

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
Texas Scottish Rite Hospital for Crippled Children
% JENNIFER DEASON CONTROLLER
Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) Room/suite
2222 Welborn St

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75219

D Employer identification number
75-0818178

E Telephone number
(214) 559-5000

G Gross receipts \$ 824,133,846

F Name and address of principal officer
Robert Walker
2222 Welborn St
Dallas, TX 75219

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

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

J Website: www.scottishritehospital.org

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1921

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING THE LIVES OF CHILDREN WITH ORTHOPEDIC RELATED CONDITIONS THROUGH PATIENT CARE, RESEARCH AND EDUCATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	32
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,300
6	Total number of volunteers (estimate if necessary)	1,028
7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,884,587
7b	Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	38,963,246
9	Program service revenue (Part VIII, line 2g)	73,837,695
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,707,583
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,590,274
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,098,798
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,977,511
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,759,961
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,475,165	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,894,106
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	195,631,578
19	Revenue less expenses Subtract line 18 from line 12	217,467,220
20	Total assets (Part X, line 16)	2,946,249,361
21	Total liabilities (Part X, line 26)	162,548,074
22	Net assets or fund balances Subtract line 21 from line 20	2,783,701,287

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-08-17
WILLIAM R HUSTON SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN P00116760
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 425 HOUSTON STREET STE 600 Phone no (817) 335-1900
FORT WORTH, TX 76102

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

TO PROVIDE THE HIGHEST QUALITY CARE TO IMPROVE THE LIVES OF CHILDREN WITH ORTHOPEDIC AND RELATED CONDITIONS AND SPECIFIC LEARNING DISABILITIES TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN FOCUSES ON PATIENT CARE, RESEARCH AND EDUCATION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 145,798,045 including grants of \$ 2,203,000) (Revenue \$ 82,372,618)
See Additional Data

4b (Code) (Expenses \$ 13,312,526 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 6,846,448 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

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

4e Total program service expenses ► 165,957,019

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	393
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	1,300			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	Yes	
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 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</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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 (checked), 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 DEASON CONTROLLER 2222 WELBORN ST DALLAS, TX 75219 (214) 559-7862

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							16,261,275	1,080,959	3,012,992	

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 **▶** 212

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HCBECK LTD, 1807 ROSS STE 500 DALLAS, TX 752018006	CONSTRUCTION	65,474,254
UTSW MEDICAL CENTER, LOCK BOX 845477 DALLAS, TX 752845477	RESEARCH & MEDICAL	2,034,146
HKS INC, POB 731121 DALLAS, TX 753731121	ARCHITECTURAL	1,821,323
VAN BERKOM ASSOC, 1130 SHERBROOKE ST WEST STE 1005 MONTREAL, QUEBEC H3A 2M8 CA	INVESTMENT MNGMNT	1,323,833
NORTHERN TRUST CO, 500 S LASALLE CHICAGO, IL 60675	INVESTMENT MNGMNT	1,213,756

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 **▶** 51

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	2,916,923		
	d Related organizations	1d			
	e Government grants (contributions)	1e	566,865		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,265,644		
	g Noncash contributions included in lines 1a - 1f \$ _____		5,219,973		
	h Total. Add lines 1a-1f		41,749,432		

Program Service Revenue			Business Code				
	2a OUTPATIENT REVENUE		622310	133,090,748	133,090,748	0	0
b INPATIENT REVENUE		622310	70,744,601	70,744,601	0	0	0
c DEDUCTIONS FROM REVENUE		622310	-126,715,508	-126,715,508	0	0	0
d OTHER PATIENT RELATED REV		622310	5,252,777	5,252,777	0	0	0
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			82,372,618				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			79,560,925		1,542,538	78,018,387	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			118,806,971			118,806,971	
	6a Gross rents	(i) Real	(ii) Personal					
			458,599					
		b Less rental expenses		63,270				
		c Rental income or (loss)		395,329	0			
	d Net rental income or (loss)			395,329			395,329	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			479,385,718	2,692,377				
		b Less cost or other basis and sales expenses		456,076,867	1,484,312			
		c Gain or (loss)		23,308,851	1,208,065			
	d Net gain or (loss)			24,516,916		30,074	24,486,842	
	8a Gross income from fundraising events (not including \$ 2,916,923 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b	694,224				
c Net income or (loss) from fundraising events				-364,905			-364,905	
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b	16,100					
	c Net income or (loss) from gaming activities			16,100			16,100	
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b	4,671,448					
	c Net income or (loss) from sales of inventory			2,176,728		1,255,268	921,460	
Miscellaneous Revenue		Business Code						
11a SURFACE DAMAGE/WATER SALE		110000	6,397,139	0	0	6,397,139		
b LEASE BONUS REVENUE		211110	7,205,128	0	0	7,205,128		
c HUNTING PERMITS		112111	44,200	0	44,200	0		
d All other revenue			78,967	0	12,507	66,460		
e Total. Add lines 11a-11d			13,725,434					
12 Total revenue. See Instructions			362,955,548	82,372,618	2,884,587	235,948,911		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,203,000	2,203,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	12,211,543	3,558,366	7,101,813	1,551,364
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	86,695,166	73,321,503	8,466,085	4,907,578
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,665,034	9,349,694	698,483	616,857
9 Other employee benefits	12,977,113	10,976,952	1,257,009	743,152
10 Payroll taxes	5,306,904	4,498,043	508,224	300,637
11 Fees for services (non-employees)				
a Management	0			0
b Legal	719,084	37,213	681,871	0
c Accounting	477,107	0	477,107	0
d Lobbying	176,796	0	176,796	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	5,035,291	0	5,035,291	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,175,398	5,956,312	2,970,570	248,516
12 Advertising and promotion	3,830,802	0	18,990	3,811,812
13 Office expenses	8,095,555	5,978,998	1,086,535	1,030,022
14 Information technology	8,576,790	6,886,932	1,421,498	268,360
15 Royalties	0	0	0	0
16 Occupancy	7,171,375	5,885,871	1,114,398	171,106
17 Travel	898,561	664,399	213,836	20,326
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	326,687	232,942	87,938	5,807
20 Interest	849,244	720,954	94,363	33,927
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	20,418,280	18,206,992	1,658,647	552,641
23 Insurance	829,264	70,790	758,474	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & OTHER SUPPLIES	17,898,154	17,408,058	277,036	213,060
b RANCH OPERATIONS	2,913,276	0	2,913,276	0
c BAD DEBT EXPENSE	5,896,018	0	5,896,018	0
d CGA ACTUARIAL EXPENSE	278,982	0	278,982	0
e All other expenses	50,528		50,528	
25 Total functional expenses. Add lines 1 through 24e	223,675,952	165,957,019	43,243,768	14,475,165
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,333,287	1	7,782,050
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	11,873,695	3	11,200,763
	4 Accounts receivable, net	35,592,800	4	36,662,225
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	9,332	7	8,034
	8 Inventories for sale or use	5,526,955	8	3,570,799
	9 Prepaid expenses and deferred charges	7,686,043	9	7,108,582
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 479,989,438		
	b Less accumulated depreciation	10b 192,410,819	270,865,697	10c 287,578,619
	11 Investments—publicly traded securities	2,525,773,487	11	2,629,992,287
	12 Investments—other securities See Part IV, line 11	124,670	12	124,670
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	85,463,395	15	87,377,749
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,946,249,361	16	3,071,405,778	
Liabilities	17 Accounts payable and accrued expenses	24,916,057	17	20,743,856
	18 Grants payable	0	18	0
	19 Deferred revenue	518,360	19	2,870,913
	20 Tax-exempt bond liabilities	23,000,000	20	23,000,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	114,113,657	25	156,057,826
	26 Total liabilities. Add lines 17 through 25	162,548,074	26	202,672,595
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,657,069,737	27	2,741,292,740
	28 Temporarily restricted net assets	54,385,822	28	53,229,036
	29 Permanently restricted net assets	72,245,728	29	74,211,407
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,783,701,287	33	2,868,733,183	
34 Total liabilities and net assets/fund balances	2,946,249,361	34	3,071,405,778	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	362,955,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,675,952
3	Revenue less expenses Subtract line 2 from line 1	3	139,279,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,783,701,287
5	Net unrealized gains (losses) on investments	5	-8,431,550
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-45,816,150
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,868,733,183

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 75-0818178

Name: Texas Scottish Rite Hospital for Crippled
Children

Form 990 (2018)

Form 990, Part III, Line 4a:

PATIENT CARE TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN IS ONE OF THE NATION'S LEADING PEDIATRIC CENTERS FOR THE TREATMENT OF ORTHOPEDIC CONDITIONS, CERTAIN RELATED ARTHRITIC AND NEUROLOGICAL DISORDERS AND LEARNING DISORDERS, SUCH AS DYSLEXIA PATIENTS RECEIVE TREATMENT REGARDLESS OF THE FAMILY'S ABILITY TO PAY THE ORTHOPEDICS PROGRAM INCLUDES OUTPATIENT CLINIC VISITS AND INPATIENT STAYS FOR THE DIAGNOSIS AND TREATMENT OF SUCH CONDITIONS AS SCOLIOSIS, CLUBFOOT, DISLOCATED HIP, LEGG-PERTHES, LIMB-LENGTH DIFFERENCES AND LIMB DEFICIENCIES, HAND DIFFERENCES AND SPORTS INJURIES (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4b:

RESEARCH THE HOSPITAL'S DEDICATED RESEARCH CENTER, THE SARAH M AND CHARLES E SEAY CENTER FOR MUSCULOSKELETAL RESEARCH, IS MADE UP OF SIX CENTERS OF EXCELLENCE - SCOLIOSIS AND SPINE DISORDERS, CLUBFOOT AND FOOT DISORDERS, HIP DISORDERS, LIMB LENGTH AND RECONSTRUCTION, HAND DIFFERENCES AND SPORTS MEDICINE - SUPPORTED BY RESEARCH DIVISIONS AND CORE FACILITIES (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c:

EDUCATION TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN FUNCTIONS AS A PREMIER TEACHING INSTITUTION, PROVIDING COMPREHENSIVE EDUCATION AND TRAINING TO ORTHOPEDIC RESIDENTS AND POST-GRADUATE ORTHOPEDIC FELLOWS IN ADDITION, THE HOSPITAL CONTRIBUTES TO THE EDUCATION OF ALLIED HEALTH PROFESSIONALS BY PROVIDING CLINICAL EXPERIENCE AND DIDACTIC EDUCATION FOR STUDENTS AS WELL AS CONTINUING EDUCATION FOR HEALTH CARE PROFESSIONALS THE HOSPITAL IS CURRENTLY AFFILIATED WITH 57 INSTITUTIONS, INCLUDING COLLEGES, UNIVERSITIES AND TECHNICAL TRAINING PROGRAMS (CONTINUED ON SCHEDULE O)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
W M GOWER TRUSTEE	4 0 0 0	X						0	0	0
TOM L HIGGINS TRUSTEE	3 0 0 0	X						0	0	0
BRACK JONES JR TRUSTEE	3 0 0 0	X						0	0	0
JAMES E LANEY VP & TREASURER	4 0 0 0	X		X				0	0	0
ROBERT C MADISON TRUSTEE	3 0 0 0	X						0	0	0
BERT V MASSEY II TRUSTEE	5 0 0 0	X						0	0	0
DOUGLAS S MAXEY TRUSTEE	3 0 0 0	X						0	0	0
JOHN C NOBLES TRUSTEE	4 0 0 0	X						0	0	0
ROBERT A NORTHCUTT PhD TRUSTEE	4 0 1 0	X						0	0	0
JAMES D NYFELERSR TRUSTEE	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNDON L OLSON JR CHAIRMAN & TRUSTEE	6 0	X		X				0	0	0
JAMES C PENN TRUSTEE	4 0	X						0	0	0
MICHAEL K PICKENS TRUSTEE	4 0	X						0	0	0
RONALD L SKAGGS VP & SECRETARY	4 0	X		X				0	0	0
JEFF W SMITH TRUSTEE	4 0	X						0	0	0
GUY F STOVALL JR VP & ASSIST SECRETARY	3 0	X		X				0	0	0
JOE H TYDLASKA TRUSTEE	3 0	X						0	0	0
H FINLAY WATKINS TRUSTEE	4 0	X						0	0	0
RALPH WAYNE TRUSTEE	3 0	X						0	0	0
MICHAEL L WIGGINS PhD TRUSTEE	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN E WOOD TRUSTEE	3 0	X						0	0	0
M DOUGLAS ADKINS VICE CHAIRMAN	4 0	X		X				0	0	0
W EUGENE BROOKSHIRE TRUSTEE	1 0 3 0	X						0	0	0
LEE DRAIN VICE CHAIRMAN(DECEASED 2/2019)	4 0 1 0	X		X				0	0	0
DANIEL H CHAPMAN VP (Resigned 2/2019)	4 0 1 0	X		X				0	0	0
THOMAS F GRIFFIN TRUSTEE (RESIGNED 1/2019)	3 0 0 0	X						0	0	0
ROBERT L WALKER PRESIDENT/CEO	40 0 1 0			X				998,716	0	24,478
MARK G BATEMAN SR VP, PUBLIC RELATIONS	35 0 5 0			X				417,804	0	44,891
MATTHEW S CHANCE SR VP, OPERATIONS	40 0 1 0			X				332,387	0	52,945
LORI L DALTON SR VP, GENERAL COUNSEL	40 0 2 0			X				512,337	0	52,068

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			
WILLIAM R HUSTON SR VP, CFO	40 0 2 0			X				617,905	0	29,320
FREDRIC D RICHMOND SR VP, CHIEF INVESTMENT OFFICE	40 0 0 0			X				423,512	0	48,222
STEPHANIE K BRIGGER VP, DEVELOPMENT	35 0 5 0			X				219,106	0	80,807
LESLIE A CLONCH VP, CHIEF INFORMATION OFFICER	40 0 0 0			X				405,585	0	50,722
ASHLEY C GIVENS VP, DEVELOPMENT/EVENTS	35 0 5 0			X				131,994	0	48,635
ELLEN E HAYNES VP, MAJOR GIFTS	35 0 5 0			X				209,255	0	22,882
JEREMY L HOWELL VP, NORTH CAMPUS	40 0 0 0			X				237,165	0	44,743
JENNY J JOHNSON VP, REVENUE CYCLE	40 0 0 0			X				176,116	0	28,985
DONALD E KATZ VP, FACILITIES	40 0 0 0			X				314,172	0	139,293
KRISTINA L KEEVER-SMITH VP, INVESTMENTS	40 0 2 0			X				255,087	0	43,203

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			
DEBRA A SAYLES RN VP & CNO	40 0 0 0			X				355,783	0	11,322
CONNIE B WRIGHT VP, HR (RESIGNED 6/2020)	40 0 0 0			X				280,157	0	36,147
JEAN A ALLEN CONTROLLER	40 0 2 0			X				193,617	0	35,095
DANIEL J SUCATO MDMS CHIEF OF STAFF (SEE SCH J**)	40 0 1 0				X			932,098	33,600	367,261
B STEPHENS RICHARDS MD CMO (SEE SCH J*)	40 0 0 0				X			883,675	0	479,112
LORI KAROL MD TERM 6/2020 ASSIST COS & COQ (SEE SCH J*)	40 0 2 0				X			847,487	35,200	333,790
KARL E RATHJEN MD ASSIST COS (SEE SCH J**)	35 0 5 0				X			518,880	32,900	155,091
PHILIP L WILSON MD ASSIST COS (SEE SCH J**)	40 0 2 0				X			722,944	45,500	167,994
MOLLY E DEMPSEY MD CMIO (SEE SCH J**)	40 0 0 0				X			596,316	0	192,340
AMY L MCINTOSH MD ORTHOPEDIC SURGEON	40 0 1 0					X		766,243	40,000	57,773

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			
BRANDON A RAMO MD ORTHOPEDIC SURGEON	40 0 1 0					X		744,256	54,850	50,722
ROBERT L WIMBERLY MD ORTHOPEDIC SURGEON	40 0 1 0					X		739,438	47,850	28,288
HENRY B ELLIS MD ORTHOPEDIC SURGEON	40 0 1 0					X		734,460	52,950	55,722
ANTHONY I RICCIO MD ORTHOPEDIC SURGEON	40 0 1 0					X		720,646	40,300	52,967
JC MONTGOMERY JR PRESIDENT EMERITUS (RET 6/18)	8 0 0 0						X	304,014	0	2,806
JOHN A HERRING MD CHIEF OF STAFF EMERITUS	40 0 0 0						X	563,885	0	22,057
CHARLES E JOHNSTON MD ASSIST COS EMERITUS	40 0 0 0						X	737,307	0	22,287
LAWSON A COPLEY MD FORMER CMIO (SEE SCH J* *)	1 0 40 0						X	27,772	697,809	231,024
JOHN G BIRCH MD FORMER ORTHOPEDIC SURGEON	0 0 0 0						X	341,156	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Texas Scottish Rite Hospital for Crippled Children

Employer identification number

75-0818178

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

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 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

Software Version:

EIN: 75-0818178

Name: Texas Scottish Rite Hospital for Crippled
Children

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 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 Scottish Rite Hospital for Crippled Children	Employer identification number 75-0818178
--	--

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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?		No	0
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		14,773
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?	Yes		162,023
j Total Add lines 1c through 1i			176,796
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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
PART II-B, LINE 1B AND 1G	MANAGEMENT ACTIVITIES ROBERT WALKER AND LORI DALTON MET WITH MEMBERS OF CONGRESS AND/OR STAFF AND HAD ASSOCIATED EXPENSES INCLUDING TRAVEL AND ASSOCIATED COMPENSATION IN THE AMOUNT OF \$14,773
PART II-B, LINE 1I	OTHER ACTIVITIES PER CHILDREN'S HOSPITAL ASSOCIATION, DALLAS REGIONAL CHAMBER AND TEXAS HOSPITAL ASSOCIATION, \$17,697 OF THE HOSPITAL'S DUES WERE ALLOCATED TO LOBBYING THE HOSPITAL RETAINED THE SERVICES OF GREENBERG TRAUIG LLP TO MEET WITH VARIOUS STATE AND FEDERAL LEGISLATORS OR STAFF AND INCURRED EXPENSES IN THE AMOUNT OF \$144,326

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Texas Scottish Rite Hospital for Crippled Children

Employer identification number
75-0818178

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	164,029,028	159,673,309	125,526,503	112,800,210	120,595,294
b Contributions	1,935,008,594	18,347,909	32,469,355	8,057,633	6,843,791
c Net investment earnings, gains, and losses	63,090,266	5,735,433	11,892,042	8,144,805	-7,546,608
d Grants or scholarships					
e Other expenditures for facilities and programs	100,851,484	19,727,623	10,214,591	3,476,145	7,092,267
f Administrative expenses					
g End of year balance	2,061,276,404	164,029,028	159,673,309	125,526,503	112,800,210

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 94 000 %
 - b** Permanent endowment ▶ 4 000 %
 - c** Temporarily restricted endowment ▶ 2 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		47,111,438		47,111,438
b Buildings		296,156,224	109,359,446	186,796,778
c Leasehold improvements		1,661,615	914,432	747,183
d Equipment		134,876,121	82,136,941	52,739,180
e Other		184,040		184,040
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				287,578,619

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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	0
ACCRUED PENSION COSTS	80,287,660
MANAGEMENT BENEFIT PLAN	12,971,009
EMPLOYEE BENEFITS PAYABLE	1,605,360
RESERVE FOR MALPRACTICE CLAIMS	1,137,553
CHARITABLE GIFT ANNUITIES	3,700,973
TRUST OBLIGATIONS	9,258,355
RESERVE FOR RESTORATION PLAN	47,096,916
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	156,057,826

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-0818178

Name: Texas Scottish Rite Hospital for Crippled
Children

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 1B, COL (A) IN 2019, MANAGEMENT DETERMINED THAT A MAJOR PORTION OF THE ORGANIZATION'S UNRESTRICTED FUNDS, SHOULD HAVE BEEN BOARD DESIGNATED AS A RESULT, \$ 1.9 BILLION HAS BEEN INCLUDED ON LINE 1B, COLUMN (A) TO REFLECT THIS DECISION. INTENDED USE OF ENDOWMENT FUNDS: SCHEDULE D, PART V, LINE 4 THE INCOME FROM THE ORGANIZATION'S FUNDS WITH DONOR RESTRICTIONS AND FUNDS BOARD DESIGNATED ARE USED TO SUPPORT THE OPERATIONS OF THE MEDICAL, RESEARCH AND EDUCATION PROGRAMS OF THE HOSPITAL.

Supplemental Information

Return Reference	Explanation
CONSOLIDATED AUDIT FOOTNOTE 16 - INCOME TAXES	SCHEDULE D, PART X, LINE 2 U S GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN B Y THE HOSPITAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE HOSPITAL HAS TAKEN AN UNCER TAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APP LICABLE TAX AUTHORITY THE HOSPITAL HAS ANALYZED THE TAX POSTIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JU RISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE H OSPITAL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE TAX AUTHORITIES FOR YEARS PRIOR TO 2016

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Texas Scottish Rite Hospital for Crippled Children

Employer identification number
75-0818178

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					
3a Sub-total					205,111,603
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					205,111,603

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

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

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

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COLUMN F	ACTIVITIES PER REGION THESE AMOUNTS REPRESENT \$204,874,750 OF INVESTMENTS AT YEAR END AND \$236,853 IN EXPENDITURES BASED ON THE ACCRUAL METHOD OF ACCOUNTING SEE DETAIL BY REGION BELOW INVESTMENTS BY REGION EAST ASIA AND THE PACIFIC \$ 74,622 EUROPE \$ 691,545 NORTH AMERICA \$ 5,362 SOUTH AMERICA \$ 78 CENTRAL AMERICA & THE CARIBBEAN \$ 204,103,143 TOTAL \$ 204,874,750 EXPENSE BY REGION EAST ASIA AND THE PACIFIC \$ 65,551 EUROPE \$ 89,939 NORTH AMERICA \$ 24,177 CENTRAL AMERICA & THE CARIBBEAN \$ 4,486 SOUTH AMERICA \$ 8,398 MIDDLE EAST & NORTH AMERICA \$ 29,300 SOUTH ASIA \$ 15,002 TOTAL \$ 236,853

Additional Data

Software ID:

Software Version:

EIN: 75-0818178

Name: Texas Scottish Rite Hospital for Crippled
Children

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
East Asia and the Pacific			Investments		74,622
Europe (Including Iceland and Greenland)			Investments		691,545

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
North America			Investments		5,362
Central America and the Caribbean			Investments		204,103,143

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
South America			Investments		78
Europe (Including Iceland and Greenland)			Investments	INVEST MGMT FEES	3,357

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
East Asia and the Pacific			Program Services	CONFERENCES, TRAINING	65,551
Europe (Including Iceland and Greenland)			Program Services	CONFERENCES, TRAINING	86,582

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
North America			Program Services	CONFERENCES, TRAINING	24,177
Central America and the Caribbean			Program Services	CONFERENCES, TRAINING	4,486

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
South America			Program Services	CONFERENCES, TRAINING	8,398
Middle East and North Africa			Program Services	CONFERENCES, TRAINING	29,300

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
South Asia			Program Services	CONFERENCES, TRAINING	15,002

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization Texas Scottish Rite Hospital for Crippled Children

Employer identification number 75-0818178

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>AUCTION 10/19</u> (event type)	<u>AUCTION 10/18</u> (event type)	<u>92</u> (total number)	Total events (add col (a) through col (c))
1	Gross receipts	664,653	470,847	2,475,647	3,611,147
2	Less Contributions	583,653	400,200	1,933,070	2,916,923
3	Gross income (line 1 minus line 2)	81,000	70,647	542,577	694,224
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			33,775	33,775
	6 Rent/facility costs			140,117	140,117
	7 Food and beverages	2,127	4,778	190,004	196,909
	8 Entertainment	11,650		200	11,850
	9 Other direct expenses	53,096	160,727	462,655	676,478
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-364,905

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				16,100

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

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

b If "No," explain THE STATE OF TEXAS DOES NOT REQUIRE SUCH A LICENSE FOR OCCASSIONAL GAMING ACTIVITIES (UP TO TWO PER YEAR)

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

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

Name ▶ JENNIFER DEASON CONTROLLER TSRHC

Address ▶ 2222 WELBORN ST
DALLAS, TX 75219

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 ▶ NA

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ N/A

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 1000 %	3b	Yes	
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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			20,510,206		20,510,206	9 420 %
b Medicaid (from Worksheet 3, column a)			62,125,140	28,145,174	33,979,966	15 600 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			82,635,346	28,145,174	54,490,172	25 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,483,592		11,483,592	5 270 %
f Health professions education (from Worksheet 5)			1,459,204	56,753	1,402,451	0 640 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			18,677,084	1,027,653	17,649,431	8 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,112,534		2,112,534	0 970 %
j Total. Other Benefits			33,732,414	1,084,406	32,648,008	14 980 %
k Total. Add lines 7d and 7j			116,367,760	29,229,580	87,138,180	40 000 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			821,346		821,346	0 380 %
10 Total			821,346		821,346	0 380 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	2,697
6	Enter Medicare allowable costs of care relating to payments on line 5	2,310
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	387
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
	<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

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

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

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

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
TX SCOT RITE HOSPITAL FOR CHILDREN

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

TX SCOT RITE HOSPITAL FOR CHILDREN

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>999 99</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.scottishritehospital.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.scottishritehospital.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.scottishritehospital.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

TX SCOT RITE HOSPITAL FOR CHILDREN

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

TX SCOT RITE HOSPITAL FOR CHILDREN

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? 1

Name and address	Type of Facility (describe)
1 SCOTTISH RITE FOR CHLDRN ORTHOPEDIC & SP 5700 DALLAS PARKWAY FRISCO, TX 75034	OUTPATIENT CLINIC DEPARTMENT OF HOSPITAL
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	ELIGIBILITY FOR FINANCIAL ASSISTANCE SINCE ITS FOUNDING IN 1921, TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN ("TSRHC") PROVIDED CARE TO PATIENTS WITH NEEDS WITHIN THE HOSPITAL'S SCOPE OF SERVICES AT NO CHARGE AS THE HOSPITAL BEGAN ACCEPTING REIMBURSEMENT IN OCTOBER 2012, IT IMPLEMENTED A NEW CHARITY CARE/FINANCIAL ASSISTANCE POLICY FINANCIALLY INDIGENT PATIENTS, OR THOSE WHOSE INCOME IS LESS THAN OR EQUAL TO 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPG), ARE ELIGIBLE FOR A 100 PERCENT DISCOUNT ADDITIONALLY, MEDICALLY INDIGENT PATIENTS ARE ALSO ELIGIBLE FOR DISCOUNTED CARE, WITH ELIGIBILTY BASED ON FPG AND MEDICAL EXPENSES AND ABILITY TO PAY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORT FOR FISCAL YEAR ENDING SEPTEMBER 30, 2019, A COMMUNITY BENEFIT REPORT WILL BE FILED WITH THE STATE OF TEXAS THE COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COSTING METHODOLOGY LINES 7(A) AND (B) COMMUNITY BENEFIT EXPENSE IN COLUMN (C) WERE CALCULATED USING WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES LINES 7(E), (F), AND (H) COMMUNITY BENEFIT EXPENSE WERE CALCULATED USING A STEP-DOWN ALLOCATION METHOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, LINE 9	<p>COMMUNITY BUILDING ACTIVITIES TSRHC ENGAGES IN COMMUNITY BUILDING ACTIVITIES SUCH AS THERAPEUTIC RECREATION OUTREACH PROGRAMS, WHICH HELP CONNECT PATIENTS TO RESOURCES IN THE COMMUNITY AND PROMOTE HEALTH FOR EXAMPLE, THE HOSPITAL PROVIDES SPORTS AND RECREATION CAMPS SUCH AS LEARN TO GOLF, A PROGRAM THAT PROVIDES THE TOOLS AND INSTRUCTION NEEDED FOR YOUNG PATIENTS TO EXPERIENCE THE REHABILITATIVE BENEFITS OF THE GAME OF GOLF, SUMMER ALL STARS, WHICH EMPHASIZES FUN, FITNESS, HEALTHY COMPETITION AND TEAM SPIRIT THROUGH INCLUSIVE SPORTS AND ACTIVITIES, SUCH AS BASKETBALL, GOLF AND TENNIS, AND CHANCE TO DANCE, A PROGRAM DESIGNED TO INTRODUCE HOSPITAL PATIENTS TO VARIOUS TYPES OF DANCE, INCLUDING MODERN, JAZZ, SALSA AND BALLET EIGHT SPECIALTY CAMPS ARE AVAILABLE FOR CHILDREN UP TO THE AGE OF 17, INCLUDING CAMPS FOR PATIENTS WITH TUBEROUS SCLEROSIS COMPLEX, UPPER LIMB DIFFERENCES, SPINA BIFIDA, JUVENILE ARTHRITIS AND HAND DIFFERENCES THESE PROGRAMS ARE DESIGNED TO EMPOWER PARTICIPANTS IN THEIR DAILY LIVES AND HAVE A POSITIVE, ENDURING EFFECT ON SELF-ESTEEM THE HOSPITAL ALSO HOSTS VARIOUS PEER AND PARENT SUPPORT GROUPS FOR THE COMMUNITY SUCH AS PALS (PROSTHETICS AND LIMB SUPPORT), ETC THE HOSPITAL HOSTS VARIOUS ANNUAL EVENTS FOCUSED ON COMMUNITY DEVELOPMENT THESE INCLUDE FARM & RANCH DAY, BIKE RODEO AND CHILD SAFETY DAY, WHICH ARE HELD AT NO CHARGE TO PARTICIPANTS THESE EVENTS ARE FOCUSED ON EDUCATION AND PREVENTION TSRHC REGULARLY ENGAGES WITH THE COMMUNITY, EDUCATING YOUNG ATHLETES, PARENTS, COACHES AND SCHOOL DISTRICTS ABOUT SPORTS SAFETY, INJURY PREVENTION AND CONCUSSION MANAGEMENT AT HEALTH FAIRS AND COACHING CLINICS THE HOSPITAL CONNECTS WITH THE COMMUNITY THROUGH THEIR T BOONE PICKENS TRAINING AND CONFERENCE CENTER BY HOSTING MANY EVENTS TO EDUCATE AND INFORM COMMUNITY MEMBERS ON VARIOUS MEDICAL AND NON-MEDICAL TOPICS THROUGH THE CONFERENCE CENTER, WE HOSTED MORE THAN 2,000 MEETINGS BY EXTERNAL GROUPS IN FISCAL YEAR 2019 THIS INCLUDES MEETINGS REGARDING CHILD HEALTH CARE ORGANIZED BY THE DALLAS-FORT WORTH HOSPITAL COUNCIL, ADVANCED MEDICAL TRAINING FOR NURSES AND PHYSICIANS IN CONJUNCTION WITH UT SOUTHWESTERN MEDICAL CENTER AND GATHERINGS OF PATIENT/FAMILY SUPPORT GROUPS FOR THOSE UNDERGOING TREATMENT FOR A CONDITION TREATED AT THE HOSPITAL</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	METHODOLOGY TO DETERMINE BAD DEBT BAD DEBT EXPENSE IS COMPRISED OF ACTUAL UNCOLLECTIBLE AMOUNTS PLUS AN ALLOWANCE BASED ON HISTORICAL DATA DISCOUNTS ARE NOT INCLUDED IN BAD DEBT PART III, SECTION A, LINE 3 BAD DEBT EXCLUSION OF FINANCIAL ASSISTANCE BAD DEBT EXPENSE DOES NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	THE HOSPITAL MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO MAKE PAYMENTS ON ACCOUNTS THE HOSPITAL ASSESSES THE REASONABLENESS OF THE ALLOWANCE ACCOUNT BASED ON HISTORICAL WRITE-OFFS, CASH COLLECTIONS, THE AGING OF THE ACCOUNTS AND OTHER ECONOMIC FACTORS ACCOUNTS ARE WRITTEN OFF WHEN COLLECTION EFFORTS ARE UNSUCCESSFUL MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS ITS ALLOWANCES ASSOCIATED WITH ITS RECEIVABLES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, WAS APPROXIMATELY \$365,539 AND \$720,922 RESPECTIVELY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	MEDICARE ALLOWABLE COSTS THE ESTIMATED COSTS OF PROVIDING CHARITY CARE SERVICES TO MEDICARE PATIENTS ARE BASED ON A CALCULATION WHICH APPLIES A RATIO OF COSTS TO CHARGES AS DETERMINED ON PART I, WORKSHEET 2 THE RATIO OF COSTS TO CHARGES IS CALCULATED BASED ON TOTAL EXPENSES DIVIDED BY GROSS PATIENT SERVICES REVENUE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	COLLECTION PRACTICES A PATIENT'S ACCOUNT WILL BE REVIEWED FOR FINANCIAL ASSISTANCE ELIGIBILITY AND THE APPROPRIATE APPLICATION OF ANY APPLICABLE THIRD-PARTY PAYMENT, AND/OR DISCOUNTS BEFORE INITIATING A STATEMENT TO THE PATIENT ONCE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE PATIENT SHALL BE NOTIFIED OF THE AMOUNT QUALIFYING UNDER THE POLICY, AND NO FURTHER BILLING ACTIONS SHALL BE TAKEN FOR AMOUNTS QUALIFYING UNDER THE POLICY AFTER A PATIENT'S ACCOUNT BALANCE IS REDUCED BY ANY DISCOUNTS AVAILABLE UNDER THIS POLICY, THE PATIENT WILL BE RESPONSIBLE FOR THE REMAINDER OF HIS OR HER OUTSTANDING ACCOUNT BALANCE THE HOSPITAL WILL SEND THREE POST DISCHARGE BILLING STATEMENTS OVER A 120-DAY PERIOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT IN ADDITION TO THE CHNA REPORTED IN PART V, SECTION B, THE HOSPITAL IS AN ACTIVE PARTICIPANT IN VARIOUS DALLAS-FORT WORTH HOSPITAL COUNCIL ACTION GROUPS A MEMBER OF THE HOSPITAL LEADERSHIP TEAM CHAIRS THE HEALTHCARE COLLABORATIVE WITH THE COUNCIL THROUGH THE COLLABORATIVE, THE OTHER MAJOR HOSPITAL REPRESENTATIVES WITHIN THE COMMUNITY COME TOGETHER TO GATHER AND ANALYZE DATA, RESOURCES, DISPARITIES AND ACCESS NEEDS, WHILE STRATEGIZING SOLUTIONS FOR CLOSING IDENTIFIED GAPS IN RECENT YEARS, UNDERTAKINGS OF THIS COLLABORATIVE HAVE INCLUDED A HEALTH NEEDS ASSESSMENT RELATED TO MENTAL HEALTH ACCESS AND SUBSTANCE ABUSE, AS WELL AS THE CREATION, OPTIMIZATION AND MAINTENANCE OF A SEARCHABLE MENTAL HEALTH RESOURCE GUIDE, AVAILABLE THROUGH A PUBLIC WEBSITE THROUGH ADDITIONAL SUBGROUPS, OTHER HEALTH NEEDS ASSESSMENTS AND ACTION PLANS HAVE BEEN CREATED TO ADDRESS MENTAL HEALTH FIRST AID TRAINING, OBESITY AND HEALTH LITERACY THE HOSPITAL MAINTAINS REPRESENTATION AND CONTRIBUTIONS ON THE MENTAL HEALTH AND HEALTH LITERACY SUBGROUPS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FAMILIES ARE CONTACTED BY FAMILY SERVICES COUNSELORS PRIOR TO EACH PATIENT'S SCHEDULED SURGICAL PROCEDURES, INPATIENT VISITS, MRI, CT AND ORTHOTICS AND PROSTHETICS TO INFORM THEM ABOUT THE FINANCIAL ASSISTANCE PROGRAM AND TO ASSESS THEIR POTENTIAL QUALIFICATION FOR FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS FAMILIES ARE NOTIFIED UPON CHECK-IN FOR OUTPATIENT APPOINTMENTS THAT FAMILY SERVICES COUNSELORS ARE AVAILABLE TO OFFER THE SAME APPLICATION THE FACILITY HAS ALSO POSTED SPECIFICS ABOUT AVAILABLE FINANCIAL ASSISTANCE AT REGISTRATION, IN MAJOR WAITING AREAS, PUBLICATION IN THE HOSPITAL MAGAZINE, HOSPITAL WEBSITE AND A SUMMARY PRINTED IN ENGLISH AND SPANISH THAT IS INSERTED INTO EACH FAMILY'S ANNUAL FOLDER IN ADDITION, EACH POST-DISCHARGE BILLING STATEMENT WILL NOTIFY THE PATIENT THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE INDIVIDUALS, INCLUDING A PHONE NUMBER FOR INQUIRIES ABOUT FINANCIAL ASSISTANCE AND A WEBSITE WHERE ADDITIONAL INFORMATION CAN BE OBTAINED INFORMATION REGARDING THIS POLICY AND HOW TO APPLY FOR FINANCIAL ASSISTANCE WILL ALSO BE PROVIDED DURING PHONE CONVERSATIONS WITH PATIENTS REGARDING FINANCIAL CHARGES AND/OR ACCOUNT BALANCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION THE COMMUNITY SERVED BY TSRHC CAN BEST BE DEFINED BY UNDERSTANDING ITS PATIENT POPULATION AND CLINICAL FOCUS THE HOSPITAL IS A 501(C)(3) PEDIATRIC ORTHOPEDIC HOSPITAL IN DALLAS, TEXAS, AND AN OUTPATIENT DEPARTMENT OF THE HOSPITAL INCLUDING AN AMBULATORY SURGERY CENTER IN FRISCO, TEXAS, WHICH TREATS PEDIATRIC ORTHOPEDIC CONDITIONS, SPORTS INJURIES, FRACTURES, AS WELL AS CERTAIN RELATED ARTHRITIC AND NEUROLOGICAL DISORDERS AND DYSLEXIA/LEARNING DISORDERS TSRHC PROVIDES PREMIER PEDIATRIC ORTHOPEDIC AND DYSLEXIA SERVICES TO PEDIATRIC PATIENTS FOR WHOM THE SERVICES PROVIDED BY THE HOSPITAL OFFER HOPE OF IMPROVEMENT THOUGH THE HOSPITAL IS DEDICATED TO PROVIDING CARE TO CHILDREN FROM AROUND THE STATE OF TEXAS AND THROUGHOUT THE U S , A MAJORITY OF ITS PATIENTS LIVE IN AN 11-COUNTY GEOGRAPHIC AREA LOCATED IN NORTH TEXAS, WHICH ACCOUNTS FOR MORE THAN 80 PERCENT OF THE HOSPITAL'S PATIENTS DEFINING ITS PRIMARY COMMUNITY WILL ALLOW THE HOSPITAL TO MORE EFFECTIVELY FOCUS ITS RESOURCES TO ADDRESS IDENTIFIED SIGNIFICANT HEALTH NEEDS TARGETING AREAS OF GREATEST NEED AND HEALTH DISPARITIES ACCORDING TO THE CENSUS BUREAU, THE 2019 ESTIMATED POPULATION FOR THE PRIMARY SERVICE AREA WAS 7,318,614 PEOPLE BASED ON 2018 CENSUS BUREAU DATA, THE MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA WAS \$68,802 IN 2017, APPROXIMATELY 26 PERCENT OF THE PRIMARY SERVICE AREA POPULATION WAS 18 YEARS OR YOUNGER

Form and Line Reference

Explanation

PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH MEDICAL CARE IS PROVIDED TO CHILDREN WITH ORTHOPEDIC AND RELATED CONDITIONS NOT TREATED AT OTHER MEDICAL FACILITIES. MANY PROVIDERS AT TSRHC RECEIVE REFERRALS FROM PHYSICIANS AND CHILDREN'S HOSPITALS IN THE PRIMARY SERVICE AREA BECAUSE THE PATIENT'S CONDITION IS EITHER TOO ACUTE OR IN SOME CASES, SO RARE, THE REFERRING FACILITY DOES NOT HAVE ADEQUATELY TRAINED OR EXPERIENCED STAFF TO PROVIDE THE NECESSARY CARE. THE HOSPITAL HAS A PROCESS TO DETERMINE IF IT IS THE APPROPRIATE FACILITY TO MEET A CHILD'S CLINICAL NEEDS. THE PROCESS BEGINS WITH A TELEPHONE CALL, REQUEST THROUGH THE WEBSITE, REFERRAL FROM A PHYSICIAN, OR AN APPLICATION FOR SERVICES. AN INTERNAL MECHANISM IS UTILIZED TO DETERMINE IF TSRHC CAN APPROPRIATELY MEET THE NEEDS OF THE CHILD. WHEN TSRHC IS UNABLE TO PROVIDE SERVICES, TSRHC, AS PART OF ITS CARE COORDINATION SERVICES, IDENTIFIES REFERRAL RESOURCES THAT ARE PROVIDED TO THE FAMILY. IN ADDITION TO GENERAL PEDIATRIC ORTHOPEDIC SERVICES, THE PEDIATRIC ORTHOPEDIC SERVICES FOR WHICH PATIENTS ARE PRIMARILY REFERRED TO THE HOSPITAL INCLUDE SCOLIOSIS AND SPINE DISORDERS, CLUBFOOT AND OTHER FOOT DISORDERS, REDUCTION DEFICITS (LIMB LENGTHENING), HAND AND UPPER LIMB DIFFERENCES, HIP DISORDERS, SPORTS MEDICINE, FRACTURES, PROGRAMS RELATED TO CONGENITAL LIMB DEFICIENCIES AND AMPUTATIONS, NEUROLOGY, RHEUMATOLOGY AND PEDIATRIC DEVELOPMENTAL DISABILITIES TREATED IN ADDITION OR RELATED TO OTHER ORTHOPEDIC CONDITIONS. RESEARCH: SINCE OPENING ITS DOORS IN 1921, TSRHC HAS STRIVED TO DISCOVER NEW AND BETTER WAYS TO CARE FOR CHILDREN AFFECTED BY PEDIATRIC ORTHOPEDIC CONDITIONS AND CERTAIN RELATED NEUROLOGICAL DISORDERS. THE HOSPITAL'S DEDICATED RESEARCH CENTER, THE SARAH M. AND CHARLES E. SEAY CENTER FOR MUSCULOSKELETAL RESEARCH, IS MADE UP OF SIX CENTERS FOR EXCELLENCE SUPPORTED BY RESEARCH DIVISIONS AND CORE FACILITIES: SCOLIOSIS AND SPINE, CLUBFOOT AND FOOT DISORDERS, HIP DISORDERS, LIMB LENGTH DISCREPANCIES, HAND DIFFERENCES, AND SPORTS MEDICINE. THROUGH THE YEARS, TSRHC RESEARCHERS AND PHYSICIANS HAVE GENERATED MORE THAN 30 PATENTS AND MADE IMPORTANT DISCOVERIES THAT HAVE HELPED CHILDREN WORLDWIDE. THESE FINDINGS AND INNOVATIONS ALLOW THE MEDICAL COMMUNITY TO FORM NEW HYPOTHESES TO EXPLAIN WHAT CAUSES CERTAIN CONDITIONS WHILE PROVIDING TOOLS FOR FUTURE RESEARCH. THE MAJOR DISCOVERIES AND RESEARCH APPLICATIONS AT TSRHC INCLUDE THE FIRST GENE ASSOCIATED WITH IDIOPATHIC SCOLIOSIS, TWO MORE GENETIC MARKERS OF THE CONDITION, THE TSRH SILO 5.5 SPINAL SYSTEM, THE TRUE/LOK EXTERNAL FIXATION SYSTEM, AND THE TRUE/LOK HEXAPOD SYSTEM. THE HOSPITAL IS COMMITTED TO TRANSLATING ITS SCIENTIFIC DISCOVERIES INTO IMPROVED CARE AND TREATMENT OUTCOMES FOR CHILDREN WITH MUSCULOSKELETAL CONDITIONS. TO THAT END, THE HOSPITAL HAS LAUNCHED A MULTIDISCIPLINARY CENTER FOR PEDIATRIC BONE BIOLOGY AND TRANSLATIONAL RESEARCH. THE CENTER INCLUDES 3,200 SQUARE FEET OF LABORATORIES AND OFFICES DEDICATED TO BONE-RELATED RESEARCH. IN COLLABORATION WITH UT SOUTHWESTERN MEDICAL CENTER, RESEARCHERS WILL EXPLORE THE ROOT CAUSES OF BONE DISORDERS WITH A "BENCH TO BEDSIDE" TRANSLATIONAL RESEARCH AND TREATMENT APPROACH. IN ADDITION, IT WILL FURTHER EXPAND THE FACILITY'S ROLE AS A TRAINING SITE FOR FELLOWS, VISITING SCIENTISTS AND STUDENTS AND WILL ALSO HOST INTERNATIONAL GATHERINGS DEDICATED TO COLLABORATIVE RESEARCH THAT WILL BENEFIT CHILDREN THROUGHOUT THE COMMUNITY AND AROUND THE WORLD. MEDICAL EDUCATION: FOR 38 YEARS, IN ASSOCIATION WITH THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER, TSRHC HAS PROVIDED AN EXTRAORDINARY EDUCATIONAL EXPERIENCE IN THE FIELD OF PEDIATRIC ORTHOPEDICS TO PROMISING ORTHOPEDIC SURGEONS. NEARLY 200 PHYSICIANS HAVE BENEFITED FROM THE FELLOWSHIP IN PEDIATRIC ORTHOPEDICS AND SCOLIOSIS, GOING ON TO HOLD PRESTIGIOUS MEDICAL POSITIONS ACROSS THE COUNTRY AND AROUND THE WORLD. IN ADDITION TO THE FELLOWSHIP PROGRAM, THE HOSPITAL PARTICIPATES IN RESIDENCY TRAINING PROGRAMS IN NEUROLOGY, RHEUMATOLOGY, ORTHOPEDICS, PSYCHOLOGY, RADIOLOGY AND PEDIATRIC DEVELOPMENTAL DISABILITIES. THE HOSPITAL ALSO HAS VARIOUS AFFILIATION PROGRAMS FOR EDUCATION IN PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PROSTHETICS AND VARIOUS OTHER DISCIPLINES. FAMILY RESOURCE CENTER: THE CHRISTI CARTER URSCHEL FAMILY RESOURCE CENTER'S MISSION IS TO PROVIDE HEALTH INFORMATION AND SUPPORT RESOURCES TO PATIENTS AND FAMILIES IN ORDER TO HELP THEM MAKE INFORMED HEALTH CARE DECISIONS AND IMPROVE THEIR QUALITY OF LIFE. TSRHC UNDERSTANDS THAT FAMILIES WHOSE CHILDREN ARE DIAGNOSED WITH MEDICAL CONDITIONS HAVE MANY QUESTIONS, AND THE FAMILY RESOURCE CENTER CAN HELP THE TSRHC PATIENTS AND FAMILIES FIND ANSWERS. THE CENTER SERVES AN AVERAGE OF 2,000 FAMILIES ANNUALLY. FAMILY ROOM AND CHAPEL: THE FAMILY ROOM IS PRIMARILY UTILIZED BY PATIENT FAMILIES AS A COMFORTABLE SURGERY WAITING AREA, WHILE THE CHAPEL LOCATED NEXT DOOR PROVIDES A PLACE OF WORSHIP WITH NONDENOMINATIONAL SERVICES EACH SUNDAY. CHILD LIFE SERVICES: CHILD LIFE SPECIALISTS FOCUS ON EA

Form and Line Reference	Explanation
PART VI, LINE 5	<p>CH PATIENT AND THEIR FAMILY'S SPECIFIC NEEDS BY PROMOTING OPTIMAL PSYCHOSOCIAL DEVELOPMENT AND EDUCATIONAL NEEDS OF CHILDREN AND TEENAGERS TO HELP REDUCE FEAR AND PROMOTE COPING DURING THEIR VISIT THEY PROVIDE SERVICES SUCH AS PREPARATION AND SUPPORT FOR MEDICAL PROCEDURES, EDUCATION ABOUT DIAGNOSIS, COPING TECHNIQUES TO USE DURING MEDICAL EXPERIENCES, ENGAGEMENT IN MEDICAL PLAY, OUTLETS FOR SELF-EXPRESSION AND SUPPORT FOR BROTHERS AND SISTERS FAMILY SERVICES DEPARTMENT THE FAMILY SERVICES DEPARTMENT SERVES AS A SUPPORTS CENTER FOR PATIENTS AND THEIR FAMILIES WHILE THEY ARE RECEIVING TREATMENT AT TSRHC FAMILY SERVICES INCLUDES THESE AREAS MEDICAL SOCIAL WORK FOR RESOURCES AND REFERRALS, FINANCIAL ASSISTANCE PROGRAMS AND FAMILY SERVICES COUNSELING, LANGUAGE INTERPRETATION AND TRANSLATION SERVICES, AND COORDINATION OF OFF-SITE MEDICAL SERVICES RESOURCES TO ADDRESS CHILD HEALTH STATUS SOCIAL WORKERS AND MEDICAL CONSULT COORDINATORS HELP FAMILIES ARRANGE TO RECEIVE FOLLOW-UP CARE FOR THE SERVICES ORDERED BY THE MEDICAL STAFF PATIENT FAMILIES CHOOSE THEIR VENDOR(S) FROM A LIST OF VENDORS PROVIDED BY SOCIAL WORKERS BASED ON LOCATION AND THE PATIENT'S FUNDING SOURCE THESE SERVICES INCLUDE WEIGHT MANAGEMENT, OUTPATIENT PHYSICAL REHAB, HOME HEALTH SERVICES, DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, TESTING AND SPECIALISTS AND MENTAL HEALTH TSRHC'S PATIENT EDUCATION IS CREATED AND MAINTAINED BY AN INTERDISCIPLINARY TEAM OF PHYSICIANS, NURSES AND ANCILLARY SERVICES THROUGHOUT THE ORGANIZATION THIS ROBUST LIBRARY OF MATERIALS INCLUDES EDUCATION PIECES ON SPECIFIC SURGERIES, CONDITIONS, AND MEDICAL PROCESSES, ALONG WITH MORE GENERAL AND BASIC HEALTH EDUCATION AVAILABLE IN BOTH ENGLISH AND SPANISH, OVER 700 PIECES OF EDUCATION ARE AVAILABLE FOR STAFF USE TO PROVIDE TO PATIENTS AND FAMILIES THE MATERIAL IS WRITTEN BY TSRHC STAFF AND MANAGED BY THE PATIENT EDUCATION COMMITTEE, WITH OVERSIGHT BY THE PATIENT EDUCATION ADVISORY BOARD REFERRAL TO OTHER PROVIDERS WHEN TSRHC IS UNABLE TO PROVIDE SERVICES, TSRHC IDENTIFIES EXTERNAL RESOURCES THAT ARE AVAILABLE TO THE FAMILY EXAMPLES OF EXISTING HEALTH CARE PROGRAMS WITHIN THE COMMUNITY AVAILABLE TO ADDRESS THE IDENTIFIED NEEDS INCLUDE BUT ARE NOT LIMITED TO CHILDREN'S HEALTH, UT SOUTHWESTERN MEDICAL CENTER, COOK CHILDREN'S MEDICAL CENTER, MEDICAL CITY CHILDREN'S HOSPITAL, BAYLOR INSTITUTE FOR IMMUNOLOGY RESEARCH, TEXAS CHILD NEUROLOGY, AND ATHENA DIAGNOSTICS RESOURCES TO ADDRESS COORDINATION OF CARE RESOURCE DETAILS ARE MAINTAINED BY THE TSRHC SOCIAL WORK TEAM, IN THE RESOURCE DIRECTORY, FOUND ON THE HOSPITAL'S STAFF INTRANET PAGE RESOURCES FOUND WITHIN THIS DIRECTORY INCLUDE VENDOR INFORMATION FOR SERVICES SUCH AS DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, CUSTOM EQUIPMENT, HOME NURSING SERVICES, SPECIALTY THERAPIES (EXAMPLES AQUATIC, EQUESTRIAN THERAPY), NUTRITION SUPPLIES, OUTPATIENT AND INPATIENT BEHAVIORAL HEALTH RESOURCES, SOCIAL SKILLS TRAINING AND PSYCHIATRY THIS INFORMATION IS SEARCHABLE BY THE SERVICE NEEDED, COUNTIES SERVED AND INSURANCE ACCEPTED OTHER COORDINATION EFFORTS INCLUDE SOCIAL WORK RESPONSE TO TRANSITION PLANNING, SCHOOL ACCOMMODATIONS, ACCESS TO HEALTH CARE, PSYCHOSOCIAL SUPPORT AND PARENT ADVOCACY TSRHC TRANSITIONS PATIENTS TO ADULT PROVIDERS AS THEY APPROACH THE AGE OF 18 A GROUP OF TSRHC SOCIAL WORKERS, NURSES, ADMINISTRATORS AND MEDICAL STAFF WORK TO TRANSITION TSRHC PATIENTS TO ENSURE THAT ALL PATIENTS NEEDING ADDITIONAL COORDINATION AS THEY AGE OUT OF SERVICES RECEIVE THE NECESSARY ASSISTANCE CATEGORIES OF CARE WITH WHICH STAFF HELPS TRANSITION PATIENTS TO ADULT CARE INCLUDE LEGAL AND GUARDIANSHIP, PRIMARY AND SPECIALTY CARE, FUNDING, EDUCATION AND/OR VOCATIONAL PROGRAMS MEDICAID TRANSPORTATION SOCIAL WORKERS IN THE TSRHC FAMILY SERVICES DEPARTMENT ARE AVAILABLE TO HELP FAMILIES UNDERSTAND AND NAVIGATE THE PROCESSES FOR MEDICAID TRANSPORTATION ASSISTANCE, LODGING AND MEALS, WHEN ELIGIBLE FOR THESE SERVICES SOUTHWEST AIRLINES TICKET VOUCHER</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILINGS OF COMMUNITY BENEFIT FOR FISCAL YEAR ENDING SEPTEMBER 30, 2019, A COMMUNITY BENEFIT REPORT WAS FILED WITH THE STATE OF TEXAS

Additional Data**Software ID:****Software Version:****EIN:** 75-0818178**Name:** Texas Scottish Rite Hospital for Crippled Children**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 SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219 www.scottishritehospital.org 000054	X	X	X	X		X			ORTHOPEDIC, neurodevelopment & musculoskeletal	

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
PART V, SECTION B, LINE 5	<p>TSRHC AND BKD CONSULTING, LLP ("BKD") COLLABORATED TO CONDUCT AND ASSESS THE NEEDS OF THE COMMUNITY IN PRODUCING THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT BKD IS ONE OF THE LARGEST CPA AND ADVISORY FIRMS IN THE UNITED STATES, WITH APPROXIMATELY 2,000 PARTNERS AND EMPLOYEES IN 40 OFFICES BKD SERVES MORE THAN 900 HOSPITALS AND HEALTH CARE SYSTEMS ACROSS THE COUNTRY PRIMARY DATA WAS OBTAINED FROM PATIENT SURVEYS, PATIENT FOCUS GROUPS AND KEY STAKEHOLDERS BKD CONDUCTED A HEALTH SURVEY THAT WAS SENT IN ELECTRONIC FORMAT, TO MORE THAN 9,000 CURRENT AND FORMER TSRHC PATIENTS TWO HUNDRED FORTY-SEVEN PATIENT FAMILIES PROVIDED INPUT THROUGH THE HEALTH SURVEY, WHICH WAS AVAILABLE IN BOTH ENGLISH AND SPANISH SEVENTY-TWO PERCENT OF THE SURVEY RESPONDENTS INDICATED THEY LIVED IN THE CHNA COMMUNITY IN ADDITION, TSRHC CONDUCTED TWO PATIENT FOCUS GROUPS TO SOLICIT INPUT FROM PATIENTS' FAMILIES REGARDING THE HEALTH NEEDS OF THEIR CHILDREN THE PATIENT FOCUS GROUPS WERE CONDUCTED ON JUNE 10, 2019 AND JUNE 11, 2019 AT TSRHC'S DALLAS CAMPUS AND FRISCO CAMPUS NINE QUESTIONS WERE ASKED AND DISCUSSED, THEN UTILIZED TO HELP GATHER DATA FROM THE PARTICIPANTS INPUT WAS COLLECTED FROM 25 KEY STAKEHOLDERS THROUGH IN-PERSON INTERVIEWS AND ELECTRONIC SURVEYS IN JUNE 2019 THESE KEY STAKEHOLDERS WERE DETERMINED BASED ON THEIR SPECIALIZED KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH, THEIR INVOLVEMENT WITH UNDERSERVED AND MINORITY POPULATIONS OR THEIR AFFILIATION WITH LOCAL GOVERNMENT, SCHOOLS AND INDUSTRY THESE INTERVIEWS ARE INTENDED TO ASCERTAIN OPINIONS AMONG INDIVIDUALS WHO ARE LIKELY TO BE KNOWLEDGEABLE ABOUT THE COMMUNITY AND INFLUENTIAL OVER THE OPINIONS OF OTHERS ABOUT HEALTH CONCERNS IN THE COMMUNITY SECONDARY DATA ASSESSED FACTORS SUCH AS DEMOGRAPHICS, SOCIOECONOMIC INDICATORS (HOUSEHOLD INCOME AND POVERTY, INSURANCE COVERAGE AND CHILDREN LIVING IN SINGLE-PARENT HOUSEHOLDS) AND COMMUNITY HEALTH STATUS INDICATORS RELEVANT TO THE SERVICES PROVIDED BY TSRHC (RATES FOR CONDITIONS TREATED BY TSRHC, NUMBER OF CHILDREN IN TEXAS WITH DISABILITIES AND RATE FOR HEALTH ISSUES IDENTIFIED BY STAKEHOLDERS AND PATIENTS SUCH AS ASTHMA AND OBESITY) SOME OF THE SECONDARY DATA SOURCES, INCLUDED BUT NOT LIMITED TO TEXAS DEMOGRAPHIC CENTER, TEXAS KIDS COUNT DATA, ROBERT WOOD JOHNSON FOUNDATION AND TEXAS DEPARTMENT OF STATE HEALTH SERVICES A LIST OF IDENTIFIED NEEDS WAS DEVELOPED USING FINDINGS OBTAINED THROUGH THE COLLECTION OF PRIMARY AND SECONDARY DATA THE FOLLOWING FACTORS WERE USED TO PRIORITIZE THE IDENTIFIED HEALTH NEEDS SIZE OF THE PROBLEM, SERIOUSNESS OF THE PROBLEM, IMPACT OF THE ISSUES ON VULNERABLE POPULATIONS, HOW IMPORTANT THE ISSUE IS TO THE COMMUNITY, AND THE PREVALENCE OF COMMON THEMES MEMBERS OF TSRHC'S MANAGEMENT PROVIDED INPUT REGARDING RATINGS FOR THE FACTORS DESCRIBED ABOVE</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
PART V, SECTION B, LINE 6B	TSRHC ENGAGED THE SERVICES OF BKD TO ASSESS THE NEEDS OF THE COMMUNITY AND COLLABORATED WITH BKD IN PRODUCING THE HOSPITAL'S CHNA REPORT PART V, SECTION B, LINE 7A HTTPS //SCOTTISHRITEFORCHILDREN ORG/GETATTACHMENT/B6C3EAA2-1811-41B6-A4B8- 408CFDF02ECB/2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>NEEDS IDENTIFIED IN RECENTLY CONDUCTED CHNA AS PART OF THE CHNA, TSRHC AND BKD CONDUCTED THE ASSESSMENT FROM MAY 2019 TO SEPTEMBER 2019 THE PRIMARY AND SECONDARY DATA GATHERED WAS THEN ANALYZED TO IDENTIFY SIGNIFICANT HEALTH NEEDS FOR THE COMMUNITY SERVED BY TSRHC AS A RESULT OF THE ANALYSIS, EIGHT HEALTH NEEDS WERE IDENTIFIED AS BEING SIGNIFICANT TO THE COMMUNITY THE IDENTIFIED HEALTH NEEDS WERE SUBSEQUENTLY GROUPED AND PRIORITIZED BY HOSPITAL MANAGEMENT INTO THREE PRIORITY AREAS BASED ON THEIR OVERALL ASSESSMENT OF THE QUALITATIVE AND QUANTITATIVE DATA TSRHC WILL FOCUS ON THE IDENTIFIED AREAS WHERE THE HOSPITAL CAN MOST EFFECTIVELY USE ITS EXPERTISE AND RESOURCES TO HAVE SIGNIFICANT IMPACT THESE THREE AREAS ARE 1 IMPROVE ACCESS TO HEALTH CARE SERVICES 2 IMPROVE COORDINATION OF CARE 3 IMPROVE CHILD HEALTH STATUS TSRHC STRATEGIES FOR IMPROVING ACCESS TO HEALTH CARE SERVICES A AFFORDABILITY OF SERVICES/FINANCIAL STRESS NEARLY 235,000 CHILDREN IN THE COMMUNITY UNDER THE AGE OF 19 DO NOT HAVE INSURANCE ACCORDING TO 2017 DATA MANY OF THE PATIENT SURVEY RESPONDENTS RANKED "AFFORDABILITY OF SERVICES AND FINANCIAL STRESS ON THE FAMILY" AS THE BIGGEST CHALLENGE FACED BY PATIENT SURVEY RESPONDENTS FAMILIES DESIRED MORE INFORMATION AND INCREASED UNDERSTANDING REGARDING FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM OUR OBJECTIVE IS TO INCREASE COMMUNITY AND PATIENT FAMILY AWARENESS OF THE FINANCIAL ASSISTANCE AVAILABLE AT TSRHC AND RESOURCES IN THE COMMUNITY THE ANTICIPATED IMPACT IS FOR MORE PATIENT FAMILIES TO ENROLL IN OUR FINANCIAL ASSISTANCE PROGRAM AND/OR HAVE ACCESS TO RESOURCES FOR INSURANCE COVERAGE THE STRATEGIES WE WILL BE IMPLEMENTING TO ADDRESS AFFORDABILITY OF SERVICES/FINANCIAL STRESS ARE 1 CONTINUE OUTREACH AND EDUCATION TO SCHOOLS, PHYSICIAN OFFICES, EDUCATIONAL CONFERENCES, AND FREE/INCOME BASED CLINICS THAT ARE DELIVERING SERVICES AND WORKING IN UNDERSERVED COMMUNITIES 2 IMPROVE AND EXPAND COMMUNICATION OF OUR FINANCIAL ASSISTANCE PROGRAM 3 CONTINUE TO CONNECT PATIENTS TO ORGANIZATIONS THAT PROVIDE RESOURCES FOR INSURANCE COVERAGE RESOURCES/POTENTIAL PARTNERS TSRHC WILL CONTINUE TO DEDICATE INTERNAL RESOURCES AS WELL AS MAINTAIN AND EXPAND COLLABORATIONS WITHIN THE COMMUNITY TO MEET THE PRIORITIZED HEALTH NEED WITH LOCAL SCHOOL DISTRICTS, PHYSICIAN OFFICES, EDUCATIONAL CONFERENCES, FREE/INCOME BASED CLINICS, AND EDUCATE REGARDING RESOURCES AVAILABLE TO IMPROVE ACCESS FOR INSURANCE COVERAGE B ACCESS TO SERVICES NORTH TEXAS HAS A LACK OF SPECIALISTS AND SERVICES IN THE UNDERSERVED AREAS OF THE COMMUNITY THERE IS A SHORTAGE OF PROVIDERS WHO ACCEPT MEDICAID, AND 36.6% OF CHILDREN IN OUR CHNA COMMUNITY ARE ENROLLED IN MEDICAID PATIENT SURVEY RESPONDENTS RANKED "AVAILABILITY OF SERVICES CLOSE TO HOME" AS THE SECOND HIGHEST RANKED CHALLENGE RELATED TO ACCESS FACED BY PATIENT SURVEY RESPONDENTS OUR OBJECTIVE IS TO INCREASE COMMUNITY ACCESS AND REDUCE BARRIERS TO OUR SERVICES THE ANTICIPATED IMPACT IS TO TREAT MORE CHILD</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
PART V, SECTION B, LINE 11	<p>REN THAT HAVE LIMITED ACCESS TO CARE WITHIN OUR SCOPE OF SERVICES AROUND THE METROPLEX THE STRATEGIES WE WILL BE IMPLEMENTING TO INCREASE ACCESS TO SERVICES ARE 1 CONTINUE TO EVALUATE ADDITIONAL ACCESS POINTS TO INCREASE PATIENT ACCESS TO OUR SERVICES IN UNDERSERVED AREAS 2 FURTHER DEVELOP COMMUNITY PARTNERSHIP WITH NOT-FOR-PROFIT ENTITIES TO INCREASE AWARENESS AND BRING SERVICES OUT TO THE COMMUNITY 3 ELIMINATE BARRIERS TO SCHEDULING APPOINTMENTS AND TIMELY CARE 4 CONTINUE OUTREACH EFFORTS TO BRING AWARENESS OF OUR SERVICES AND EXPAND REACH RESOURCES/POTENTIAL PARTNERS TSRHC WILL CONTINUE TO DEDICATE INTERNAL RESOURCES AS WELL AS MAINTAIN AND EXPAND COLLABORATIONS WITHIN THE COMMUNITY TO MEET THE PRIORITIZED HEALTH NEED WITH LOCAL SCHOOL DISTRICTS, YMCA NORTH TEXAS, YOUTH SPORT GROUPS, PHYSICIAN OFFICES, HEALTH SYSTEMS, URGENT CARE FACILITIES, EDUCATIONAL CONFERENCES AND SCHOOL NURSES TSRHC STRATEGIES FOR IMPROVING COORDINATION OF CARE LACK OF COORDINATED CARE CONTINUES TO BE A CHALLENGE FACED BY PATIENT FAMILIES FEEDBACK FROM THE PATIENT FOCUS GROUPS THAT WERE CONDUCTED HIGHLIGHTED A DESIRE FOR HELP NAVIGATING TREATMENT FOR THEIR CHILD OUR OBJECTIVE IS TO INCREASE COMMUNICATION AND COORDINATION OF CARE AMONG PROVIDERS AND PATIENT FAMILIES THE ANTICIPATED IMPACT IS FOR BETTER COORDINATION OF CARE THAT IS EFFICIENT AND EFFECTIVE ACROSS OUR ORGANIZATION AND EASE OF NAVIGATING THROUGH HEALTH CARE SYSTEM FOR PATIENT FAMILIES THE STRATEGIES WE WILL BE IMPLEMENTING TO IMPROVE COORDINATION OF CARE ARE 1 EXPAND CURRENT TRANSITION OF CARE PROGRAM TO ADDITIONAL COMPLEX DIAGNOSES TO IMPROVE THE COORDINATION FROM PEDIATRIC TO ADULT CARE 2 EVALUATE WAYS TO IMPROVE CARE COORDINATION RESOURCES/POTENTIAL PARTNERS TSRHC WILL CONTINUE TO DEDICATE INTERNAL RESOURCES AS WELL AS MAINTAIN AND EXPAND COLLABORATIONS WITHIN THE COMMUNITY TO MEET THE PRIORITIZED HEALTH NEED WITH ADULT PROVIDERS/FACILITIES, PEDIATRIC PROVIDERS, AND SCHOOL NURSES TO IMPROVE COORDINATION OF CARE TSRHC STRATEGIES FOR IMPROVING CHILD HEALTH STATUS A HEALTH EDUCATION AND FAMILY SUPPORT PATIENT FAMILIES ARE OFTEN ISOLATED AND WOULD LIKE TO BE CONNECTED WITH OTHER PATIENT FAMILIES WITH SIMILAR EXPERIENCES MANY DESIRE INFORMATION TO HELP THEM IDENTIFY AVAILABLE RESOURCES IN THE COMMUNITY TO ASSIST IN THE TREATMENT AND CARE OF THEIR CHILD OUR OBJECTIVE IS TO BRING AWARENESS TO THE COMMUNITY ABOUT THE SERVICES PROVIDED BY TSRHC AND ITS FAMILY RESOURCE CENTER (FRC), WORK WITH KEY LOCAL SUPPORT GROUPS AND PROVIDE PATIENT EDUCATION MATERIALS TO PATIENT FAMILIES REGARDING ADDITIONAL RESOURCES THAT ARE AVAILABLE HERE AND IN THE COMMUNITY THE ANTICIPATED IMPACT IS FOR A MORE INFORMED COMMUNITY AND PATIENT FAMILIES ON SERVICES PROVIDED AND RESOURCES AVAILABILITY THE STRATEGIES WE WILL BE IMPLEMENTING TO INCREASE HEALTH EDUCATION AND FAMILY SUPPORT ARE 1 INCREASE OUR PATIENT FAMILIES AND COMMUNITY AWARENESS ABOUT TSRHC FAMILY RESOURCE CENTER 2 EVALUATE BEST WAYS TO BUILD CONNECTION</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
PART V, SECTION B, LINE 11	<p>S WITH KEY LOCAL SUPPORT GROUPS 3 ENHANCE OUR ONLINE PRESENCE FOR PATIENT EDUCATION MATERIALS BY WEBSITE ENGAGEMENT AND OTHER MEDIA PLATFORMS 4 INCREASE EDUCATION AND AWARENESS THROUGH COMMUNITY PARTNERSHIPS RESOURCES/POTENTIAL PARTNERS TSRHC WILL CONTINUE TO DEDICATE INTERNAL RESOURCES AS WELL AS MAINTAIN AND EXPAND COLLABORATIONS WITHIN THE COMMUNITY TO MEET THE PRIORITIZED HEALTH NEED WITH YMCA NORTH TEXAS, LOCAL SUPPORT GROUPS, COMMUNITY PARTNERS, SCHOOL DISTRICTS, COACHES/ATHLETIC TRAINERS, SCHOOL NURSES, AND YOUTH SPORT GROUPS WITH THE GOAL OF PROVIDING AND CONNECTING THE COMMUNITY TO SERVICES AND RESOURCES PROVIDED BY TSRHC B MENTAL HEALTH AND BEHAVIORAL CONDITIONS THERE IS A SHORTAGE OF MENTAL HEALTH SERVICES AND PROVIDERS WITHIN THE COMMUNITY PATIENT SURVEY RESPONDENTS AND PATIENT FOCUS GROUP PARTICIPANTS RANKED "MENTAL HEALTH/BEHAVIORAL" AS ONE OF THE MOST IMPORTANT HEALTH ISSUES IMPACTING CHILDREN OUR OBJECTIVE IS TO IMPROVE ACCESS TO MENTAL/BEHAVIORAL HEALTH SERVICES FOR OUR PATIENT POPULATION AND SUPPORT/PROVIDE ADDITIONAL RESOURCES/CARE THAT MAY BE NEEDED THE ANTICIPATED IMPACT IS TO INCREASE OUR PATIENT FAMILIES ACCESS TO MENTAL/BEHAVIORAL HEALTH PROVIDERS AND RESOURCES THE STRATEGIES WE WILL BE IMPLEMENTING TO IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES ARE 1 PILOT PSYCHOLOGY TELEMEDICINE 2 PROVIDE ADDITIONAL PSYCHOLOGY SUPPORT IN SPECIALTY AREAS TO MEET PATIENT NEEDS 3 CONTINUE TO EVALUATE HOW WE ASSESS AT RISK MENTAL HEALTH BEHAVIORS RESOURCES/POTENTIAL PARTNERS TSRHC WILL CONTINUE TO DEDICATE INTERNAL RESOURCES AS WELL AS MAINTAIN AND EXPAND COLLABORATIONS WITHIN THE COMMUNITY TO MEET THE PRIORITIZED HEALTH NEED BY COMMITTING TO PROVIDING RESOURCES AND PARTNERING WITH OTHER HEALTH CARE PROVIDERS AS APPROPRIATE FOR THE NEEDS OF OUR PATIENT POPULATION C OBESITY/UNHEALTHY EATING/LACK OF PHYSICAL ACTIVITY OVER EIGHTEEN PERCENT OF HIGH SCHOOL STUDENTS IN TEXAS ARE OBESE ACCESS TO HEALTHY FOODS ARE A CHALLENGE FOR THOSE WHO LIVE IN POVERTY OBESITY, UNHEALTHY EATING, AND LACK OF PHYSICAL ACTIVITY WERE RANKED THE FIFTH, THIRD, AND SECOND HIGHEST BY PATIENT SURVEY RESPONDENTS, RESPECTIVELY OUR OBJECTIVE IS TO IMPROVE THE OVERALL HEALTH OF OUR PATIENT POPULATION AND PROVIDE THEM THE RESOURCES TO MAKE HEALTHIER CHOICES THE ANTICIPATED IMPACT IS FOR A HEALTHIER PATIENT POPULATION WHO HAVE ACCESS TO RESOURCES SUCH AS FOOD AND EDUCATION THE STRATEGIES WE WILL BE IMPLEMENTING TO IMPROVE THE OVERALL HEALTH OF OUR PATIENT POPULATION 1 SUPPORT AND REFER TO WEIGHT MANAGEMENT PROGRAMS 2 EXPLORE TOOLS WITHIN THE ELECTRONIC HEALTH RECORD THAT WOULD ENHANCE WEIGHT MANAGEMENT FOLLOW UP 3 CREATE PATIENT EDUCATION MATERIALS THAT PROVIDE A LIST OF FOOD PANTRIES, COMMUNITY GARDENS, FOOD ASSISTANCE TO PATIENT FAMILIES 4 SPONSOR COMMUNITY RELATED COOKING CLASSES 5 IMPLEMENT AND DEVELOP SPORTS NUTRITION PROGRAM INTO OUR SERVICES 6 CONTINUE TO PROVIDE COMMUNITY LEISURE RESOURCES TO INCREASE PHYSICAL ACTIVITY AND SOCIAL EN</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
PART V, SECTION B, LINE 20E	NEITHER THE HOSPITAL NOR ANY AUTHORIZED THIRD PARTY PERFORMED ANY OF THE ACTIONS SET FORTH IN LINE 19 (A-E)

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

Schedule I (Form 990)

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Texas Scottish Rite Hospital for Crippled Children

Employer identification number

75-0818178

Part I General Information on Grants and Assistance

- 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
- 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) PEDI-ORTHO HEALTH CORPORATION 2222 WELBORN ST DALLAS, TX 75219	75-2665759	501(c)(3)	90,465	0			MEDICAL CARE AND RESEARCH
(2) DALLAS SAFETY NET SUPPORT CORPORATION 1441 N BECKLEY DALLAS, TX 75203	82-3131059	501(c)(3)	2,112,535	0			DALLAS COUNTY INDIGENT CARE

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 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)					
(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
USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2 THE GRANT TO PEDI-ORTHO HEALTH CORPORATION, A RELATED MEDICAL ENTITY, IS TO SUPPORT THE SERVICES PROVIDED BY THE CORPORATION THE HOSPITAL, AS A SOLE MEMBER, MONITORS THE ACTIVITIES OF THE ENTITY WHICH PROVIDES PEDICATRIC PHYSICIAN SERVICES TO LOCAL MEDICAL FACILITIES THAT PROVIDE EMERGENCY CARE FOR CHILDREN THE ENTITY IS INDEPENDENTLY AUDITED ANNUALLY AND THE HOSPITAL RECEIVES A COPY OF THE AUDITED FINANCIAL STATEMENTS THE HOSPITAL PROVIDES FUNDING TO DALLAS SAFETY NET SUPPORT CORPORATION TO SUPPORT LOCAL HOSPITALS IN THE DALLAS COMMUNITY THE CORPORATION IS MONITORED BY REVIEW OF THE ANNUAL IRS FORM 990

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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 Scottish Rite Hospital for Crippled Children

Employer identification number
75-0818178

Part I Questions Regarding Compensation

		Yes	No								
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" 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 checked="" 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)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input checked="" 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 checked="" 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)										
<p>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</p>	1b	Yes									
<p>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?</p>	2	Yes									
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No								
	4b	Yes									
	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No								
	5b		No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No								
	6b		No								
<p>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</p>	7		No								
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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
FORM 990, PART VII & SCHEDULE J FOOTNOTE	<p>*PREVIOUSLY VESTED IN NON-QUALIFIED PENSION PLAN AND ACCRUED ADDITIONAL TAXABLE BENEFITS IN CALENDAR 2018 SCHEDULE J, PART I, LINE 1A TRAVEL FOR COMPANIONS (INCLUDED ON SCH J, PART II, COL B (III) & W-2, BOX 5) J ANTHONY HERRING \$715 ANTHONY RICCIO \$800 DANIEL J SUCATO \$800 CHARLES JOHNSTON \$800 B STEPHENS RICHARDS \$800 LORI KAROL \$800 SCHEDULE J, PART I, LINE 1A SOCIAL DUES THE ORGANIZATION PAID A PORTION OF SOCIAL CLUB DUES FOR AN EMPLOYEE THIS REIMBURSEMENT WAS INCLUDED AS TAXABLE INCOME ON SCHEDULE J, PART II, COL B (III) & W-2, BOX 5 JC MONTGOMERY, JR \$1,598 **SCHEDULE J, PART I, LINE 4B THE RESTORATION OF RETIREMENT INCOME PLAN (RRIP) IS A NON-QUALIFIED PLAN PROVIDING SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN (TSRHC) AND A RELATED ENTITY, WHOSE BENEFITS UNDER THE TAX-QUALIFIED RETIREMENT PLAN HAVE BEEN LIMITED BY THE MAXIMUM BENEFIT AND MAXIMUM COMPENSATION LIMITATIONS IMPOSED UNDER THE TAX-QUALIFIED RETIREMENT PLAN IN ORDER TO COMPLY WITH THE INTERNAL REVENUE CODE THE TOTAL ACCUMULATED BENEFIT THAT HAS ACCRUED FOR A PARTICIPANT UNDER THE RRIP NORMALLY BECOMES VESTED AND TAXABLE TO A PARTICIPANT WHEN HE OR SHE EITHER HAS ATTAINED AGE 55 AND COMPLETED 15 YEARS OF SERVICE OR ATTAINS AGE 65 THE BENEFIT ACCRUALS FOR A PARTICIPANT AFTER THE DATE OF INITIAL VESTING ARE TAXABLE TO THE PARTICIPANT WHEN AND AS ACCRUED RRIP BENEFITS BECOME PAYABLE AFTER TERMINATION OF EMPLOYMENT UNDER THE TERMS OF THE RRIP, THE FOLLOWING EMPLOYEES ARE NON-VESTED PARTICIPANTS WHO ARE ACCRUING AN ANNUAL BENEFIT IN 2018 (INCLUDED ON SCH J, PART II, COL C) DANIEL SUCATO \$268,353 KARL RATHJEN \$ 77,017 MOLLY DEMPSEY \$110,922 LAWSON COPLEY \$ 132,305 EMPLOYEE OF RELATED ENTITY PHILIP WILSON \$ 93,571 UNDER THE TERMS OF THE RRIP, THE FOLLOWING EMPLOYEES HAVE PREVIOUSLY VESTED IN THE RRIP AND ACCRUED ADDITIONAL BENEFITS DURING 2018, WHICH ARE SUBJECT TO TAXATION, IN THE FOLLOWING AMOUNTS (INCLUDED IN SCH J, PART II, COL B (III) & W-2, BOX 5) B STEPHENS RICHARDS \$119,306 LORI KAROL \$129,401 UNDER THE TERMS OF THE RRIP, THE FOLLOWING EMPLOYEES HAVE RETIRED AND RECEIVED PAYMENTS FROM THE PLAN WHICH ARE SUBJECT TO TAXATION, IN THE FOLLOWING AMOUNT (INCLUDED IN SCH J, PART II, COL B (III) & W-2, BOX 5) JC MONTGOMERY, JR \$71,102 JOHN BIRCH, MD \$162,827 THE MANAGEMENT BENEFIT PLAN IS A NON-QUALIFIED PLAN PROVIDING SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN ELIGIBLE EMPLOYEES WHO BECAME PARTICIPANTS PRIOR TO 1988 MONTHLY RETIREMENT INCOME BENEFITS BECOME PAYABLE UNDER THE PLAN COMMENCING AT AGE 65 (OR EARLIER DISABILITY), AND ARE TAXABLE TO PARTICIPANTS WHEN AND AS PAID UNDER THE TERMS OF THE MANAGEMENT BENEFIT PLAN, THE FOLLOWING EMPLOYEES RECEIVED PAYMENTS IN 2018 (INCLUDED ON SCH J, PART II, COL F AND W-2, BOX 1 AND 5) ROBERT WALKER \$32,352 JOHN BIRCH \$85,416 CHARLES JOHNSTON \$128,511 THE FLEXIBLE BENEFITS PLAN IS A NON-QUALIFIED PLAN PROVIDING LIFE INSURANCE, DISABILITY INSURANCE, LONG-TERM CARE INSURANCE AND/OR RETIREMENT BENEFITS TO ELIGIBLE EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN (TSRHC) AND A RELATED ENTITY, AT THEIR ELECTION THE INSURANCE PREMIUM AND RETIREMENT ACCOUNT CONTRIBUTION AMOUNTS ALLOCATED TO A PARTICIPANT UNDER THIS PLAN FOR EACH YEAR ARE TAXABLE TO THE PARTICIPANT FOR SUCH YEAR THE EARNINGS ON RETIREMENT ACCOUNT CONTRIBUTIONS BECOME TAXABLE TO A PARTICIPANT WHEN PAID OR MADE AVAILABLE TO THE PARTICIPANT UNDER THE TERMS OF THE FLEXIBLE BENEFITS PLAN, THE FOLLOWING EMPLOYEES WERE TAXED ON THE FOLLOWING AMOUNTS FOR CALENDAR YEAR 2018 (INCLUDED IN SCH J, PART II, COL 8 (III), AND W-2, BOX 5) AMY MCINTOSH \$28,249 B STEPHENS RICHARDS \$31,185 BRANDON RAMO \$28,249 CHARLES JOHNSTON \$27,145 CONNIE WRIGHT \$11,385 DANIEL SUCATO \$36,835 DEBBIE SAYLES \$12,515 DONALD KATZ \$11,495 ELLEN HAYNES \$ 8,539 FREDERICK RICHMOND \$16,686 J ANTHONY HERRING \$23,625 JEAN ALLEN \$ 8,068 JEREMY HOWELL \$ 9,502 KARL RATHJEN \$21,446 KRISTINA KEEVER-SMITH \$10,382 LAWSON COPLEY \$27,427 (EMPLOYED BY RELATED ENTITY) LESLIE CLONCH \$15,759 LORI DALTON \$17,613 LORI KAROL \$28,429 MARK BATEMAN \$16,686 MATT CHANCE \$13,210 MOLLIE DEMPSEY \$25,771 PHILIP WILSON \$28,249 ROBERT WALKER \$37,076 STEPHANIE BRIGGER \$ 8,575 WILLIAM HUSTON \$17,381 HENRY ELLIS \$28,249 ANTHONY RICCIO \$28,249 JC MONTGOMERY, JR \$18,720</p>



Additional Data

Software ID:
Software Version:
EIN: 75-0818178
Name: Texas Scottish Rite Hospital for Crippled Children

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				
ROBERT L WALKER PRESIDENT/CEO	(i)	896,807	0	101,909	0	24,478	1,023,194	16,176
	(ii)	0	0	0	0	0	0	0
MARK G BATEMAN SR VP, PUBLIC RELATIONS	(i)	370,132	0	47,672	16,484	28,407	462,695	0
	(ii)	0	0	0	0	0	0	0
MATTHEW S CHANCE SR VP, OPERATIONS	(i)	298,719	0	33,668	16,500	36,445	385,332	0
	(ii)	0	0	0	0	0	0	0
LORI L DALTON SR VP, GENERAL COUNSEL	(i)	471,167	0	41,170	16,500	35,568	564,405	0
	(ii)	0	0	0	0	0	0	0
WILLIAM R HUSTON SR VP, CFO	(i)	557,788	0	60,117	16,500	12,820	647,225	0
	(ii)	0	0	0	0	0	0	0
FREDRIC D RICHMOND SR VP, CHIEF INVESTMENT OFFICE	(i)	387,820	0	35,692	16,500	31,722	471,734	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE K BRIGGER VP, DEVELOPMENT	(i)	195,077	0	24,029	66,432	14,375	299,913	0
	(ii)	0	0	0	0	0	0	0
LESLIE A CLONCH VP, CHIEF INFORMATION OFFICER	(i)	361,397	0	44,188	16,500	34,222	456,307	0
	(ii)	0	0	0	0	0	0	0
ASHLEY C GIVENS VP, DEVELOPMENT/EVENTS	(i)	127,697	0	4,297	17,746	30,889	180,629	0
	(ii)	0	0	0	0	0	0	0
ELLEN E HAYNES VP, MAJOR GIFTS	(i)	185,642	0	23,613	11,566	11,316	232,137	0
	(ii)	0	0	0	0	0	0	0
JEREMY L HOWELL VP, NORTH CAMPUS	(i)	212,829	0	24,336	13,514	31,229	281,908	0
	(ii)	0	0	0	0	0	0	0
JENNY J JOHNSON VP, REVENUE CYCLE	(i)	175,715	0	401	10,706	18,279	205,101	0
	(ii)	0	0	0	0	0	0	0
DONALD E KATZ VP, FACILITIES	(i)	284,529	0	29,643	102,316	36,977	453,465	0
	(ii)	0	0	0	0	0	0	0
KRISTINA L KEEVER-SMITH VP, INVESTMENTS	(i)	243,470	0	11,617	41,824	1,379	298,290	0
	(ii)	0	0	0	0	0	0	0
DEBRA A SAYLES RN VP & CNO	(i)	297,684	0	58,099	0	11,322	367,105	0
	(ii)	0	0	0	0	0	0	0
CONNIE B WRIGHT VP, HR (RESIGNED 6/2020)	(i)	259,604	0	20,553	15,831	20,316	316,304	0
	(ii)	0	0	0	0	0	0	0
JEAN A ALLEN CONTROLLER	(i)	180,769	0	12,848	10,733	24,362	228,712	0
	(ii)	0	0	0	0	0	0	0
DANIEL J SUCATO MDMS CHIEF OF STAFF (SEE SCH J**)	(i)	851,738	0	80,360	335,099	32,162	1,299,359	0
	(ii)	33,600	0	0	0	0	33,600	0
B STEPHENS RICHARDS MD CMO (SEE SCH J*)	(i)	697,554	0	186,121	455,325	23,787	1,362,787	0
	(ii)	0	0	0	0	0	0	0
LORI KAROL MD TERM 62020 ASSIST COS & COQ (SEE SCH J*)	(i)	657,243	0	190,244	299,823	33,967	1,181,277	0
	(ii)	35,200	0	0	0	0	35,200	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KARL E RATHJEN MD ASSIST COS (SEE SCH J**)	(i)	486,289	0	32,591	144,036	11,055	673,971	0
	(ii)	32,900	0	0	0	0	32,900	0
PHILIP L WILSON MD ASSIST COS (SEE SCH J**)	(i)	664,949	0	57,995	145,707	22,287	890,938	0
	(ii)	45,500	0	0	0	0	45,500	0
JOHN A HERRING MD CHIEF OF STAFF EMERITUS	(i)	521,004	0	42,881	0	22,057	585,942	0
	(ii)	0	0	0	0	0	0	0
CHARLES E JOHNSTON MD ASSIST COS EMERITUS	(i)	599,472	0	137,835	0	22,287	759,594	52,163
	(ii)	0	0	0	0	0	0	0
LAWSON A COPLEY MD FORMER CMIO (SEE SCH J**)	(i)	27,772	0	0	0	0	27,772	0
	(ii)	641,879	0	55,930	197,502	33,522	928,833	0
MOLLY E DEMPSEY MD CMIO (SEE SCH J**)	(i)	568,544	0	27,772	181,793	10,547	788,656	0
	(ii)	0	0	0	0	0	0	0
AMY L MCINTOSH MD ORTHOPEDIC SURGEON	(i)	664,793	0	101,450	16,500	41,273	824,016	0
	(ii)	40,000	0	0	0	0	40,000	0
BRANDON A RAMO MD ORTHOPEDIC SURGEON	(i)	669,169	0	75,087	16,500	34,222	794,978	0
	(ii)	54,850	0	0	0	0	54,850	0
ROBERT L WIMBERLY MD ORTHOPEDIC SURGEON	(i)	663,530	0	75,908	16,500	11,788	767,726	0
	(ii)	47,850	0	0	0	0	47,850	0
HENRY B ELLIS MD ORTHOPEDIC SURGEON	(i)	659,660	0	74,800	16,500	39,222	790,182	0
	(ii)	52,950	0	0	0	0	52,950	0
ANTHONY I RICCIO MD ORTHOPEDIC SURGEON	(i)	653,424	0	67,222	16,500	36,467	773,613	0
	(ii)	40,300	0	0	0	0	40,300	0
JC MONTGOMERY JR PRESIDENT EMERITUS (RET 6/18)	(i)	191,419	0	112,595	0	2,806	306,820	87,714
	(ii)	0	0	0	0	0	0	0
JOHN G BIRCH MD FORMER ORTHOPEDIC SURGEON	(i)	162,827	0	178,329	0	0	341,156	0
	(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)

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Texas Scottish Rite Hospital for Crippled Children

Employer identification number

75-0818178

Part I Bond Issues

Table with columns (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. Row 1: CITY OF PARKER TX CULTURAL EDUCATION FACILITIES, 27-0365113, 000000000, 12-30-2010, 23,000,000, CONSTRUCT & EQUIP POWER PLANT.

Part II Proceeds

Table with columns A, B, C, D. Rows 1-13 list various proceeds items like Amount of bonds retired, Total proceeds of issue, etc. Rows 14-17 are yes/no questions about bond issuance.

Part III Private Business Use

Table with columns A, B, C, D. Rows 1-2 are yes/no questions about private business use of bond-financed property.

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						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		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 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
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?								
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?								

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	JP MORGAN CHASE							
c Term of hedge	10 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B	Arbitrage - Exception to rebate Construction fund exempt from rebate based on two year spend down rules

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Scottish Rite Hospital for Crippled Children

Employer identification number
75-0818178

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DODGE CARTER RESIGNED 12019	GRANDSON TO TRUSTEE	33,180	EMPLOYEE/NON-OFFICER OF TSRHC		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS	SCHEDULE L, PART IV DODGE CARTER IS THE GRANDSON OF HAROLD D CARTER, TRUSTEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Scottish Rite Hospital for Crippled
Children

Employer identification number
75-0818178

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	4,870	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	304,094	MARKET VALUE
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	X	1	384,000	MARKET VALUE
16 Real estate—Commercial	X	2	4,527,000	MARKET VALUE
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Mineral Interests)	X	2	90	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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		

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, LINE 32A	SOLICITATION, PROCESSING, OR SALE OF NONCASH CONTRIBUTIONS TSRHC USES THIRD PARTY BROKERS TO SELL DONATED SECURITIES AND OTHER THIRD PARTY SPECIALISTS TO SELL OTHER NONCASH DONATIONS OF VEHICLES, REAL ESTATE AND OTHER ASSETS

SCHEDULE O
(Form 990 or 990-
EZ)

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 for the latest information.

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

Texas Scottish Rite Hospital for Crippled
Children

Employer identification number

75-0818178

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>FORM 990, BOX C TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN PROGRAM SERVICES - PATIENT CARE (CONT) FORM 990, PART III, LINE 4 THE NEUROLOGY PROGRAM PROVIDES CARE IN SPECIALIZED CLINICS FOR ORTHOPEDIC PATIENTS WHO HAVE RELATED NEUROLOGICAL DISORDERS AND NEUROMUSCULAR DISEASES SUCH AS TUBEROUS SCLEROSIS THE PEDIATRIC DEVELOPMENTAL DISABILITIES PROGRAM INCLUDES OUTPATIENT CLINIC VISITS FOR THE DIAGNOSIS AND TREATMENT OF CONDITIONS SUCH AS SPINA BIFI DA AND CEREBRAL PALSY ALL PROGRAMS, INCLUDING ORTHOPEDIC, NEUROLOGY AND LEARNING DISORDER S, TAKE AN INTERDISCIPLINARY APPROACH TO PROVIDING THE BEST POSSIBLE FAMILY-CENTERED CARE PROGRAM SERVICES - RESEARCH (CONT) FORM 990, PART III, LINE 4B HOSPITAL RESEARCHERS HAVE STRIVED TO DISCOVER NEW AND BETTER WAYS TO CARE FOR CHILDREN, AND HAVE GENERATED MORE THA T 30 PATENTS THEY HAVE MADE IMPORTANT DISCOVERIES THAT HAVE HELPED CHILDREN WORDWIDE, INC LUDING DISCOVERING THE FIRST GENE ASSOCIATED WITH IDIOPATHIC SCOLIOSIS AND TWO MORE GENETI C MARKERS OF THE CONDITION THROUGH RESEARCH, NEW DEVICES AND TREATMENT SYSTEMS HAVE BEEN CREATED, INCLUDING THE TSRH SILO 5 5 SPINAL SYSTEM, THE TRUE/LOK EXTERNAL FIXATION SYSTEM AND THE TRUE/LOK HEXAPOD SYSTEM PROGRAM SERVICES - EDUCATION (CONT) FORM 990, PART III, LINE 4C FOR 38 YEARS, IN ASSOCIATION WITH THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CEN TER, THE HOSPITAL HAS PROVIDED AN EXTRAORDINARY EDUCATIONAL EXPERIENCE IN THE FIELD OF PED IATRIC ORTHOPEDICS TO PROMISING ORTHOPEDIC SURGEONS NEARLY 200 PHYSICIANS HAVE BENEFITED FROM THE HOSPITAL'S FELLOWSHIP IN PEDIATRIC ORTHOPEDICS AND SCOLIOSIS, WITH MANY GOING ON TO HOLD PRESTIGIOUS MEDICAL POSITIONS ACROSS THE COUNTRY AND AROUND THE WORLD IN ADDITION , PHYSICIANS FROM SOME OF THE MAJOR HAND CENTERS HAVE TRAINED AT THE HOSPITAL IN THE SUB-S PECIALTY OF PEDIATRIC HAND SURGERY THE HOSPITAL ALSO PARTICIPATES IN RESIDENCY TRAINING P ROGRAMS IN NEUROLOGY, RHEUMATOLOGY, PSYCHOLOGY, RADIOLOGY AND PEDIATRIC DEVELOPMENTAL DISA BILITIES AFFILIATION PROGRAMS IN NURSING, PHYSICAL THERAPY, PROSTHETICS AND OTHER DISCIPL INES ALSO EXIST FAMILY AND BUSINESS RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 LY NDON L OLSON AND RON CARTER HAVE A BUSINESS RELATIONSHIP J ANTHONY HERRING, MD, CHARLES E JOHNSTON, MD, LORI KAROL, MD, B STEPHENS RICHARDS, MD, KARL E RATHJEN, MD, PHILIP L WILSON, MD, LAWSON A B COPLEY, MD, AMY MCINTOSH, MD, BRANDON RAMO, MD, R LANE WIMBERLY , MD, ANTHONY RICCIO, MD, HENRY ELLIS, MD, AND DANIEL J SUCATO, MD, HAVE A BUSINESS RELAT IONSHIP WITH ROBERT WALKER, WILLIAM HUSTON AND LORI DALTON IN THAT THE PHYSICIANS ARE DIRE CTORS OF PEDI-ORTHO HEALTH CORPORATION, AN ENTITY FOR WHICH TEXAS SCOTTISH RITE HOSPITAL F OR CHILDREN IS THE SOLE MEMBER, IN WHICH THE LATTER INDIVIDUALS SERVE AS OFFICERS LORI DA LTON AND KRISTINA KEEVER-SMITH HAVE A BUSINESS RELATIONSHIP IN THAT THEY ARE EMPLOYED BY T EXAS SCOTTISH HOSPITAL FOR CHILDREN AND ALSO SERVE AS OFFICERS OF LEGACY SCHOLARSHIP FUND, A RELATED ENTITY ROBERT L W</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	ALKER, LORI DALTON, WILLIAM HUSTON AND KARL RATHJEN HAVE A BUSINESS RELATIONSHIP IN THAT THEY ARE EMPLOYED BY TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN AND ALSO SERVE AS OFFICERS OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN FOUNDATION AN ENTITY FOR WHICH TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN IS THE SOLE MEMBER GOVERNING DOCUMENTS FORM 990, PART VI, SECTION A, LINE 4 IN APRIL 2019 THE BOARD OF TRUSTEES APPROVED THE AMENDMENT AND RESTATEMENT OF THE BYLAWS AND CERTIFICATE OF FORMATION THE AMENDMENT CHANGED THE COMPOSITION AND NUMBER OF TRUSTEES, PROVIDED FOR THE TRANSITION TO THE REVISED NUMBER OF TRUSTEES, ADDRESSED THE ROLE OF THE GOVERNANCE COMMITTEE, REVISED THE METHOD OF AMENDING THE BYLAWS, AND MADE CHANGES IN THE LANGUAGE REGARDING OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Process used to review the Form 990	FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED INTERNALLY IN CONJUNCTION WITH OUTSIDE ACCOUNTANTS AND THEN REVIEWED BY MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND DISCUSSION THE FORM 990 IS PROVIDED TO THE BOARD THROUGH ACCESS TO A SECURE PORTAL FOR REVIEW BEFORE IT IS FILED COMPLIANCE WITH WRITTEN CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION ANNUALLY REQUIRES OFFICERS, KEY EMPLOYEES AND TRUSTEES TO COMPLETE A CONFLICTS OF INTEREST FORM DISCLOSING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY ADDITIONALLY, THESE INDIVIDUALS ARE TO REPORT ANY NEW MATTERS THAT ARISE DURING THE YEAR IF THEY BECOME AWARE OF A TRANSACTION THAT IS UNDER CONSIDERATION THAT PRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ANNUALLY THE GENERAL COUNSEL PREPARES AND SUBMITS A SUMMARY OF THE DISCLOSED POTENTIAL CONFLICTS TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ADDITIONALLY, AT THE TIME A KEY STAFF MEMBER IS HIRED OR PROMOTED TO A POSITION WITH ADMINISTRATIVE OR MANAGEMENT RESPONSIBILITIES, THE ORGANIZATION PROVIDES THE INDIVIDUAL WITH A COPY OF THE CONFLICTS OF INTEREST POLICY AND THE INDIVIDUAL IS REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE FORM ALL MATERIAL FACTS SURROUNDING CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS INVOLVING A CONFLICT OF INTEREST ARE TO BE DISCLOSED TO ENSURE THAT THE CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR TO THE HOSPITAL AT THE TIME IT IS AUTHORIZED, APPROVED OR RATIFIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A AND 15B THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS AND APPROVES SALARIES AND BENEFITS FOR OFFICERS, MEMBERS OF THE MEDICAL STAFF AND KEY EMPLOYEES OF THE ORGANIZATION THE HOSPITAL REVIEWS VARIOUS EXECUTIVE/PHYSICIAN COMPENSATION SURVEYS, INCLUDING DATA FROM PEDIATRIC HOSPITALS AND PHYSICIAN PRACTICES ON BOTH A LOCAL AND NATIONAL BASIS BI-ANNUALLY, AN INDEPENDENT CONSULTANT REVIEWS SALARIES AND BENEFITS OF OFFICERS, PHYSICIANS AND KEY EMPLOYEES THIS REVIEW WAS LAST UNDERTAKEN IN FISCAL YEAR 2019 FOR OFFICERS AND MEDICAL STAFF GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND FINANCIAL STATEMENTS ARE MAINTAINED BY THE HOSPITAL AND ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 PENSION LIABILITY ADJUSTMENT \$ 39,499,818 CHANGE IN BENEFICIAL INTERESTS IN TRUSTS \$ 6,316,332 TOTAL \$ 45,816,150

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Scottish Rite Hospital for Crippled
Children

Employer identification number

75-0818178

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.

(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
(1) PEDI-ORTHO HEALTH CORPORATION 2222 WELBORN ST DALLAS, TX 75219 75-2665759	PHYSICIANS	TX	501(c)(3)	9	TSRH	Yes	
(2) TSRHC SCHOLARSHIP FD (DBA LEGACY SCHLRP) 2222 WELBORN ST DALLAS, TX 75219 75-2106637	SCHOLARSHIPS	TX	501(c)(3)	7	NA		No
(3) TEXAS SCOTTISH RITE HOSPITAL TRUST C/O JPMORGAN CHASE POB 3038 MILWAUKEE, WI 53201 75-6013875	SUPPORT ORG	WI	501(c)(3)	12D, III-O	NA		No
(4) TSRH FOR CHILDREN FOUNDATION 2222 WELBORN ST DALLAS, TX 75219 46-0683787	SUPPORT ORG	TX	501(c)(3)	7	TSRHC	Yes	

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	

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

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

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

	Yes	No
1 During the tax year, did the 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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEDI-ORTHO HEALTH CORPORATION	b	90,465	MARKET
(2) PEDI-ORTHO HEALTH CORPORATION	L	945,948	MARKET
(3) PEDI-ORTHO HEALTH CORPORATION	M	58,966	MARKET
(4) PEDI-ORTHO HEALTH CORPORATION	Q	1,356,891	MARKET
(5) TSRH FOR CHILDREN FOUNDATION	C	317,005	MARKET
(6) PEDI-ORTHO HEALTH FOUNDATION	O	65,762	MARKET

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-0818178
Name: Texas Scottish Rite Hospital for Crippled
Children

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

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type(a-s)	Amount Involved	Method of determining amount involved
(1)	PEDI-ORTHO HEALTH CORPORATION	b	90,465	MARKET
(1)	PEDI-ORTHO HEALTH CORPORATION	L	945,948	MARKET
(2)	PEDI-ORTHO HEALTH CORPORATION	M	58,966	MARKET
(3)	PEDI-ORTHO HEALTH CORPORATION	Q	1,356,891	MARKET
(4)	TSRH FOR CHILDREN FOUNDATION	C	317,005	MARKET
(5)	PEDI-ORTHO HEALTH FOUNDATION	O	65,762	MARKET