For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

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.

DLN: 93493321016880 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: Children's Health System of Texas ☐ Address change 75-2062019 ☐ Name change Doing business as Children's Health ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1935 Medical District Drive ☐ Amended return ☐ Application pending (214) 456-7000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 54,223,770 Name and address of principal officer: H(a) Is this a group return for Christopher J Durovich □Yes ☑No subordinates? 1935 Medical District Drive H(b) Are all subordinates Dallas, TX 75235 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 1985 M State of legal domicile: TX **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: TO ASSIST IN THE MANAGEMENT OF RELATED 501(C)(3) ORGANIZATIONS Activities & Governance 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) . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 8,871 **6** Total number of volunteers (estimate if necessary) 6 13 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 10,298,700 2,842,176 Ravenue 107,928,981 49,483,188 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 50,101 1,623,703 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 118,277,782 53,949,067 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 183,312,437 176,876,374 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . -126,076,287 -121,144,807 55,791,567 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 57,236,150 Revenue less expenses. Subtract line 18 from line 12 . 61,041,632 -1,842,500 Net Assets or Fund Balances **Beginning of Current Year End of Year** 681,346,353 1,076,884,114 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,365,309,737 1,803,320,648 22 Net assets or fund balances. Subtract line 21 from line 20 . -683,963,384 -726,436,534 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 Signature of officer Sign Here Robert Fries Senior Vice President, Finance Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00520729 Paid self-employed Firm's name ► CROWE LLP Firm's EIN > 35-0921680 Preparer Use Only Firm's address ► 750 N St Paul Suite 850 Phone no. (214) 777-5200 Dallas, TX 75201 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt III Statemer	nt of Program Service	ce Accomplis	hments		
	Check if Sch	hedule O contains a resp	onse or note to	any line in this Part III .		🗆
1		e organization's mission:				
		AGEMENT OF RELATED 50 N TO MAKE LIFE BETTER			ART OF AN INTEGRATED PEDIATE	RIC HEALTH CARE
2	Did the organizatio	on undertake any significa	ant program ser	vices during the year whice	ch were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe t	these new services on Sc	hedule O.			
3	Did the organizatio	on cease conducting, or n	nake significant	changes in how it conduc	ts, any program	
						☐ Yes ☑ No
4	Describe the organ Section 501(c)(3)	nization's program service	e accomplishmer ons are required	to report the amount of	rgest program services, as measi grants and allocations to others, t	
4a	(Code:) (Expenses \$	17,080,142	including grants of \$	60,000) (Revenue \$	49,483,188)
	See Additional Data		, ,			, , ,
	-					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program ser	vices (Describe in Sched	ule O.)			
	(Expenses \$		luding grants of	•) (Revenue \$)
4e	Total program se	ervice expenses >	17.080.1	42		

				rage 3
Pa	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	BOLD 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,	1	

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

20a

20b

21

Yes

m	990 (2019)			Page 4
⊃ar	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	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	
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	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):			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
2	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
)	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	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
	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? If "Yes," complete Schedule R, Part VI	37		No
	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	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		✓
а	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 809		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

1c

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

Pai	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines ✓
Se	ction	A. Governing Body and Management			
				Yes	No
1 a	Enter	the number of voting members of the governing body at the end of the tax year 1a 14			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 13			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6		No
7a	Did th mem	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b		ony governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	governing body?	8 a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to icts?	12b	Yes	
С	Did th Sched	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13	Yes	
14	Did th	he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did th taxab	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a	Yes	
b	in joii	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?			
			16b	Yes	
		C. Disclosure			
17		he states with which a copy of this Form 990 is required to be filed			
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
19	Descr	Own website Another's website Upon request Other (explain in Schedule O) ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year.			
20	State	y, and financial statements available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books and records: y Yeager 1935 Medical District Drive Dallas, TX 75235 (214) 456-7000			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization and any related organizations for the order in which to list the persons above. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per below dotted line line average hours per below dotted line line line line average hours per below dot	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee Position (w-2/1099- MISC) Officer Institution (w-2/1099- MISC) Officer Institution (w-2/1099- MISC) Officer Institution (w-2/1099- MISC) Officer Institution (w-2/1099-	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	990 (2019)	T		<u></u>				11:1	h+ C		d F	- L i \	Page 8
Part	•	1	s, Key I	<u>Empl</u>			, and	Higl					
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/t	ot che unles fficer trust		son a	Repo compo froi organ	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estima amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	ISC)	MISC)	relat organiza	ed
See A	additional Data Table					\vdash	 	+					
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	ub-Total						•						
	otal from continuation sheets to Pa otal (add lines 1b and 1c)	•		 			<u>▶</u>		24,	201,173	0		4,330,406
	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov	e) who	rec	eived mo	re than \$1	00,000		
	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	•	mpl •	oyee,	or hi	ighest cor	mpensated	employee on	Yes Yes	No
	For any individual listed on line 1a, is organization and related organizations individual												
	Did any person listed on line 1a receiv services rendered to the organization									tion or indi			No
	ction B. Independent Contract				_	_							
	Complete this table for your five higher from the organization. Report comper	nsation for the c									n's tax year.	_	
	Name a	(A) and business addre	ess							Desc	(B) ription of services	Comper	
	MCVOY LLC					_				Marketing		9	,769,643
Minnea	apolis, MN 55401 ECTION				—	—				IT services a	and equipment	8	,267,564
	x 536464 irg, PA 15253												
EPIC S	YSTEMS CORPORATION				-					Healthcare E	Billing	5	,780,650
	3314 :ee, WI 53288 RAL DATATECH LP									Technology		1 4	,609,715
999 Me	etroMedia Pl , TX 75247									,			101
	OTAL OFFICE OF TEXAS LLC					_					ment Maintenance and	4	,348,397
Dallas,	Clifford Dr ,TX 75220									Repair			
	otal number of independent contractor ompensation from the organization > 1		: not lim	ited t	:o th	ose	listed	abov	ve) who r	received m	ore than \$100,000 o		- (22 (2)
												Form 99	n (2019)

Part '	VIII	Statement Check if Scher			resna	onse or note to an	/ line in this Part VIII			
		Check if Sched	aule	O CONTAINS A	respo	onse of note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
0	1a	Federated campa	aigns		1 a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership due	s.	. [1 b					
, Gr		Fundraising ever		Ŀ	1c					
ar /		Related organiza		Ŀ	1 d	2,842,176				
is, (si		Government grants All other contribution		Ļ	1e	<u> </u>				
tion er S	ľ	and similar amount	s not	included	1f					
ë ë	g	Noncash contribution	ons in	cluded in	_					
ont nd (١.		1 - 1	<u> </u>	1 g					
<u>a</u>	_ n	Total. Add lines	1a-1		•	P	2,842,176	Т		1
	2a	Health System Service	ce Rev	venue		Business Code	49,483,188	49,483,188		
en						622110				
Program Service Revenue	b									
e. 25	c									
er vic										
ري ح	d									
gra	e									
Ĕ							0	0		0 0
		All other program				40 403 100				
		Total. Add lines 2				49,483,188 interest, and other	1			
	si	milar amounts) .				i	1,/6/,55	5		1,767,555
		ncome from invest		t of tax-exer		_	• •			
		,		(i) Rea		(ii) Personal				
	6a -	Gross rents	6a							
	b	Less: rental	Н							
		expenses Rental income	6b							
		or (loss)	6с		(<u>o</u>			
	d	Net rental income	e or (· · · · · · · · · · · · · · · · · · ·		(ii) Others				
	7a -	Gross amount		(i) Securi	ties	(ii) Other				
		from sales of assets other	7a			130,85	51			
		than inventory Less: cost or								
	_	other basis and sales expenses	7b			274,70	03			
		Gain or (loss)	7c			-143,85				
		Net gain or (loss)	Ш			1	-143,85	2		-143,852
a.	8a	Gross income from fu		ising events						
ž		(not including \$ contributions reporte								
Other Revenue		See Part IV, line 18			8a					
er		Less: direct expension Net income or (los			8b na ev	ents 🕨				
		Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ises		9b					
	C	Net income or (los	ss) fr	om gaming a	ctivit	ies >				
	10a	Gross sales of inve	entor	y, less						
		returns and allowa	ances	· .	10a					
		Less: cost of good			10b					
-		Net income or (los Miscellaneo			nvent	Business Code				
ļ	11 a	a								
			_							
	b									
										1
	C									
	ً ام	All other revenue						0 (0 0
		Total. Add lines 1				🕨				
	12	Total revenue. S	See ir	structions .				0		
							53,949,06	7 49,483,188	3	0 1,623,703

Form 990 (2019) Part IX Statement of Functional Expenses				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to any		_		🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	60,000	60,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,001,205	5,035,868	11,965,337	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	124,516,328	36,882,550	87,633,778	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,167,239	1,027,442	4,139,797	
9 Other employee benefits	20,565,265	4,888,757	15,676,508	
10 Payroll taxes	9,626,337	2,396,014	7,230,323	
11 Fees for services (non-employees):				
a Management				
b Legal	2,488,535		2,488,535	
c Accounting	713,316		713,316	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,118,934	14,759,043	23,359,891	0
12 Advertising and promotion	15,314,202	403,438	14,910,764	
13 Office expenses	7,761,864	150,662	7,611,202	
14 Information technology	51,439,405	8,567,294	42,872,111	
15 Royalties				
16 Occupancy	32,928,251	5,417,586	27,510,665	
17 Travel	1,351,847	277,304	1,074,543	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,138,480	1,002,066	2,136,414	
20 Interest	193,853	193,853		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,565,206	9,019,356	20,545,850	
23 Insurance	23,741,196		23,741,196	
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 Health System Allocated Shared Services	-374,778,477	-114,332,387	-260,446,090	
b Community Relations	38,600,024	38,600,024		
c Medical Surgical Supplies	2,136,262	1,925,080	211,182	
d Dietary and Food Costs	448,513	62,921	385,592	
e All other expenses	5,693,782	743,271	4,950,511	0
25 Total functional expenses. Add lines 1 through 24e	55,791,567	17,080,142	38,711,425	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

3

Assets

15

16

17

18

19

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21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 80,226,687

375,026,021

28,306,675

6,247,349

42,819,225

144,928,406

399,329,751

51,738,582

4,299,919

1,747,282,147

1.803.320.648

-726,436,534

-726,436,534

1,076,884,114

Form 990 (2019)

1,076,884,114

(B) End of year

Page **11**

Cash-no	n-in	terest-	bearing						
Savings	and	tempo	rary cash	inv	estr	nen	ts		
Pledges	and	grants	receivab	le, r	et				

Loans and other payables to any current or former officer, director, trustee,

Accounts receivable, net

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a 10b

basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 Intangible assets .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

11 12 13 14

Accounts payable and accrued expenses

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

319,810,777 174,882,371

115,538,780

Beginning of year

100,478,576

107,524,374

43,711,164

2.771.586

11,406,417

0 5

0 6

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4,858,545

1,279,344,029

1.365.309.737

-683,963,384

-683,963,384

681,346,353

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 75-2062019

Name: Children's Health System of Texas

Form 990 (2019)

Form 990, Part III, Line 4a: Children's Health System of Texas (CHST) assists in the management of related 501(c)(3) organizations that are part of an integrated pediatric health care system with a mission to make life better for children. CHST supports two full-service hospitals and one specialty hospital as well as an extensive network offering virtual, urgent, primary, specialty care and more to the children of North Texas and beyond.

(A) Name and Title (B) (C) (D) (E) (F) Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other compensation week (list is both an officer and a from the from related he

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

and Independent Contractors

Lee Hobson

Lee Jackson

Lou Grabowsky

Director

Director

Director

	any hours		otn ai direct			and a ee)	1	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Christopher J Durovich	57.0	X		x				3,413,104	0	207,572
President & CEO	3.0							3,413,104	0	207,372
Anne Motsenbocker	1.0	Х						0	0	0

Christopher J Durovich	57.0	V	\ _\		2 442 404		207
President & CEO	3.0	^	Х		3,413,104	0	207
Anne Motsenbocker	1.0	v			0	0	
Director	0	^			J	0	
Caren Kline	1.0	V			0		
Director	1.0	Χ			0	0	

President & CEO	3.0	^	^		3,413,104		207,372
Anne Motsenbocker	1.0	l					
Director	0	X			0	0	0
Caren Kline	1.0	l					
Director	1.0	X			0	0	0
Charles Matthews Jr	1.0	l			_	_	_
Director	0	X			0	0	0
Connie O'Neill	1.0						

				_			
Christopher J Durovich	57.0		.,				
President & CEO	3.0	×	X		3,413,104	0	207,572
Anne Motsenbocker	1.0						
Director	0	X			0	0	0
Caren Kline	1.0					_	_
Director	1.0	×			0	0	0
Charles Matthews Jr	1.0						_
Director	0	X			0	0	0
Connie O'Neill	1.0						
Director	1.0	X			0	0	0
Ed Heffernan	1.0						
Chairman	2.0	×			0	0	0
						i e	

Director	0						
Caren Kline	1.0						
Director	1.0	Х			0	0	0
Charles Matthews Jr	1.0				_		_
Director	0	Х			0	0	0
Connie O'Neill	1.0						
Director	1.0	Х			0	0	0
Ed Heffernan	1.0						
Chairman	2.0	Х			0	0	0
John Eagle	1.0						
Director (contil 5/7/10)		X			0	0	0

Connie o Nein		v				0	٥	۸ .
Director	1.0	^				0		Ů
Ed Heffernan	1.0	.,						
Chairman	2.0	X				0	0	U
John Eagle	1.0					_		_
Director (until 5/7/19)	1.0	Х				0	0	0

0

1.0

1.0

1.0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation from the

organization and related organizations

0

488,378

945.604

690,250

620,876

499,298

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447,960

19,000

149,591

85,654

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

	any hours	(direct	or/t		,		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Michael Dardick	1.0	X						0	
Director	1.0							0	
Rebecca Egelston Caso	1.0								
Director	1.0	Х						0	
Robert A Chereck	1.0								

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1.0

1.0

2.0 47.0

3.0 54.0

1.0 46.0

4.0 50.0

5.0 50.0

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and Independent Contractors

Director

Director

Director

Amy Yeager

James Herring

EVP & Chief of Staff

Secretary (until 10/18/19)

Jeffrey Vawrinek

Jeremiah Radandt

EVP Finance & CFO

Julie C Hall-Barrow

Steven M Gruber

Thomas A Montgomery

SVP, General Counsel, & Secretary

SVP Network Development and Innovation

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related from the

169,068

275,752

191,178

67,689

92,587

111,772

0

0

0

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

	any hours director/trustee) organization (W- organizations								from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Kenneth Stewart	54.0			x				585,142	0	197,709
EVP Compliance & Legal Affairs	1.0							303,142	Ŭ	137,703
Kerî A Kaiser	50.0			x				615.198	0	136.589

50.0

0.0 53.0

2.0 50.0

5.0 44.0

6.0 50.0

50.0

.

and Independent Contractors

Pamela Arora

Peter C Perialas

Richard P Goode

Tammie L Sibley

Thomas Burt

William M Elvey

SVP Information Svcs & CIO

SVP Finance (until 11/6/19)

SVP Human Resources Operations

SVP Facilities and Real Estate

President CHCN & Chief Strategy Officer

President Corporate Services & CFO (until 9/23/19)

Kenneth Stewart	54.0						
EVP Compliance & Legal Affairs	1.0		Х		585,142	0	197
Keri A Kaiser	50.0				C1E 100	0	126
SVP Marketing/Comm. & Chief Market/Exp Officer	0.0		X		615,198	U	136
Kimberly Besse	55.0						
,			Х		794,946	0	260

		ीं क		sated			
Kenneth Stewart	54.0						
EVP Compliance & Legal Affairs	1.0		X		585,142	0	197,709
Keri A Kaiser	50.0						
SVP Marketing/Comm. & Chief Market/Exp Officer	0.0		×		615,198	0	136,589
Kimberly Besse	55.0						_
EVP & Chief HR Officer	0.0		Х		794,946	0	260,271
Matthew P Moore	50.0				403 946	0	79 610

Kenneth Stewart	54.0				585,142		197,709
EVP Compliance & Legal Affairs	1.0		^		385,142		197,709
Keri A Kaiser	50.0						
SVP Marketing/Comm. & Chief Market/Exp Officer	0.0		×		615,198	0	136,589
Kimberly Besse	55.0						
EVP & Chief HR Officer	0.0		X		794,946	0	260,271
Matthew P Moore	50.0						
SVP Government Relations & Public Policy			X		403,846	0	78,619

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920,150

1,013,454

1,076,840

1,152,385

436,232

854,491

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation from related is both an officer and a week (list from the compensation from the

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423,698

661,096

441,106

1,032,949

1,113,867

724,027

408,731

organization and related organizations

0

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0

0

0

0

93,057

78,275

81,571

80,705

81,386

73,976

285,216

214,261

139,188

74,187

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

	any hours		direct	or/tr	ruste	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Christopher Menzies	25.0					,,		500 507	
VP Chief Med Information Officer	25.0					X		598,597	
Javier Montemayor	50.0								
SVP CCO Accreditation and Reg Affairs	0					X		421,573	
Joe Cavender	49.0								
			l			Х		440,574	

1.0 50.0

25.0

25.0 50.0

0.0

55.0 0.0

55.0

54.0 50.0

.

and Independent Contractors

VP & ASSOC CNO

Patricia Gonzalez

Rustin Morse MD

Brenda Paulsen

Former Officer

Former Officer

David T Berry

Former Officer

Doris E Hunt

Former Officer

Douglas Duwe

Former Officer

Brent E Christopher

Chief Health Equity and Inclusion Officer

SVP Quality and Safety and Chief Quality Officer

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation the

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

and Independent Contractors

Former Officer

Former Officer

Stephanie K Smith

Former Corporate Secretary

Ray Tsai MD

Sue L Schell

Former Officer

	any hours	' '						organization (W-	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee)ēr	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Holland K Hassmann	50.0						х	409,496	0	72,253	
Former Officer	0.0						^`	103,130		, 2,233	
Jodi L Landon	0.0										

Holland K Hassmann	50.0			x	409,496	0	72,253
Former Officer	0.0			^	409,490	0	72,233
Jodi L Landon	0.0			X	496,948	0	90 505
Former Officer	50.0				490,940	0	89,505
Mark E Ziemianski	50.0				410 554	0	05.800
Former Officer	0.0			Х	418,554		85,899
Matthew M Davis	0.0						

......

55.0 0.0

55.0 40.0

0.0 50.0 735,761

812,977

154,475

396,550

Х

147,883

161,690

4,593

75,750

efil	e GR	APHIC pri	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493321016880
	HED m 99	OULE A			Charity Statu			ort	OMB No. 1545-0047
990I		o or			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	empt charitable 990 or Form 99	trust. 00-EZ.		2019
		f the Treasury	▶ (io to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	the latest info	ormation.	Open to Public Inspection
Nam	e of tl	he organiza ealth System of						Employer identific	ation number
cilliar	CIT 5 TIC	dien System of	Texas					75-2062019	
	rt I				us (All organization			See instructions.	
_	organiz		•		e it is: (For lines 1 thro	•		(A)(:)	
1		•		,	ssociation of churches				
2	Ш				1)(A)(ii). (Attach Sch	,	, ,		
3			·	•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). Ei	nter the hospital's
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descril	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7		section 17	'0(b)(1)(A)(vi). (Complete	· ·		_	init or from the genera	al public described in
8			•		170(b)(1)(A)(vi).	•	•		
9		non-land g	ant college o	f agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit	ies related to income and i	its exempt fur Inrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12	✓	more public	ly supported	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b	✓	Type II. A manageme	supporting or nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally i		and C. supporting organizatio ions). You must com				ted with, its
d		Type III n	on-function integrated.	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	` '
e		Check this	, box if the org	anization recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	functionally
f	Enter		, ,	,		-		<u> </u>	0
g	Provi	ide the follow	ing information	on about the su	upported organization(s).			
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Sec	∆dditi	onal Data Tal	nle						
566	, waith	J. J. Data Ta							
Tota	l		8					372,453,794	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
box and stop here. The organization qualifies as a publicly supported organization $\dots \dots \dots \dots \dots \dots \dots \dots \dots $							▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for								
	(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.)								
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)		
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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								
4	under section 513 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								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	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.)								
Se	ection B. Total Support		1				Г		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.								
С	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								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and stop here						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15	Public support percentage for 2019 (lin		•			15			
16	Public support percentage from 2018 S	-	<u> </u>			16			
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17			
17 10	Investment income percentage for 201	-		-		17			
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•				
20	Private foundation. If the organization	-	-						
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖		

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

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Yes

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2019

5a

6

7

8

10a

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	Yes	
_	Did the committee have any commented committee that does not have an IRC determination of status and a continu FOO			

	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	Yes	
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		N
_				-

	If No, describe in Fait VI now the supported organizations are designated. If designated by class of purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
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		No
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		No

		-	163	
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		No
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		No
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			

3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below.	3a		No	
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.				
С	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.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				

	Delow.	3a		No	
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.				
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.				
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.			No	
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

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

(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

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

Sche	edule A (Form 990 or 990-EZ) 2019		F	age 5
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11a		No
b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No
50	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		res	NO
2	Did the expanisation energia for the honefit of any connected expanisation other than the connected expanisation(e) that	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		No
30	ection D. All Type III Supporting Organizations		Yes	No
1	Did the every leading appried to each of the every lead appropriate by the last day of the fifth mouth of the every leading.		165	NO
_	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			
	ecuments in effect on the date of notification, to the extent not previously provided? ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization aintained a close and continuous working relationship with the supported organization(s).			
2				
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ons):		
4	The organization satisfied the Activities Test. Complete line 2 below.			
1	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		,	
	- Did substantially all of the agenciation's activities during the tay your disastly from the agency to your activities of the		Yes	No
•	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? 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.	2a		
1	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? 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.	21		
3		2b		
	Parent of Supported Organizations. Answer (a) and (b) below. 2. Did the erganization have the power to regularly appoint or elect a majority of the efficers, directors, or trustees of each of	2~		
	 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? Provide details in Part VI. b Did the organization everying a substantial degree of direction every the policies, programs and activities of each of its. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

	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 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide			
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6				
2 Underdistributions if any for years prior to 2019				

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Schedule A (Form 990 or 990-EZ) 2	.019 Pag	ge 8					
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Bb, 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 es 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See						
	Facts And Circumstances Test							
990 Sched	lule A, Supplemen	tal Information	_					
Ret	Return Reference Explanation							
Schedule A, Type of Org	, Part I, Line 12g(ii) Janization	Children's Med Ctr Research Inst at UTSWMC - 509(a)(3) Type I; Pediatric Partners - 509(a) (3) Type I; Physicians Quality Alliance of North Texas - 509(a)(3) Type I;						

990 Schedule A, Supplement	90 Schedule A, Supplemental Information					
Return Reference	Explanation					
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup. Org.	CHST Physician Group 2 (81-3679995), CHST Physician Group 3 (81-3691209), CHST Physician G roup 4 (81-4577909), CHST Physician Group 5 (81-4848085), and CHST Physician Group 6 (81-4865847) were dissolved with the State of Texas and their final tax returns were filed in 2 018. CHST Physician Group 1 (81-3582843) no longer qualifies as a tax exempt organization and filed as a for-profit corporation in 2019.					

Return Reference	Explanation
Schedule A, Part IV, Section C, Line 1 Majority director detail	The fact that the management of CHST is vested in the same persons that control and manage the supported organizations allows CHST and its supported organizations to function colle ctively as a health system. CHST provides management and administrative support to the sup ported organizations and various other services that further the supported organizations' tax-exempt purpose of providing health services to the community. The fact that one or mor e members of the core leadership team of each of the supported organizations is also a mem

nds of the supported organizations.

ber of the CHST core leadership team assures that CHST is responsive to the needs and dema

990 Schedule A. Supplemental Information

Additional Data

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 75-2062019

Name: Children's Health System of Texas

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

Form 990, 3cm A, Part I, Line 129	1101140	the renething inter	mation ab		apported organiza	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
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efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493321016880

OMB No. 1545-0047

2019

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.

Open to Public

Schedule D (Form 990) 2019

Cat. No. 52283D

Department of the Treasury

(Form 990)

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

Na	me of the organization		Employer identification number
Chil	ldren's Health System of Texas		75-2062019
Pa	ort I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
;	Did the organization inform all donors and donor adviso	I rs in writing that the assets held in donor ad	vised funds are the
	organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	-	□ fes □ No
	charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Ye		
•	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat	☐ Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organization during the
Ļ	Number of states where property subject to conservation	n easement is located >	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		
			∐ Yes ∐ No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	inservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		
)	In Part XIII, describe how the organization reports cons	ervation easements in its revenue and exper	
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	ts.	
ali	Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for final	
а	Revenue included on Form 990, Part VIII, line 1	, , ,	▶\$
b	Assets included in Form 990, Part X		·
	,		·

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

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

 \boldsymbol{d} Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other .

	edule D (Form 990) 2019							Page 7
	t III Organizations Maintaining							
3	Using the organization's acquisition, acceitems (check all that apply):	ssion, and othe		any of t	he following	that are a significant (use of its coll	ection
а	Public exhibition		d	Ш	Loan or exch	ange programs		
b	☐ Scholarly research		е		Other			
С	Preservation for future generations	;						
4	Provide a description of the organization Part XIII.	s collections and	d explain how the	y furth	er the organi	zation's exempt purpo	se in	
5	During the year, did the organization soll assets to be sold to raise funds rather th						☐ Yes	□ No
Pai	rt IV Escrow and Custodial Arra Complete if the organization a X, line 21.		" on Form 990	, Part 1	:V, line 9, o	r reported an amou	unt on Form	990, Part
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	stodian or other	intermediary for	contrib 	utions or oth	er assets not 	Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and compl	ete the following	table:		A	mount	
С	Beginning balance	•	_			1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o	on Form 990, Pa	rt X, line 21, for	escrow	or custodial a	account liability?	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part						_	
	art V Endowment Funds.	7 CITTO OTTO OTTO	e ii eiie explaitati	011 1145	been promae			
	Complete if the organization a	answered "Yes	" on Form 990	, Part I	V, line 10.			
	, ,	(a) Curre		rior year		years back (d) Three ye	ars back (e) F	our years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losse	5						
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	•	d balance (line 1	g, colum	nn (a)) held a	as:		
а	Board designated or quasi-endowment							
b	Permanent endowment ►	•••••						
c	Temporarily restricted endowment ►							
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.					
3a	Are there endowment funds not in the poorganization by:	ssession of the	organization that	are he	ld and admin	istered for the		Yes No
	(i) unrelated organizations						3a(i)	
b	(ii) related organizations If "Yes" on 3a(ii), are the related organiz		required on Sche	 dule R?			3a(ii) 3b	
4	Describe in Part XIII the intended uses o		•		•	· · · · ·		
Paı	rt VI Land, Buildings, and Equip Complete if the organization a	ment.			V. line 11a	. See Form 990 Pa	rt X. line 10).
	Description of property (a) Cost	or other basis estment)	(b) Cost or other			cumulated depreciation		ook value
1a	Land			69,975	5,251			69,975,25
	Buildings			11,90	,808	1,521,057		10,380,75

4,307,564

4,797,891

228,828,263

2,913,177

56,861,336

4,797,891

1,394,387

171,966,927

(A) (B) (C) (C) (D) (E) (F) (G) (H) Tetal. Containe (b) mease equal form 990, Part X, col (d) lines 12/3. Tetal Containe (b) mease equal form 990, Part X, col (d) lines 12/3. (a) Description of investment: (b) Sook value (c) Method of valuation: Cost or and of-year market value (d) (e) Method of valuation: Cost or and of-year market value (d) (e) (f) (g) (g) (g) (h) (g) (g) (g) (g	Part VII	Investments—Other Securities.	Dort IV	ino 11k	Soo Form 000 I	Part V line 12
(3) Coasy-helic equity interests		(a) Description of security or category	(b) Book		(c) Metho	d of valuation:
(5) (C) (C) (D) (E) (E) (E) (F) (G) (H) (H) (Total, (Column (6)) must equal form 990, Pert X, cat. (9) line 12.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 12.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 12.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 12.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 13. **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 15.) **Total (Column (6)) must equal form 990, Pert X, cat. (9) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, Pert X, cat. (8) line 25.] **Total (Column (6)) must equal form 990, P						
(G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)					
(5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(B)					
Fig.	(C)					
(F) (G) (G) (F) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)					
(G) (H) Total. (Column (b) must equal form 990, Part X, col. (8) line 12.) Part VIII Total (Column (b) must equal form 990, Part X, col. (8) line 12.) (a) Description of investment: (b) Book value (c) Method of valuation: Cost or en-or-ty-part mirks value (d) (d) (e) (f) (g) (g) (g) (h) (h) (h) (h) (g) (h) (h	(E)					
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.) Part XY Ine 13.	(F)					
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Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)					
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(7)					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		n (b) must equal Form 990, Part X, col.(B) line 25.)			•	1,747.282.147
						ments that reports the

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c	7	
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12.)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Par		Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments				
c	Other losses	7			
d	Other (Describe in Part XIII.) .	7			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
Pai	t XIIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	t V, line 4;	; Part X, line 2; Part
	Return Reference	Explanation			
See A	Additional Data Table				

chedule D (Form 990) 2019				
Part XIII	Supplemental Info	rmation (continued)		
Retur	n Reference	Explanation		

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655
Software Version: 2019v5.0

EIN: 75-2062019

Name: Children's Health System of Texas

Supplemental Information

Return Reference Explanation

Schedule D, Part X, Line 2 FIN
48 (ASC 740) footnote The authoritative guidance in ASC 740 Income Taxes, creates a single model to address unce rtainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in

rtainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated balance sheets. The statute of limitations remains open for tax years 2016 through 2019 in Children's Health main taxing jurisdictions.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321016880 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Children's Health System of Texas 75-2062019 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments and independent fundraising, program specific type of in the region region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) Central America and the 0 0 Investments 30,144,287 Caribbean 30,144,287 3a Sub-total . **b** Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 30,144,287 Cat. No. 50082W

Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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

	Page	chedule F (Form 990) 2019	Schedu
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	ditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Part
Explanation	Explanation	ReturnReference	
		_	

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Note: To capture the full c	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n 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.							2019	
Department of the Treasury Internal Revenue Service	Co	_	► Attach to Form Nirs.gov/Form990 for	990.				Open to Public Inspection	
Name of the organization Children's Health System of Texa:							Employer identific 75-2062019	cation number	
Part I General Informa	ation on Grants	and Assistance							
 Does the organization main the selection criteria used t Describe in Part IV the organization 	o award the grants anization's procedur	or assistance? es	e of grant funds in the Un	ited States.		•		☑ Yes □	
		estic Organizations ar can be duplicated if add		nts. Complete if the or	rganization answered "Yes"	on Form	990, Part IV, line	21, for any recipient	
(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)		Description of ish assistance	(h) Purpose of grant or assistance	
(1) Ronald McDonald House of Dallas 4707 Bengal St Dallas, TX 75235	75-1609401	501(C)(3)	50,000					General Support	
(2) Dallas Regional Chamber 500 North Akard Street STE 2600 Dallas, TX 75201	75-0223440	501(C)(6)	10,000					Tomorrow Fund	
2 Enter total number of section 3 Enter total number of other	r organizations listed	d in the line 1 table						nedule I (Form 990) 2019	

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

Standard policies and procedures for the grant administration process are established for the purpose of assisting staff in their efforts to administer grant programs in accordance with the rules and regulations governing those programs. It is the responsibility of the project director to monitor that the funds are used for their intended

Page 2

Schedule I (Form 990) 2019

Explanation

purpose.

Schedule I (Form 990) 2019

(3)

(4)

(5)

(6)

(7)

Part IV

grant funds.

Return Reference
Schedule I, Part I, Line 2

Procedures for monitoring use of

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Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(Form 990)		For certain Officer		rustees, Key Employees, and Hig	hest			
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	20	119)
D			▶ Attach	to Form 990. instructions and the latest inform		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	<u>/101111990</u> 101	mistractions and the latest miori		Insp	ectio	n
	n <mark>e of the organiz</mark> dren's Health Syster				Employer identifica	tion nu	ımber	
					75-2062019			
Pa	rt I Questi	ons Regarding Compensati	on				I	
1 a				the following to or for a person lister			Yes	No
		,	II to provide an	y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p	•			
	_	companions nification and gross-up payments	H	Payments for business use of person Health or social club dues or initiation				
		nary spending account		Personal services (e.g., maid, chauf				
				, , , ,	, ,			
b	reimbursement	or provision of all of the expenses	described abov	follow a written policy regarding payı ve? If "No," complete Part III to expla		1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lin	ne 1a?	2	Yes	
	•	· · · · · ·						
3		if any, of the following the filing o EO/Executive Director. Check all t		d to establish the compensation of the	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa-	tion committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a	Yes	
b		r receive payment from, a supple				4b	Yes	
C	•			nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	: III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		n?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	8		No
For F	<u>``</u>	iction Act Notice, see the Insti			 i0053T Schedule 3	9 (Forn	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Page 3

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** Schedule J, Part I, Line 3 PROCESS TO

ESTABLISH COMPENSATION OF TOP

Explanation The Children's Health System of Texas (CHST) process for determining executive compensation is as follows: The Human Resources Committee (Committee) of the CHST Board is responsible for setting the compensation for executives. The Committee is comprised of independent, non-employee directors. A written

whenever the specific nature of the CHST role requires additional comparator groups to be used.

MANAGEMENT OFFICIAL

compensation surveys. The HR Committee engages the services of an independent compensation consultant for executive compensation. COMPENSATION PROGRAM COMPONENTS: The elements of total compensation provided to CHST executives include: - Cash compensation (i.e., base salary, short-term and longterm incentive compensation, and/or other cash compensation), determined in consideration of competitive market practices, organizational and individual performance, recruitment and retention considerations, and other relevant factors, - Standard benefits, assisting in each executive's medical, dental, disability, life insurance, time off, and retirement needs, reflective of the employment status (i.e., full or part time) of the executive. - Supplemental benefits, including supplemental insurance, retirement benefits, and/or other supplemental benefits determined by the Committee to be appropriate and reasonable in relation to marketplace practices. Compensation and benefits decisions are made in consideration of each executive's position, responsibilities, skills, effort, and performance,

compensation philosophy has been developed by the Human Resources Committee for timeliness and appropriateness and defines the desired peer groups for

in relation to documented practices within the appropriate comparator group(s). PEER GROUP: The Committee has defined its primary peer group for executives as not-for-profit health care organizations similar in size, structure, and complexity. This group will include leading pediatric health systems as well as integrated health systems and academic medical centers. - Data will be compiled in a manner consistent with the IRS Intermediate Sanctions rules of federal tax law, to reflect what is "ordinarily paid to like executives by like enterprises under like circumstances." - In certain circumstances, market data from additional comparator groups (e.g., research institutions, insurance industry, and general industry companies) may also be referenced. - The specific nature of the role at CHST will be considered when adding comparator groups outside of the primary peer group, and the Committee will discuss and agree on the appropriateness of adding comparator groups

Schedule J, Part I, Line 1a

plan

The TBA (taxable benefit allowance) was designed to provide executives with reimbursement for travel related expenses between CHST and its Affiliates locations Discretionary spending account and to acquire supplemental benefits. There is currently only one officer who receives payments from the TBA. Schedule J. Part I. Line 4a Severance Tammie Siblev - \$472,500 Jeffrev Vawrinek - \$263,029

or change-of-control payment Schedule J. Part I. Line 4b Supplemental nonqualified retirement

Retirement Income Restoration Plan: Christopher J. Durovich participated in the Retirement Income Restoration Plan and received \$315,458 in taxable income during 2019. Savings Restoration Plan; Employees who received taxable income from the Savings Restoration Plan include; Christopher J. Durovich - \$200.478.

Additional employees who participated in the Savings Restoration Plan but who did not receive payments include Pamela Arora, Kimberly Besse, Ray Tsai, Vanessa Walls, and Jodi Landon. Executive Defined Contribution Retirement Plan (EDCRP): Employees who received taxable income from the EDCRP include: Christopher J. Durovich - \$150,116, Tammie Sibley - \$119,039, David Berry - \$55,786, Richard Goode - \$53,248, Brent Christopher - \$33,848, Peter Perialas - \$56,527, James

Herring - \$75,870, Pamela Arora - \$71,989, William Elvey - \$328,082, Ray Tsai - \$72,007, Kimberly Besse - \$78,498, Matthew Davis - \$53,575, Doris Hunt -

and Sue Schell - \$53,274.

\$55.317, Jeffrey Vawrinek - \$77,906, Keri Kaiser - \$39,405, Christopher Menzies - \$46,525, Julie Hall-Barrow - \$27,517, Jodi Landon - \$46,251, Brenda Paulsen -

\$35.447, Joe Cavender - \$36.566, Thomas Burt - \$29.583, Patricia Gonzalez - \$29.395, Javier Montemayor - \$24.205, Mark Ziemianski - \$32.270, Holland

Hassmann - \$43,127, Douglas Duwe - \$35,761, Matthew Moore - \$24,783, and Sue Schell - \$28,370. Employees who participated in and have contributions to the EDCRP include: Christopher J. Durovich - \$165,839, Tammie Sibley - \$44,538, David Berry - \$192,046, Richard Goode - \$171,332, Brent Christopher - \$263,086, Peter Perialas - \$258,345, Pamela Arora - \$134,963, William Elvey - \$86,490, Ray Tsai - \$123,652, Kimberly Besse - \$225,919, Matthew Davis - \$125,399, Doris

Hunt - \$117,668, Rustin Morse - \$59,596, Jeremiah Radandt - \$124,452, Keri Kaiser - \$103,449, Christopher Menzies - \$73,754, Kenneth Stewart - \$180,000, Julie

Hall-Barrow - \$66,000, Jodi Landon - \$61,218, Amy Yeager - \$427,673, Brenda Paulsen - \$55,063, Joe Cavender - \$52,208, Thomas Burt - \$56,946, Patricia

Gonzalez - \$57,327, Javier Montemayor - \$54,309, Mark Ziemianski - \$53,888, Holland Hassmann - \$51,575, Douglas Duwe - \$51,151, Matthew Moore - \$53,506,

Schedule 1 (Form 990) 2019

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 75-2062019

Name: Children's Health System of Texas

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1Christopher J Durovich	(i)	1,193,522	1,531,410	688,172	184,839	22,733	3,620,676	0	
President & CEO	(ii)	0	 		0				
1David T Berry	(i)	629,139	395,628	89,100	203,246	11,015	1,328,128	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
2Brent E Christopher	(i)	527,713	413,843	91,393	279,886	5,330	1,318,165	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
3 Matthew M Davis	(i)	410,281	256,852	68,628	140,168	7,715	883,644	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
4 Douglas Duwe	(i)	249,514	98,873	60,344	67,951	6,236	482,918	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
5 Holland K Hassmann	(i)	248,112	80,335	81,049	65,493	6,760	481,749	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
6 Doris E Hunt	(i)	381,906	253,325	88,796	128,868	10,320	863,215	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
7 Jodi L Landon	(i)	296,802	115,727	84,419	80,218	9,287	586,453	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
8Brenda Paulsen	(i)	268,731	104,625	67,750	67,392	6,584	515,082	0	
Former Officer	(ii)	0	0	0	0	0	0	0	
9Sue L Schell	(i)	253,923 	99,448	43,179	63,304	12,446	472,300	0	
Former Officer	(ii)	0	0	0	0	0	O	0	
10 Stephanie K Smith Former Corporate Secretary	(i)	132,475	20,759	1,241	0	4,593	159,068	0	
11Ray Tsai MD	(ii)	0	0	0	0	0	0	0	
Former Officer	(i)	393,135	295,959 	123,883	142,652	19,038 	974,667	0	
12Mark E Ziemianski	(ii)	0	0	0	0	0	0	0	
Former Officer	(i)	252,617	102,000	63,937 	69,073 	16,826	504,453		
13Pamela Arora	(ii) (i)	434,772	399.262	0 86.116	153.963	0 15.105	1.089.218	0	
SVP Information Svcs &	`′		399,262	86,116	153,963	15,105	1,089,218		
CIO 14Kimberly Besse	(ii) (i)	402,178	0	0	0	0	0	0	
EVP & Chief HR Officer			260,529 	132,239	242,719 	17,552	1,055,217		
15 Thomas Burt	(ii) (i)	268,090	101.040	66 103	75.046	16.641	F30.810	0	
SVP Human Resources			101,949	66,193	75,946 	16,641	528,819		
Operations 16 William M Elvey	(ii) (i)	311,927	0	0	0	0	0	0	
SVP Facilities and Real			191,756	350,808 	97,095 	14,677 	966,263		
Estate 17Richard P Goode	(ii)	F62.462	0	0	0	0	0	0	
Procident Cornerate	(i)	562,462 	451,779 	62,599 	182,532	8,646 	1,268,018	0	
Services & CFO (until 9/23/19)	(ii)	0	0	0	0	0	0	0	
18 Julie C Hall-Barrow	(i)	322,809	128,232	48,257	78,463	7,191	584,952	0	
SVP Network Development and Innovation	(ii)	0	0	0	0	0	0	0	
19James Herring	(i)	505,800	332,645	107,159	19,000	0	964,604	0	
EVP & Chief of Staff	(ii)	0	0	0	0	0	0	0	

Form 990, Schedule	∍ J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
21 Keri A Kaiser	(i)	328,491	214,594	72,113	120,249	16,340	751,787	0
SVP Marketing/Comm. & Chief Market/Exp Officer	(ii)	0	0	0	0	0	0	0
1Matthew P Moore	(i)	258,364	96,360	49,122	69,456	9,163	482,465	0
SVP Government Relations & Public Policy	(ii)	0	0	0	0	0	0	0
2 Peter C Perialas	(i)	521,612	391,823	100,019	269,545	6,207	1,289,206	0
President CHCN & Chief Strategy Officer	(ii)	0	0	0	0	0	0	0
3 Jeremiah Radandt	(i)	400,899	212,365	7,612	135,652	13,939	770,467	0
EVP Finance & CFO	(ii)	0	0	0	0	0	0	0
4 Tammie L Sibley	(i)	272,798	257,450	622,137	54,936	12,753	1,220,074	0
SVP Finance (until 11/6/19)	(ii)	0	0	0	0	0	0	0
5 Kenneth Stewart	(i)	575,276	0	9,866	186,831	10,878	782,851	0
EVP Compliance & Legal Affairs	(ii)	0	0	0	0	0	0	0
6 Jeffrey Vawrinek	(i)	243,042	63,598	383,610	0	0	690,250	0
Secretary (until 10/18/19)	(ii)	0	0	0	0	0	0	0
7 Amy Yeager	(i)	334,085	150,000	4,293	438,873	9,087	936,338	0
SVP, General Counsel, & Secretary	(ii)	0	0	0	0	0	0	0
8 Joe Cavender	(i)	250,675	121,170	68,729	71,208	10,363	522,145	0
VP & ASSOC CNO	(ii)	0	0	0	0	0	0	0
9 Patricia Gonzalez	(i)	274,456	111,239	38,003	68,527	12,178	504,403	0
Chief Health Equity and Inclusion Officer	(ii)	0	0	0	0	0	0	0
10Christopher Menzies	(i)	366,266	135,238	97,093	90,554	2,503	691,654	0
VP Chief Med Information Officer	(ii)	0	0	0	0	0	0	0
11Javier Montemayor	(i)	262,064	101,658	57,851	68,792	9,483	499,848	0
SVP CCO Accreditation and Reg Affairs	(ii)	0	0	0	0	0	0	0
12Rustin Morse MD	(i)	386,718	228,708	45,670	70,796	10,590	742,482	0

SVP Quality and Safety and Chief Quality Officer (ii)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	I: 93493321016880				
SCHEDUL (Form 990 or EZ)	990-EZ stions on ion.	OMB No. 1545-0047 2019 Open to Public Inspection					
Namel Betherofge Children's Health Sy 990 Schedule		75-2062019	tification number				
Return Reference	Explanation						
Form 990, Part VI, Line 8b Committees	Children's Health System of Texas has established seven standing Committees of the B which have the authority to act for and on behalf of CHST, Children's Health Clinical Op ations, Children's Medical Center Foundation, and their affiliates, operating divisions and division facilities to fulfill the responsibilities designated in the respective Committ ee charters. Written minutes are prepared and maintained for all formal meetings of eacommittee. Actions by Written Consent are also prepared and maintained as they occur.	er					

990 Schedule O, Supplemental Information

Reference	
	A draft of the Form 990 is presented to the corporation's Audit Committee for review. A copy of the Form 990 is made available to the directors through our Board portal before it is filed with the IRS.

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Officers, directors, and key employees annually receive a copy of the Children's Health St atement of Interest form to complete. Disclosures made are reviewed by the CHST Legal Depa rtment and the Chief Compliance Officer, who are authorized under the Children's Health Co nflict of Interest Policy to make determinations under the Policy regarding persons who ar e medical staff members or employees of Children's Health and its affiliates. Disclosures made by senior officers (as defined in the Policy) are reviewed by the Compliance Officer, the Chief Legal Officer, and CHST's President and Chief Executive Officer to determine if a conflict exists. Disclosures made by directors of CHST and its affiliates, as well as b y the President and Chief Executive Officer of CHST, are discussed as necessary with the a ppropriate delegated Board Committee and, if required pursuant to the Policy, by the appro priate Board of Directors at meetings to determine if further action is needed. A Statemen t of Interest must be completed annually and Board members are requested to report changes if they occur. A Committee or Board member with a potential conflict is prohibited from p articipating in deliberations regarding the transaction in question and will recuse themse lves from voting.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Children's Health System of Texas (CHST) process for determining compensation for offi cers and executives is as follows: The Human Resources Committee (Committee) of the CHST B oard is responsible for setting the compensation for officers and executives. The Committe e is comprised of independent, non-employee directors. A written compensation philosophy h as been developed by the Human Resources Committee for timeliness and appropriateness and defines the desired peer groups for compensation surveys. The HR Committee engages the ser vices of an independent compensation consultant for executive compensation.

Return Reference	Explanation
Form 990,	The Children's Health System of Texas (CHST) process for determining compensation for offi
Part VI, Line	cers and executives is as follows: The Human Resources Committee (Committee) of the CHST B
15b Process	oard is responsible for setting the compensation for officers and executives. The Committe
to establish	e is comprised of independent, non-employee directors. A written compensation philosophy h
compensation	as been developed by the Human Resources Committee for timeliness and appropriateness and
of other	defines the desired peer groups for compensation surveys. The HR Committee engages the ser
employees	vices of an independent compensation consultant for executive compensation.

Return Reference	Explanation
,	IRC section 6104 does not require disclosure of the financial statements, conflict of inte rest policy and governing documents. The Certificate of Formation, Consolidated Financial Statements, and the conflict of interest policy are made available upon request.
available to	

Return Reference	Explanation
Form 990, Part IX, Line	Beginning with the 2016 Form 990, Children's Health System of Texas is presenting expenses in full, as incurred, on lines 1-24e prior to the reduction for those expenses incurred o
24a Other expenses -	n behalf of wholly-owned organizations . This reduction for the allocation of shared servi ces expenses to wholly-owned organizations is presented on Part IX, line 24a. In prior yea
HÉALTH SYSTEM	rs, the reduction of allocated shared services expenses was included within each individua
ALLOCATED	Trunctional expense category on Line 1-24e, respectively.
SHARED SERVICES	

Fees

Reference	Ехріапаціон
Form 990,	Consulting & Professional fees - Total Expense: 17478377, Program Service Expense: 3601448
Part IX, Line	, Management and General Expenses: 13876929, Fundraising Expenses: ; Contract Medical - To
11g Other	tal Expense: 20370401, Program Service Expense: 11157595, Management and General Expenses:

9212806, Fundraising Expenses: ; Facilities Management - Total Expense: 270156, Program S

ervice Expense: , Management and General Expenses: 270156, Fundraising Expenses: ;

Cumlomotion

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Expenses	Special Events & Projects - Total Expense: 270062, Program Service Expense: 41944, Managem ent and General Expenses: 228118, Fundraising Expenses: ; External Charitable Support - To tal Expense: 59750, Program Service Expense: , Management and General Expenses: 59750, Fun draising Expenses: ; Taxes - Total Expense: 985151, Program Service Expense: 18103, Manage

Expens ment and General Expenses: 967048, Fundraising Expenses: ; Billing Fees - Total Expense: 2 073208, Program Service Expense: 153820, Management and General Expenses: 1919388, Fundrai sing Expenses: ; Miscellaneous expenses - Total Expense; 2305611, Program Service Expense; 529404, Management and General Expenses: 1776207, Fundraising Expenses::

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Non controlling interest in Joint Ventures9445699; Other changes in net assets or fund balances - 221504; Company Terminations - 21831; Paid-In Capital - Joint Ventures4016 230; Net Periodic pension costs78354482; Transfer of Land from CHCO - 50942426;

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321016880 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Children's Health System of Texas 75-2062019 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I See Additional Data Table (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	(k) Percen owner	
1) Legacy Trail Surgery Center LLC dba Live Oak Surgery Cent	er	Surgery Center	TX	CHST Holdings	Excluded	-193,982	986,452	Yes	No No	0	Yes	No No	70.5	5 %
2211 Preston Rd Ste 2100 Plano, TX 750240258 92-2278618				4 LLC			,							
Part IV Identification of Related Organiza							swered "Y	es" on	Form	990, Part I	V, lin	e 34		
because it had one or more related or ee Additional Data Table	ganizations treated	as a corpora	tion or	trust during	the tax year									
(a) Name, address, and EIN of related organization	(b) Primary activity	(sta	(c) Legal domicile te or fore country)			(e) Type of entity C corp, S corp, or trust)	(f) Share of tota income	al Sha	(g) re of end year assets	d-of- Perd	(h) entage nership	(1	(i) Section ! 13) con entit Yes	ntroll

Page **3**

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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No

f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	T
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No

m Performance of services or membership or fundraising solicitations by related organization(s)					1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
p Reimbursement paid to related organization(s) for expenses	m	Performance of services or membership or fundraising solicitations by related organization(s)	1n	1	No
p Reimbursement paid to related organization(s) for expenses	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
r Other transfer of cash or property to related organization(s)	0	Sharing of paid employees with related organization(s)	10	Yes	_
r Other transfer of cash or property to related organization(s)	р	Reimbursement paid to related organization(s) for expenses	1 p	-	No
s Other transfer of cash or property from related organization(s)	q	Reimbursement paid by related organization(s) for expenses	1 q		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and to See Additional Data Table (a) (b) (c)	r	Other transfer of cash or property to related organization(s)	1r	Yes	_
See Additional Data Table (a) (b) (c)	s	Other transfer of cash or property from related organization(s)	1 s		No
		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. Additional Data Table	Ţ		
Name of related organization Iransaction Amount Involved type (a-s)		Name of related organization Transaction Amount involved Method of determining		involve	d

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 75-2062019

Name: Children's Health System of Texas

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Form 990, Schedule K, Part I - Identification of Disregarded Entitles								
(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			
CHST HOLDINGS 1 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2374583	HEALTH CARE RELATED INVESTMENTS	ТХ	0	5,909,451	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST HOLDINGS 2 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2819566	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST HOLDINGS 3 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2845243	HEALTH CARE RELATED INVESTMENTS	TX	1,764,550	17,213,883	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST HOLDINGS 4 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2851889	HEALTH CARE RELATED INVESTMENTS	TX	0	1,930,500	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST Investment Holdings LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2874792	HEALTH CARE RELATED INVESTMENTS	TX	-7,728,508	35,215,383	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST Holdings 6 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 81-1003744	HEALTH CARE RELATED INVESTMENTS	TX	1,506,101	3,525,443	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHST Holdings 7 LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 81-1010503	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Pediatric Ambulatory Surgery Center Southlake LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-5207507	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Pediatric Ambulatory Surgery Centers LLC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-5215454	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Pediatric Imaging Associates LLC 1936 MEDICAL DISTRICT DRIVE DALLAS, TX 75236 47-4371967	HEALTH CARE RELATED INVESTMENTS	TX	-581,452	4,904,440	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Pediatric Imaging Partners LLC 1937 MEDICAL DISTRICT DRIVE DALLAS, TX 75237 47-2104673	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Children's Health Imaging Center LLC 1938 MEDICAL DISTRICT DRIVE DALLAS, TX 75238 38-4043597	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			
Legacy Trail Surgery Center LLC 1939 MEDICAL DISTRICT DRIVE DALLAS, TX 75239 82-2278618	HEALTH CARE RELATED INVESTMENTS	TX	1,465,457	8,353,731	CHILDREN'S HEALTH SYSTEM OF TEXAS			
CHSR LLC 1940 MEDICAL DISTRICT DRIVE DALLAS, TX 75240 37-1865547	HEALTH CARE RELATED INVESTMENTS	TX	0	0	CHILDREN'S HEALTH SYSTEM OF TEXAS			

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	tions (c)	(d)	(e)	(f)	(g	J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(n 512
		or foreign country)	3550.51.	(if section 501(c) (3))		contr	olled
						Yes	No
	Hospital	TX	501(c)(3)	3	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235							
75-0800628	FOUNDATION	TX	501(c)(3)	7	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE					SYSTEM OF TEXAS		
DALLAS, TX 75235 75-2062015							
	PHYSICIANS	TX	501(c)(3)	3	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235							
75-2854505	PHYSICIANS	TX	501(c)(3)	3	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE	i i i i i i i i i i i i i i i i i i i				SYSTEM OF TEXAS		
DALLAS, TX 75235 81-0584868							
	MEDICAL SERVICES	TX	501(c)(3)	3	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235					STSTEM OF TEXAS		
46-1893597	НМО	TX	501(c)(3)	10	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE	TIMO		201(c)(3)	10	SYSTEM OF TEXAS	res	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-2737696							
40 2737050	RESEARCH INSTITUTE	TX	501(c)(3)	Type I	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235					SYSTEM OF TEXAS		
45-3462044	CLINICALLY		E01(-)(2)	Trene 7	CHTI DRENIC LIEATTI		
1935 MEDICAL DISTRICT DRIVE	CLINICALLY INTEGRATED NETWORK	TX	501(c)(3)	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
DALLAS, TX 75235							
46-1917702	PHYSICIANS	TX	501(c)(3)	10	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE					SYSTEM OF TEXAS		
DALLAS, TX 75235 75-2917570							
	PHYSICIANS	TX	501(c)(3)	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235							
46-4049491	MEDICAL DISTRICT	TX	501(c)(3)	Type I	NA		No
1935 MEDICAL DISTRICT DRIVE							
DALLAS, TX 75235 20-4101612							
	WOMEN'S AUXILIARY	TX	501(c)(3)	10	CHILDREN'S MEDICAL CENTER FOUNDATION		No
2777 N STEMMONS FWY 700 DALLAS, TX 75207							
75-2485538	Hospital	TX	501(c)(3)	3	Children's Health Clinical		No
1935 Medical District Drive					Operations		
Dallas, TX 75235 47-4837308							
	Physician	TX	501(c)(3)	10	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 Medical District Drive Dallas, TX 75235							
81-3679995	Physician	TX	501(c)(3)	10	CHILDREN'S HEALTH	Yes	
1935 Medical District Drive					SYSTEM OF TEXAS		
Dallas, TX 75235 81-3691209							
	Physician	TX	501(c)(3)	10	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 Medical District Drive Dallas, TX 75235							
81-4577909	Physician	TX	501(c)(3)	10	CHILDREN'S HEALTH	Yes	
1935 Medical District Drive					SYSTEM OF TEXAS		
Dallas, TX 75235 81-4848085							
	Physician	TX	501(c)(3)	10	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 Medical District Drive Dallas, TX 75235							
81-4865847	Hospital	TX	501(c)(3)	3	CHILDREN'S HEALTH	Yes	
1935 MEDICAL DISTRICT DRIVE			(*/(-/		SYSTEM OF TEXAS	. 23	
DALLAS, TX 75235 75-6067819							
	Hospital	TX	501(c)(3)	3	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	
1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235					JISTEN OF TEXAS		
23-7079698							

(d) (b) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (b)(13)(state section status entity (if section 501(c) controlled or foreign country)

entity2

(31)

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

			(3))		entity:	
					Yes	No
Hospital	TX	501(c)(3)	3	CHILDREN'S HEALTH SYSTEM OF TEXAS	Yes	

1935 MEDICAL DISTRICT DRIVE
DALLAS, TX 75235
75-6081004

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (f) (h) (i) (b) (c) (g) Name, address, and EIN of Primary activity Direct controlling Section 512 Legal Type of entity Share of total Share of end-of-vear Percentage related organization domicile (C corp, S corp, ownership (b)(13)entity income assets (state or foreign controlled or trust) country) entity? Yes No OTHER MEDICAL TX C Corporation ALTERNATIVE CARE SYSTEMS CHILDREN'S 0 4,903,230 100 % Yes 1935 MEDICAL DISTRICT DRIVE SERVICES HEALTH SYSTEM OF DALLAS, TX 75235 TEXAS 75-2244475 NTPSS INC PHYSICIAN SOLUTIONS TX NA C Corporation No 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-1036641 ΤX Texas Bluebonnet Insurance Company Insurance Company Children's Health C Corporation 55,731 5,008,651 100 % Yes 1935 Medical District Drive System of Texas Dallas, TX 75235 Self-insurance CJ Children's Health C Corporation 0 100 % Yes Texas Trinity River Assurance Company 30,144,287 System of Texas 98-1318151 Children's Health Other Medical Services ΤX Children's Health C Corporation 0 100 % 0 Yes 1935 Medical District Drive System of Texas Dallas, TX 75235 83-3809987 Physician TX CHST Physician Group 1 CHILDREN'S C Corporation 0 Ω 100 % Yes

HEALTH SYSTEM OF

Children's Health

System of Texas

C Corporation

C Corporation

O

O

100 %

No

Yes

TEXAS

NA

ΤX

TX

Other Medical Services

Other Medical Services

47-5032893

1935 Medical District Drive

1935 Medical District Drive Dallas, TX 75235 83-1336111

1935 Medical District Drive

Children's Health Care Network

Dallas, TX 75235

Dallas, TX 75235 83-4560427

81-3582843 CHFH Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Amount Involved (d) Name of related organization Transaction Method of determining amount involved type(a-s) C Children's Medical Center Foundation 2,842,176 GAAP Children's Medical Center Foundation D GAAP 188,613 Anesthesiologists for Children D 20,542,576 GAAP Children's Medical Center Health Plan D 152,237 GAAP Dallas Physician Medical Services for Children D GAAP 19,297,895 Physicians For Children D 49,239,499 GAAP Complex Care Medical Services Corporation D 805,720 GAAP Physician Quality Alliance of North Texas D 2,906,569 GAAP Chidren's Medical Center of Dallas Ε 1,623,208,269 GAAP NTPSS Inc Е 121,441 GAAP Alternative Care Systems Е 4,939,665 GAAP Children's Research Institute at the UTSWMC Е 345,053 GAAP OCH Holdings Е 14,881,291 GAAP Pediatric Partners Е 260,512 GAAP Children's Health Clinical Operations 346,689,250 GAAP OCH Holdings 10,241,656 L GAAP Complex Care Medical Services Corporation T 1,049,857 GAAP Pediatric Partners L GAAP 374,949 Dallas Physician Medical Services for Children 4,574,378 GAAP Children's Medical Center Health Plan L 374,949 GAAP Physicians For Children 6,224,153 L GAAP Physician Quality Alliance of North Texas L 1,949,735 GAAP

3,299,551

GAAP

Anesthesiologists for Children