

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 %							
<b>5</b> 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 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
TEXAS CHILDREN'S HOSPITAL

Employer identification number  
74-1100555

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	1	2,500	Market value
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		134,451	Market value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	14	1,346,882	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	15	80,276	Cost
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>EQUIPMENT</u> )	X	19	166,350	Cost
26 Other ► ( <u>TICKETS AND CERTIFICATES</u> )	X	24	148,738	Cost
27 Other ► ( <u>TOYS</u> )	X	6	311,490	NONE
28 Other ► ( <u>                    </u> )				

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

290

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

30aNo

31Yes

32aNo



**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

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****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 AND BOARD MEMBER WELDON GAGE CFO, EXECUTIVE VICE P RESIDENT, AND BOARD TREASURER MARK MULLARKEY EXECUTIVE VICE PRESIDENT AND BOARD MEMBER MI CHELLE RILEY-BROWN EXECUTIVE VICE PRESIDENT AND BOARD MEMBER MARK A WALLACE CEO, PRESIDE NT AND BOARD CHAIRMAN MARY JO ANDRE SENIOR VICE PRESIDENT, CNO AND BOARD MEMBER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A INCENTIVE COMPENSATION	DRS ANDROPOULOS, BELFORT, KLINE, VERSALOVIC, FRASER, AND HOLLIER WHILE EMPLOYED BY BAYLOR COLLEGE OF MEDICINE, SERVE(D) 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	SETTLEMENT - Total Revenue 15149628, Related or Exempt Function Revenue 15149628, Unrela ted Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , INDIR ECT AFFILIATE REVENUE - Total Revenue 10761314, Related or Exempt Function Revenue 10761 314, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 5 14 , OTHER - Total Revenue 7568108, Related or Exempt Function Revenue 7568108, Unrelat ed 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 344757189, Program Service Expense 344757189, Management and General Expenses , Fundraising Expenses , OTHER NON-HEALTHCARE PROFESSIONAL SERVICES - Total Expense 103065774, Program Service Expense 82424765, Management and General Expenses 19607885, Fundraising Expenses 1033124,

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL LOSS ON PENSION - -75932605, CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - 41605155, CHANGE IN BENEFICIAL INTEREST IN AFFILIATES - 8630, CHANGE IN CHARITABLE GIFT ANNUITY - -38755, CHANGE IN SWAP VALUATION - -29377294, CHANGE IN TECO VALUATION - -25270, TRANSFER FROM FOUNDATION - 11798342, TRANSFER TO TCH PEDIATRIC ASSOCIATES - -1662215, Loss on Bond Defeasance - -4667226, DUE TO TEXAS CHILDREN'S HOSPITAL FROM CAIN FOUNDATION - -3342796, DESIGNATED ASSETS RELEASED FOR EQUIPMENT - 2190756,



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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	
<b>(1)</b> CORDILLERA PRIMARY WAVE CO-INVESTMENT FUND LP 3000 SAND HILL ROAD BLDG 3 STE 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
<b>(1)</b> TCH INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE GRAND CAYMAN KY11102 CJ 98-0176652	INSURANCE	CJ	NA	C Corporation				Yes	
<b>(2)</b> 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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

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)

Return Reference	Explanation

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
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**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	TEXAS CHILDREN'S HEALTH PLAN	L	8,603,043	COST
<b>(1)</b>	TEXAS CHILDREN'S HEALTH PLAN	N	31,534,704	COST
<b>(2)</b>	TEXAS CHILDREN'S HEALTH PLAN	Q	1,230,533	COST
<b>(3)</b>	TEXAS CHILDREN'S HEALTH PLAN	L	436,327,760	COST
<b>(4)</b>	TEXAS CHILDREN'S HEALTH PLAN	R	60,000,000	COST
<b>(5)</b>	TEXAS CHILDREN'S WOMEN'S SPECIALISTS	L	702,115	COST
<b>(6)</b>	TCH PEDIATRIC ASSOCIATES INC	L	3,099,996	COST
<b>(7)</b>	TCH PEDIATRIC ASSOCIATES INC	B	6,999,998	COST
<b>(8)</b>	TCH PEDIATRIC ASSOCIATES INC	R	120,896	COST
<b>(9)</b>	TCH PEDIATRIC ASSOCIATES INC	Q	30,000,000	COST
<b>(10)</b>	TEXAS CHILDREN'S PHYSICIAN GROUP	Q	1,177,902	COST
<b>(11)</b>	TEXAS CHILDREN'S PHYSICIAN GROUP	R	230,566,588	COST
<b>(12)</b>	TEXAS CHILDREN'S HOSPITAL FOUNDATION	S	11,798,342	COST
<b>(13)</b>	TCH INSURANCE COMPANY LTD	S	8,000,000	COST
<b>(14)</b>	TCH INSURANCE COMPANY LTD	Q	6,694,534	COST
<b>(15)</b>	TEXAS CHILDREN'S URGENT CARE	B	89,910	COST
<b>(16)</b>	THE GORDON AND MARY CAIN PEDIATRIC NEUROLOGY RESEARCH FOUNDATION	C	1,380,911	COST