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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TEXAS CHILDREN'S HOSPITAL

Doing business as

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

Room/suite

6621 FANNIN ST

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

HOUSTON, TX 77030

F Name and address of principal officer

WELDON GAGE

6621 FANNIN ST

HOUSTON, TX 77030

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶

WWW.TEXASCHILDRENS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1950

M State of legal domicile

TX

Part I Summary

Activities & Governance

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

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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)

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶17,326,388

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

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

Sign Here

Signature of officer

2018-08-15

Date

WELDON GAGE Executive VP / CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 750 N St Paul Suite 850

Phone no (214) 777-5200

Dallas, TX 75201

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 1,799,157,570	including grants of \$ 7,723,398	(Revenue \$ 1,971,002,491)
See Additional Data				

4b	(Code)	(Expenses \$ 85,198,736	including grants of \$ 365,740	(Revenue \$ 27,922,536)
See Additional Data				

4c	(Code)	(Expenses \$ 45,410,386	including grants of \$ 194,937	(Revenue \$ 10,947,441)
See Additional Data				

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

4e	Total program service expenses ▶	1,929,766,692
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	842	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10,650
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,645

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	PHYSN & FACULTY SVC	46,158,352
COMFORCE TECHNICAL SERVICES INC PO BOX 9695 UNIONDALE, NY 115559695	STAFFING SERVICES	17,051,456
BRIGGS AND CALDWELL LP 9801 Westheimer Road Suite 701 HOUSTON, TX 77042	ADVERTISING	8,594,573
BAYLOR MIRACA GENETICS LABORATORIES LLC PO BOX 847228 DALLAS, TX 752847228	LAB SERVICES	8,161,240
ACCUDATA SYSTEMS INC 10713 W SAM HOUSTON PARKWAY N SUITE 600 HOUSTON, TX 77064	NETWORK SERVICES	6,144,165

Form 990 (2016)

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	2,494,605				
	d Related organizations	1d	1,411,682				
	e Government grants (contributions)	1e	12,620,494				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,337,075				
	g Noncash contributions included in lines 1a-1f \$ _____		6,279,207				
	h Total. Add lines 1a-1f		124,863,856				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		622310	1,873,423,338	1,873,423,338		
	b 1115 WAIVER UNCOMPENSATED CARE POOL		622310	44,674,423	44,674,423		
	c MANAGEMENT SERVICES		541611	23,511,046	23,177,713	333,333	
	d RENTAL INCOME		900099	16,861,936	16,861,936		
	e PHARMACY REVENUE		622310	15,775,631	15,775,631		
	f All other program service revenue			35,959,427	35,959,427	0	
	g Total. Add lines 2a-2f		2,010,205,801				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,827,280			11,827,280	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents		387,450				
	b Less rental expenses		73,707				
	c Rental income or (loss)		313,743	0			
	d Net rental income or (loss)		313,743			313,743	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory			73,641			
	b Less cost or other basis and sales expenses		4,981	8,765			
	c Gain or (loss)		-4,981	64,876			
	d Net gain or (loss)		59,895			59,895	
	8a Gross income from fundraising events (not including \$ _____ 2,494,605 of contributions reported on line 1c) See Part IV, line 18		a 628,103				
	b Less direct expenses		b 1,442,298				
	c Net income or (loss) from fundraising events		-814,195			-814,195	
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		a 2,646,224				
b Less cost of goods sold		b 1,493,182					
c Net income or (loss) from sales of inventory		1,153,042			1,153,042		
Miscellaneous Revenue		Business Code					
11a PARKING GARAGE REVENUE		812930		14,154,930		14,154,930	
b							
c							
d All other revenue				0	0	0	
e Total. Add lines 11a-11d				14,154,930			
12 Total revenue. See Instructions				2,161,764,352	2,009,872,468	333,333	26,694,695

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,800,866	7,800,866		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	483,209	483,209		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	11,894,602	859,636	11,034,966	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	45,468		45,468	
7 Other salaries and wages.	747,505,628	730,157,924	12,724,773	4,622,931
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	38,024,557	37,126,598	602,893	295,066
9 Other employee benefits.	92,302,290	86,959,295	4,787,375	555,620
10 Payroll taxes.	57,814,556	53,617,615	3,850,437	346,504
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,907,409		3,907,409	
c Accounting.	490,493		490,493	
d Lobbying.	347,452	347,452		
e Professional fundraising services. See Part IV, line 17.	1,278,567			1,278,567
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).	369,131,617	365,809,546	2,896,553	425,518
12 Advertising and promotion.	17,873,103	6,334,132	3,560,210	7,978,761
13 Office expenses.	44,809,218	43,691,593	951,825	165,800
14 Information technology.	36,909,727	32,390,515	4,447,285	71,927
15 Royalties.				
16 Occupancy.	59,465,643	58,522,109	701,983	241,551
17 Travel.	4,320,132	4,300,176		19,956
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,323,705	2,207,308	104,147	12,250
20 Interest.	21,528,651	16,768,593	4,607,830	152,228
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	141,977,099	137,898,512	3,119,140	959,447
23 Insurance.	5,186,004	4,963,725	170,843	51,436
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PHARMACEUTICAL SUPPLIES	108,770,091	108,770,091		
b MEDICAL/SURGICAL SUPPLIES	100,335,006	100,335,006		
c BAD DEBT	62,529,472	62,529,472		
d ENHANCED MISSION SUPPORT	26,126,435	26,126,435		
e All other expenses	46,186,236	41,766,884	4,270,526	148,826
25 Total functional expenses. Add lines 1 through 24e.	2,009,367,236	1,929,766,692	62,274,156	17,326,388
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		50,839,052	1	8,129,978
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		54,861,509	3	103,391,709
	4	Accounts receivable, net		254,075,795	4	321,036,518
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		14,537,131	8	19,277,905
	9	Prepaid expenses and deferred charges		24,917,749	9	31,615,156
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	3,376,195,700		
	b	Less: accumulated depreciation	10b	1,273,837,698		
				1,922,616,596	10c	2,102,358,002
	11	Investments—publicly traded securities		145,185,342	11	81,716,609
	12	Investments—other securities. See Part IV, line 11		249,851	12	249,851
	13	Investments—program-related. See Part IV, line 11		76,348,074	13	78,963,186
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,213,801,902	15	2,385,391,388	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,757,433,001	16	5,132,130,302	
Liabilities	17	Accounts payable and accrued expenses		247,827,045	17	293,941,406
	18	Grants payable			18	
	19	Deferred revenue		4,931,115	19	3,825,685
	20	Tax-exempt bond liabilities		966,285,505	20	940,483,475
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		18,331,184	23	13,107,831
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		137,054,467	25	129,973,429
	26	Total liabilities. Add lines 17 through 25		1,374,429,316	26	1,381,331,826
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,037,318,285	27	3,382,201,494
	28	Temporarily restricted net assets		205,748,064	28	207,757,471
	29	Permanently restricted net assets		139,937,336	29	160,839,511
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,383,003,685	33	3,750,798,476
	34	Total liabilities and net assets/fund balances		4,757,433,001	34	5,132,130,302

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,161,764,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,009,367,236
3	Revenue less expenses Subtract line 2 from line 1	3	152,397,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,383,003,685
5	Net unrealized gains (losses) on investments	5	1,550,323
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	213,847,352
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,750,798,476

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

PATIENT CARE TEXAS CHILDREN'S HOSPITAL IS AN INTERNATIONALLY RECOGNIZED FULL-CARE PEDIATRIC HOSPITAL OPERATING TWO CAMPUSES IN THE HOUSTON AREA, THE LARGEST OF WHICH IS LOCATED IN THE TEXAS MEDICAL CENTER ONE OF THE LARGEST PEDIATRIC HOSPITALS IN THE UNITED STATES, THE HOSPITAL IS CONSISTENTLY RANKED AS THE BEST CHILDREN'S HOSPITAL IN TEXAS, AND AMONG THE TOP IN THE NATION TEXAS CHILDREN'S HAS GARNERED WIDESPREAD RECOGNITION FOR ITS EXPERTISE AND BREAKTHROUGHS IN PEDIATRIC AND WOMEN'S HEALTH THE HOSPITAL INCLUDES TEXAS CHILDREN'S HOSPITAL, THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE, THE FEIGIN CENTER FOR PEDIATRIC RESEARCH, TEXAS CHILDREN'S PAVILION FOR WOMEN, A COMPREHENSIVE OBSTETRICS/GYNECOLOGY HOSPITAL FOCUSING ON HIGH-RISK BIRTHS, TEXAS CHILDREN'S HOSPITAL WEST CAMPUS, A COMMUNITY HOSPITAL IN SUBURBAN WEST HOUSTON, TEXAS CHILDREN'S HOSPITAL THE WOODLANDS, THE FIRST HOSPITAL DEVOTED TO CHILDREN'S CARE FOR COMMUNITIES NORTH OF HOUSTON, a second community hospital that opened April 2017 THE ORGANIZATION ALSO CREATED TEXAS CHILDREN'S HEALTH PLAN, THE NATIONS' FIRST HMO FOR CHILDREN, TEXAS CHILDREN'S PEDIATRICS, THE LARGEST PEDIATRIC PRIMARY CARE NETWORK IN THE COUNTRY, TEXAS CHILDREN'S URGENT CARE CLINICS THAT SPECIALIZE IN AFTER-HOURS CARE TAILORED SPECIFICALLY FOR CHILDREN, AND A GLOBAL HEALTH PROGRAM THAT'S CHANNELING CARE TO CHILDREN AND WOMEN ALL OVER THE WORLD TEXAS CHILDREN'S HOSPITAL IS AFFILIATED WITH BAYLOR COLLEGE OF MEDICINE TEXAS CHILDREN'S PAVILION FOR WOMEN OFFERS A FULL SPECTRUM GYNECOLOGICAL AND MATERNAL AND FETAL MEDICINE SERVICES, INCLUDING AN ARRAY OF FETAL DIAGNOSTIC PROCEDURES AND HIGHLY SPECIALIZED FETAL SURGERIES, THREE PRIVATE OB/GYN PRACTICES, THE FAMILY FERTILITY CENTER, THE MENOPAUSE CENTER AND THE WOMEN'S PLACE - CENTER FOR REPRODUCTIVE PSYCHIATRY DURING THE YEAR THE HOSPITAL OVERALL OPERATED 750 INPATIENT BEDS AND MORE THAN 102 AMBULATORY SPECIALTY CLINICS, SUPPORTED BY AN AWARD-WINNING MEDICAL STAFF CONSISTING OF MORE THAN 1,797 BOARD-CERTIFIED PEDIATRIC SUBSPECIALISTS, OBSTETRICIANS AND GYNECOLOGISTS, ADULT SUBSPECIALISTS AND DENTISTS AND A DEDICATED AND HIGHLY SKILLED NURSING AND SUPPORT STAFF OF MORE THAN 9,316 IN 2017, THE PAVILION PERFORMED APPROXIMATELY 5,545 DELIVERIES AND THE HOSPITAL SYSTEM EXCEEDED 177,949 OUTPATIENT CLINIC VISITS

Form 990, Part III, Line 4b:

RESEARCH TEXAS CHILDREN'S/BAYLOR RESEARCHERS AT THE FEIGIN CENTER, THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE AND THE CHILDREN'S NUTRITION RESEARCH CENTER ARE CONDUCTING SOME OF THE MOST INNOVATIVE ONGOING RESEARCH IN A VARIETY OF AREAS FROM PEDIATRIC CARDIOLOGY TO INFECTIOUS DISEASES, NUTRITION, VACCINES AND PEDIATRIC NEUROLOGY AND NEUROGENETICS DURING 2017, TEXAS CHILDREN'S INVESTED IN MORE THAN \$85 MILLION IN OVER 2,800 CLINICAL, BASIC AND TRANSLATIONAL RESEARCH PROJECTS, EXPLORING A WIDE RANGE OF CHILDREN'S AND WOMEN'S HEALTH ISSUES IN ADDITION, THE HOSPITAL CONTINUED ITS STRATEGIC FOCUS ON THE GROWTH AND SUCCESS OF ALL TEXAS CHILDREN'S RESEARCH ENDEAVORS THROUGH ENHANCED INFRASTRUCTURE, SUCH AS THE EXPANSION OF THE JAN AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE WHERE INVESTIGATORS CAN ACCESS CUTTING EDGE IMAGING MODALITIES, SUCH AS TWO-PHOTON MICROSCOPY, AND STATE-OF-THE-ART NEUROPHYSIOLOGY AND BEHAVIORAL SCIENCE CORE RESOURCES

Form 990, Part III, Line 4c:

EDUCATION THE HOSPITAL SERVES AS THE PRIMARY PEDIATRIC TEACHING FACILITY FOR BAYLOR COLLEGE OF MEDICINE (THEIR LONG-TERM ACADEMIC PARTNER) IN ADDITION, THE TEXAS CHILDREN'S PAVILION FOR WOMEN IS ONE OF THE PREMIER PRIVATE TRAINING HOSPITALS FOR BAYLOR COLLEGE OF MEDICINE'S DEPARTMENT OF OBSTETRICS AND GYNECOLOGY THE CLOSE AFFILIATION BETWEEN THE INSTITUTIONS EXTENDS THROUGHOUT TEXAS CHILDREN'S OPERATIONS, BAYLOR FACULTY INCLUDING SERVICE CHIEFS, MEDICAL DIRECTORS AND STAFF PHYSICIANS ACROSS THE HOSPITAL'S 65 SUB-SPECIALTY CARE OFFERINGS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, THE HOSPITAL INVESTED MORE THAN \$48 MILLION IN THE TRAINING OF OVER 1,151 TRAINEES IN 68 TRAINING PROGRAMS ROTATING AT TEXAS CHILDREN'S BAYLOR AND TEXAS CHILDREN'S HAVE A PROVEN TRACK RECORD RECRUITING TRANSFORMATIVE PHYSICIAN-SCIENTISTS AND ONE OF THE STRONGEST PEDIATRIC RESIDENCY PROGRAMS IN THE COUNTRY BAYLOR'S PEDIATRIC RESIDENCY PROGRAM IS THE LARGEST TRAINING GROUND FOR PEDIATRICS AND ONE OF THE MOST COMPETITIVE IN THE COUNTRY MORE THAN 2,000 STUDENTS APPLY EACH YEAR FROM THE TOP MEDICAL SCHOOLS AROUND THE COUNTRY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Weldon Gage	38 0									
SCHEDULE O	 2 0	X		X				394,875	0	129,552
Benjamin Melson	38 0									
SCHEDULE O	 2 0	X		X				1,615,019	0	197,627
Mark Mullarkey	34 0									
SCHEDULE O	 6 0	X		X				585,408	0	230,133
John R Nickens IV	39 0									
Schedule O	 1 0	X		X				559,980	0	127,198
Michelle Riley-Brown	39 0									
SCHEDULE O	 1 0	X		X				585,141	0	223,397
Mark A Wallace	36 0									
Schedule O	 4 0	X		X				3,300,873	0	374,652
Randy Wright	38 0									
SCHEDULE O	 2 0	X		X				674,125	0	6,160
Mary Jo Andre	20 0									
Schedule O	 20 0	X						480,715	0	164,826
Dean B Andropoulos MD	1 0									
BOARD MEMBER	 1 0	X						186,592	0	0
Michael A Belfort MD PhD	1 0									
BOARD MEMBER	 3 0	X						207,460	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
Name and Title	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)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
George Bisset III MD Board Member	1 0 39 0	X						0	892,125	42,713		
Charles D Fraser Jr MD BOARD MEMBER	1 0 1 0	X						317,278	0	0		
Angelo P Giardino MD PHD SCHEDULE O	37 0 3 0	X						572,059	0	178,845		
Mark W Kline MD BOARD MEMBER	1 0 4 0	X						217,576	0	0		
James Versalovic MD PhD BOARD MEMBER	1 0 1 0	X						70,496	0	0		
Dan DiPrisco SCHEDULE O	39 0 1 0			X				334,599	0	114,778		
Aisha Jamal Schedule O	35 0 5 0			X				103,092	10,944	18,567		
Dace Reinholds Schedule O	35 0 5 0			X				222,476	0	30,533		
Mallory Caldwell Senior Vice President	39 0 1 0				X			558,133	0	202,515		
Tabitha Rice Senior Vice President	40 0 0 0				X			419,145	0	137,826		

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization TEXAS CHILDREN'S HOSPITAL		Employer identification number 74-1100555

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		267,758
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		171,010
j	Total. Add lines 1c through 1i			438,768
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	139,937,336	131,831,471	132,134,564	121,015,298	107,923,175
b Contributions	15,943,722	3,651,064	7,810,864	2,864,009	8,132,196
c Net investment earnings, gains, and losses	11,439,594	10,445,580	-2,104,397	13,573,470	7,433,131
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,481,141	5,990,779	6,009,560	5,318,213	2,473,204
g End of year balance	160,839,511	139,937,336	131,831,471	132,134,564	121,015,298

2

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

a

Board designated or quasi-endowment

7 %

b

Permanent endowment

93 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		131,368,740		131,368,740
b Buildings		1,429,304,173	297,456,846	1,131,847,327
c Leasehold improvements		40,328,330	27,856,310	12,472,020
d Equipment		1,476,715,981	912,200,918	564,515,063
e Other		298,478,476	36,323,624	262,154,852
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,102,358,002

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) INVESTMENT IN TEXAS CHILDREN'S HOSPITAL FOUNDATION	2,274,476,633
(2) TCH INSURANCE COMPANY REBATE RECEIVABLE	55,245,431
(3) MISC RECEIVABLES	47,729,812
(4) DUE FROM AFFILIATES	7,939,512
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,385,391,388

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTEREST RATE SWAP	33,303,233
DEFERRED COMPENSATION	12,591,987
RETIREMENT PLAN LIABILITY	62,567,459
OTHER LONG TERM LIABILITY	21,510,750
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	129,973,429

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2017 OR 2016

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

74-1100555

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa			Program Services	Health care services	1,354,800
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,354,800
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,354,800

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

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

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

3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493227014378

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOGROUP INC 200 Pemberwick Road GREENWICH, CT 06830	DIRECT MAIL		No		1,107,675	-1,107,675
2 270 STRATEGIES 626 WEST JACKSON BLVD SUITE 600 CHICAGO, IL 60661	ANALYTIC SERVICES		No		135,302	-135,302
3 TARRYN LANKFORD 9713 PINE LAKE DRIVE HOUSTON, TX 77055	EVENT COORDINATION		No		31,440	-31,440
4						
5						
6						
7						
8						
9						
10						
Total ▶				0	1,274,417	-1,274,417

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 THE WOODLANDS GRAND OPENING GALA (event type)	(b) Event #2 AN EVENING WITH A TEXAS LEGEND (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	853,965	701,400	1,567,343	3,122,708
2	Less Contributions	527,772	637,035	1,329,798	2,494,605
3	Gross income (line 1 minus line 2)	326,193	64,365	237,545	628,103
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	368,794	432,646	640,858	1,442,298
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,442,298
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-814,195

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TEXAS CHILDREN'S HOSPITAL

Employer identification number

74-1100555

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

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

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

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

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

c

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

4

Yes

5a

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

5a

Yes

b

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

5b

No

c

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

5c

6a

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

6a

No

b

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

6b

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,831,474	1,621,818	14,209,656	0 73 %
b Medicaid (from Worksheet 3, column a)			846,592,211	717,681,929	128,910,282	6 62 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			62,773,137	52,028,659	10,744,478	0 55 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	925,196,822	771,332,406	153,864,416	7 90 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,608,982	3,882,188	4,726,794	0 24 %
f Health professions education (from Worksheet 5)			45,410,386	3,013,763	42,396,623	2 18 %
g Subsidized health services (from Worksheet 6)			14,522,507	6,054,648	8,467,860	0 43 %
h Research (from Worksheet 7)			84,503,982	27,922,536	56,581,446	2 91 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7,311,334	54,890	7,256,443	0 37 %
j Total. Other Benefits	0	0	160,357,191	40,928,025	119,429,166	6 13 %
k Total. Add lines 7d and 7j	0	0	1,085,554,013	812,260,431	273,293,582	14 04 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			25,000		25,000	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			45,800		45,800	0 %
8 Workforce development					0	0 %
9 Other			52,250		52,250	0 %
10 Total	0	0	123,050	0	123,050	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	23,824,112	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	6,294,189
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	7,332,780
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,038,591
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
TEXAS CHILDREN'S HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.texaschildrens.org/about-us/community-benefit-efforts/reports-community-health-needs</u>	10	Yes
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

TEXAS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) See Part VI			
b ☒ The FAP application form was widely available on a website (list url) See Part VI			
c ☒ A plain language summary of the FAP was widely available on a website (list url) See Part VI			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

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

TEXAS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

TEXAS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **3**

Name and address	Type of Facility (describe)
1 Vannie Cook Children's Cancer and Hematology Clinic 101 W Expressway 83 McAllen, TX 78503	Community Based Outpatient / Diagnostic Clinic
2 Texas Children's Pavilion for Women - Obstetrics & Gynecology Pearland 9003 Broadway St Pearland, TX 77584	Community Based Outpatient / Diagnostic Clinic
3 SuperKids and Ronald McDonald Care Mobile Clinics 8080 N Stadium Drive Houston, TX 77054	Community Based Mobile Clinics
4 Primary Care Practice at Palm Center 5400 Griggs Road Suite 101 Houston, TX 77021	Community Based Outpatient / Diagnostic Clinic
5 Texas Children's Specialty Care - Upper Kirby 3023 Kirby Dr Suite 201 Houston, TX 77098	Community Based Outpatient / Diagnostic Clinic
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	Additional information The Hospital files the Annual Statement of Community Benefits Standard (ASCBS), the State of Texas' community benefit reporting for not-for-profit hospitals For the fiscal year ended September 30, 2017, the Hospital reported approximately \$331,480,000 as the total annual charity and community benefit in its ASCBS Differences between Schedule H and the ASCBS are stated below The resulting difference of \$(57,491) between the ASCBS and the amounts recorded in Part I line 7 are due primarily to varying reporting requirements as outlined below (in \$1000's) ASCBS includes bad debt expense in the patient care RCC Additionally, the ASCBS RCC is calculated using 2016 financial information (44,823) ASCBS includes financial assistance provided to community by related organizations (5,446) ASCBS includes the unreimbursed cost of community building activities (995) ASCBS includes the unreimbursed cost of Medicare and Champus (6,227) Total variance between Part I line 7 and ASCBS (57,491)

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	(continued) c Texas Children's Hospital West Campus serves one of the fastest growing pediatric populations in the country. As the population grows, so has this community hospital. To meet the needs of these diverse neighborhoods, the Hospital continues to look at its patients and engage community-based organizations and leaders to determine what programs, services and initiatives may make the most impact in west Houston. In 2017, Texas Children's Hospital provided pediatric care with over 327,000 visits at the West Campus, and this number has continued to grow annually each year since opening its doors in 2010. The campus provides families access to over 25 subspecialty outpatient clinics and comprehensive therapy services, which includes speech, occupational and physical therapy. The Hospital has 86 inpatient beds, which includes a new 22 bed pediatric intensive care unit which opened in October 2017, and remains the only 24/7 dedicated pediatric emergency center in the west Houston area. In addition, a 28,500 square foot, state-of-the-art sports medicine clinic continues to serve the Greater Houston area with physicians specialized in Orthopedics and Sports Medicine with dedicated physical therapists focusing on the unique needs of a pediatric athlete. In an effort to focus on our most vulnerable patients, a Complex Care Clinic was opened at West Campus to support patients with complex medical needs including care coordination needs, medical fragility, technology dependence, and increased health care utilization. As part of our long-term vision to care for children with the most serious and complex medical conditions, an eight-bed Special Isolation Unit at West Campus serves the entire southwest U.S. Designed specifically for children with highly contagious infectious diseases, such as Ebola, avian influenza, SARS and MERS, the unit allows the expert team to provide care to patients who are infected with communicable diseases in a state-of-the-art, safe environment. The unit incorporates all of the latest technology to care for a patient with a contagious disease, including a Biosafety Level III Laboratory, negative pressure airflow and isolated air handling. An elite team of physicians, nurses, technicians and support staff receives extensive ongoing training to provide the safest possible care for patients and caregivers alike. The Special Isolation Unit opened in fall of 2015. d Texas Children's Health Plan operates two Centers for Children and Women, a family-centered medical home for TCHP members located within two of Houston's most underserved areas, Greenspoint and Sharpstown. The facilities offer primary pediatric and obstetric care, pediatric optometry and dentistry and on-site imaging, speech therapy, lab and pharmacy. In November 2016, TCHP launched STAR Kids, a Medicaid-managed care plan for children and young adults up to 21 years old with disabilities. The STAR Kids program offers the same benefits as Medicaid plus many extra services, including long-term support, service coordination through the STAR Kids health plan, and help in the home to optimize the environment for the child with disabilities, among other benefits. e The Jan and Dan Duncan Neurological Research Institute (NRI) at Texas Children's Hospital is the world's first comprehensive pediatric neurological research center devoted to collaborative efforts to understand neurological conditions like autism, cerebral palsy and epilepsy - a class of disorders that together are expected to exceed more than a half-trillion dollars annually in healthcare costs. The NRI includes more than 400,000 square feet of advanced research and office space, including a new laboratory floor, a customized nuclear MRI suite and additional vivarium space. f At Texas Children's, we believe in providing women, mothers and babies quality health care at every important stage of their lives. We call this model "family-centered care." Texas Children's Pavilion for Women brings together obstetricians, gynecologists, oncologists, surgeons, geneticists and nurses from the Hospital and Baylor College of Medicine, to accomplish this purpose. With high-risk births on the rise nationally, our renowned experts and specialists focus on furthering obstetrical research. We also provide advanced treatment, including level IV neonatal intensive care units to give premature and sick babies more extensive support and care. The Hospital was the first hospital to receive designation from the State of Texas as a level IV NICU, one of only a few verified under the new regulations. g The Feigin Tower is the Hospital's central hub for pediatric research. The Hospital is an internationally recognized leader in pediatric research and continues to be a leading recipient of pediatric grant funding through the National Institutes of Health (NIH). With total external and internal funding of more than \$156 million annually, researchers conduct more than 1,000 clinical, basic science

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	nce and translational research projects to identify groundbreaking treatments and cures fo r childhood diseases

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	The Hospital has included four hospital-based outpatient clinical services (The Autism Center, Special Needs Primary Care Clinic, The Center for Childhood Obesity and Mental Health Services- includes pediatric and maternal services) and three stand-alone clinics (the Mobile Clinic Outreach Program, Pediatric Dentistry and the Vannie E Cook Jr Children's Cancer and Hematology Clinic) as subsidized health services in Part I, Line 7g. Gross expenses of \$14,522,507, offsetting revenue of \$6,054,648 and net expenses of \$8,467,859 are included in that line. The stand-alone clinics include gross expenses of \$8,586,519, offsetting revenue of \$5,482,469 and net expenses of \$3,104,050 in line 7g. These clinics qualify as subsidized health services because they provide care and services to vulnerable, low income populations whose communities lack primary care services and programs. The Texas Children's Autism Center provides diagnostic services for children suspected of having an Autism Spectrum Disorder. This is a multidisciplinary center comprised of developmental pediatricians, psychologists and psychiatrists who work collaboratively to provide a comprehensive diagnostic evaluation. The service partners with our Meyer Center for Developmental Pediatrics which provides follow-up care as needed and houses a social work team to help families obtain resources not provided at the Hospital. The Autism Center and The Meyer Center for Developmental Pediatrics are housed in the same location and have over 5,000 patient visits annually. The Special Needs Primary Care Clinic provides a medical home, case management and social services for children with very complex underlying medical conditions. These patients have difficulty finding a general pediatrician to oversee their care and tend to utilize emergency rooms and subspecialists for routine care. The Center for Childhood Obesity was developed to provide comprehensive help to the community and providers in caring for patients with weight management challenges, obesity (children with a body mass index above the 95th percentile) and associated co-morbidities. Programs include: * The Program for Healthy Bodies: a comprehensive evaluation of medical and psychosocial issues as well as an assessment of lifestyle leads to an individualized plan for each patient. This plan may include subspecialty care. The goal for every family is additional weight management services close to home between visits to the Center. Over 80% of the children seen are severely obese. * On the Weight: a 10-week group programs for elementary school age children and their parents are offered at the CyFair Health Center in the late afternoon. * The Weight of Life Program: a 15-week program that serves individual children and addresses behavior change for weight control as well as emotions and self-esteem. * Kamp K'aana: a two-week residential camp program for children 10 to 14 years of age who are struggling with obesity, supported in part through fundraising efforts of volunteers from the Hospital. * The Saturday Wellness Program: quarterly sessions offered on Saturday mornings to teach children six to 16 years of age about healthy lifestyles and nutrition. Supported by the Texas Department of State Health Services. The Psychiatry Service serves patients with a wide variety of psychiatric conditions often which are comorbid. Services include diagnostic assessments and treatment of complex anxiety and mood disorders, Tourette's syndrome, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, medication management for children with Autism Spectrum Disorders, among other conditions. The Service also has a consultation service to the inpatient units of the Hospital. The Service has over 8,000 patient visits annually. The Psychology Service serves patients with varying degrees of assessment and treatment needs. Services include neuropsychological testing, cognitive assessments, diagnostic assessments for behavioral or developmental concerns, treatment in the areas of pre-school and school age disruptive behavior, anxiety and mood disorders, complex ADHD, etc. The Service works closely with other services within Texas Children's Hospital, both inpatient and outpatient, in helping patients adjust to and manage complicated or serious medical diagnoses. The Service has over 5,000 patient visits annually. Mobile Clinic Outreach Program -The Hospital's mobile clinics partner with underserved schools in the city and travel to low-income neighborhoods to provide free health care to children and adolescents ages zero to 18 who do not have insurance. As part of its goal to build a community of healthy children, the Hospital operates mobile clinics to provide trusted, high-quality medical services to children who normally might not have the opportunity to receive health care. Pediatric Dentistry Services - Community based dentists are generally not equipped to treat dental patients with special needs that often

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	require treatment in the operating room or heavy sedation. The Pediatric Dental Clinic at Texas Children's Hospital (Dental Clinic) was developed to care for these children. The Dental Clinic is primarily focused on patients with cardiac issues, cancer, neurologic disorders and other medical issues. Approximately 80% of the patients seen in the Dental Clinic are insured through Medicaid. In 2017, the Dental Clinic had over 3,800 patient visits which included about 1,300 operating room cases. Additionally, the Pediatric Orthodontic Clinic at Texas Children's Hospital (Orthodontic Clinic) treats children who have congenital anomalies and/or cleft palates in conjunction with the Plastic Surgery department. In 2017, the Orthodontic Clinic had over 3,300 patient visits with about 46% insured through Medicaid. The Vannie E Cook Jr. Children's Cancer and Hematology Clinic (Vannie Cook Clinic) is located in McAllen, Texas and is a joint effort between the Vannie E Cook Jr. Cancer Foundation, Baylor College of Medicine and Texas Children's Cancer and Hematology Centers. The Vannie Cook Clinic offers treatment to children along the Mexico border in South Texas who suffer from cancer and blood disorders. It is the only comprehensive pediatric cancer treatment facility in South Texas. Many of these patients previously would have traveled to San Antonio or Houston for their treatment, a hardship physically, emotionally and financially for them and their families. It is a comprehensive care facility offering diagnostic and cancer treatment services, cancer genetic counseling and a long-term survivorship program which follows childhood cancer survivors through adulthood. Most of the patients (88%) are from low-income, uninsured or underinsured families. Every year, the clinic staff sees approximately 1,250 patients and of these patients, approximately 570 are newly diagnosed.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	62529472

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	For Part 1, Line 7, Texas Children's Hospital (Hospital) applied the ratio of patient care costs (RCC) to charges derived from Worksheet 2 to the charges the Hospital forgave pursuant to the financial assistance policy (line 7a), Medicaid charges (line 7b), other means-tested charges (line 7c) and research patient care charges (line 7h) Worksheets 1, 2, 3, 4, 5, 6, 7 & 8 and the corresponding instructions have been used as the primary basis for completing Part 1, Line 7 For each subsidized health service, the Hospital used the RCC for cost report line 90 00 Outpatient Clinics where the subsidized health service cost centers reside and applied it to the respective gross patient charges to calculate community benefit expense For each subsidized stand-alone clinic, the Hospital calculated a specific ratio of patient care costs to charges using the same method prescribed in worksheet 2 and applied it to the respective clinics' gross patient charges to calculate community benefit expenses For Part 1, Line 7, the Hospital applied indirect cost ratios from the 2017 Medicaid cost report to direct program expense to determine total community benefit expense related to community health improvement services and community benefit operations (line 7e), non-GME health professional education programs (line 7f) and in-kind contributions (line 7i) The indirect cost ratios computed from the 2017 Medicaid cost report are both comprehensive and a good proxy of the associated overhead costs For Part 1, Line 7f, the Hospital included the direct and indirect expense from the 2017 Medicaid cost report for state accredited and nationally accredited Graduate Medical Education (GME) programs For Part 1, Line 7h, the Hospital included the direct and indirect expense from the 2017 Medicaid cost report for research No industry-sponsored research activities are included in line 7h

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	The Hospital's community building activities promote the health of the communities served and supports organizations focused on the root causes of health problems (e g , poverty and homelessness) and vulnerable populations (e g , children with special healthcare needs) Physical improvements and housing (Line 1) Net Community Building Expense NORA'S HOME \$ 25,000 Community Health Improvement Advocacy Activities (Line 7) Net Community Building Expense AMERICAN HEART ASSOCIATION \$ 15,000 ADULT CONGENITAL HEART ASSOCIATION \$ 5,000 AMERICAN LIVER FOUNDATION \$ 5,000 AMSCHWAND SARCOMA FOUNDATION \$ 5,000 FOOD ALLERGY RESEARCH \$ 5,000 GRANT A STARR FOUNDATION \$ 5,000 PROJECT JOY AND HOPE \$ 5,000 Other \$ 800 TOTAL \$ 45,800 Other (Line 9) Net Community Benefit Expenses WOODFOREST NATIONAL BANK CHARITIES \$ 2,250 YMCA OF GREATER HOUSTON (HOUSTON CHARITABLE) \$ 50,000

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense represents the difference between the standard rates (or the discounted rates negotiated or provided by policy) and the amounts expected to be collected after all reasonable collection efforts have been exhausted. Costing methodology to determine bad debt expense at cost utilizes the same RCC identified on worksheet 2. Bad debt expense is calculated as the charges written off (at full established rate) multiplied by the RCC.

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

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Footnote describing accounts receivables and allowance for doubtful accounts (page 17) of audited financial statements Patient receivables and related allowances for contractual adjustments and doubtful accounts are recorded on an accrual basis and at net realizable value in the consolidated balance sheets For receivables associated with services provided to patients who have third-party coverage, Texas Children's analyzes contractually due amounts and provides estimated allowances The allowance for doubtful accounts is recorded based primarily on the aging of patient receivables and historical collection experience by major payor group Texas Children's regularly reviews revenue source data related to these major payor groups in evaluating the sufficiency of the allowance for doubtful accounts Self-pay receivables include patients without insurance or government assistance For self-pay patient receivables, Texas Children's records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The allowance for doubtful accounts represents the difference between the standard rates (or the discounted rates negotiated or provided by the policy) and the amounts expected to be collected after all reasonable collection efforts have been exhausted

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

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

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

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

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

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In addition to the CHNA, Texas Children's Hospital has a Community Benefits department whose structure and purpose includes engaging with internal and external partners in the development of community partnerships, identifying new programs and funding opportunities and reporting community benefit programs' progress, outcomes and evaluation To accomplish this, Community Benefits employs the ICARE framework * Identify community health needs as they arise * Collect data * Align the Texas Children's community-related efforts with identified needs * Recognize components of Texas Children's that provide quality community-related services * Enhance community-related health efforts across the entire system The Community Benefits programs are guided by six priority areas 1) Access to Appropriate Care and Health Coverage, 2) Education and Research, 3) Disease and Injury Prevention, 4) Management of Chronic Diseases, 5) Community Health Partnerships and Collaborations, and 6) Women's Health A Community Benefits Workgroup, comprised of physician and administrative leaders from across Texas Children's, works in collaboration with the Community Benefits department The workgroup is charged with determining how best to address identified community needs that would fall under these health pillars Members/Leaders provide critical guidance to the Community Benefits department in the Hospital's supported programs created to address existing community health needs and how best to measure program success and continued support or expansion of these efforts to other areas of the community

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

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	As a leader in pediatrics and women's health, the Hospital continues its mission to serve the community through preeminent research, education and patient care. This ongoing commitment ensures the health and well-being of the youngest and most vulnerable members of the community, whether they reside in nearby neighborhoods or on the other side of the world. In addition to the information supplied in other sections of this document, the following are examples of the Hospital's ongoing commitment to the community it serves: 1) Texas Children's Board of Trustees is composed of representatives who reside in the greater Houston community and are not employees of the hospital. Many Trustees are business and civic leaders who are active in other local charitable organizations. 2) The Hospital extends medical staff privileges to all qualified non-hospital-based physicians from the community. Privileges are granted in accordance with medical staff bylaws. 3) Emphasizing its world-class expertise in highly specialized fields, the Hospital operates Centers of Excellence in oncology, cardiology and neonatology. Ranked fourth among all children's hospitals nationally by U.S. News & World Report in 2017, Texas Children's Hospital is the only children's hospital in Texas to receive the prestigious Honor Roll designation. In 2017, the Hospital ranked in the top five in six subspecialties and #1 in the nation in cardiology/heart surgery. As a national leader among pediatric institutions, the Hospital has multidisciplinary expertise in some of the most complex medical challenges facing children today. 4) As part of its responsiveness to the community, the Hospital operates and supports several advisory committees, comprised of community members and patient families. These groups consult with Hospital representatives on a wide range of topics designed to increase the quality of care and services provided. 5) The Hospital invests its operating margin in capital projects and programmatic initiatives focused on improving patient care, medical education and research. 6) The Hospital served as a training center for nursing students, supporting approximately 1280 candidates in 2017. Although these trainees are not obligated to remain at the Hospital upon certification, they gain valuable knowledge for their careers in pediatrics. 7) Texas Children's Medical Legal Partnership (MLP) promotes the health of vulnerable, low-income populations by addressing legal needs that affect patient health. In fiscal year 2017, there were a total of 159 consultations. The MLP brings together lawyers, doctors and social workers when a legal situation is required. A staff attorney and volunteers provide free legal advice to patients and families on a variety of legal matters including improving housing conditions, obtaining guardianships for adult children or unrelated caregivers and securing public school accommodations for children with disabilities. 8) The Simulation Center at Texas Children's Hospital provides Pediatric Simulation Training for Emergency Pre-hospital Providers (Pedi-STEPPs) to members of the Houston Fire Department (HFD). A grant from the Cullen Trust for Healthcare, as well as a commitment from the Hospital, allowed this innovative training to be offered free of charge to the City for 500 firefighters over a two-year period. In fiscal year 2017, 275 individuals participated in this training. The training course incorporates multimedia, technical skills training and communication/team skills training through participation in high-fidelity simulation scenarios. February 26, 2016, marked the first day of implementing newly revised scenarios with the continuation of each high-fidelity simulation followed by a facilitated video-reviewed debriefing session where participants reflect on and learn from their performance. 9) The Hospital's 24/7 transport service, the Kangaroo Crew, comprises a fixed-wing aircraft and ground ambulance medical service providing coordinated patient assessment, necessary intervention and safe, rapid transport of critically ill or injured patients. All transport service personnel are specially trained in pediatric/neonatal transport medicine and safety in accordance with Federal Aviation Administration (FAA) and Texas Department of State Health Services guidelines. 10) The transport service team is a member of the Pediatric Disaster Coalition (Coalition), a planning group that consists of subject matter experts from freestanding children's hospitals, facilities with dedicated pediatric/neonatal units, pediatric specialty transport organizations, local and state public health and federal partners. The Coalition shares recommendations and technical guidance with other healthcare facilities throughout the state, as well as federal agencies and other national organizations including Child Health Care Association (CHCA), Children's Hospital Association (CHA), Association of Air Medical Services (AAMS) and American

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Academy of Pediatrics (AAP) Section on Transport Medicine 11) At Texas Children's Hospital, we are committed not only to providing the best possible care, but also to expanding the care-reaching out to more children and families and providing more specialized services where they are most needed. The Hospital is committed to creating a healthier future for children and women throughout our global community by leading in patient care, education and research. We have learned that one of the things families need and value the most is quality medical care that is convenient and close to home. That is exactly what patients and families have had since Texas Children's Hospital The Woodlands opened its doors in 2017. This pediatric hospital campus increases access to pediatric subspecialty care within the following services: adolescent medicine and physical rehabilitation, allergy and immunology, cardiology, cancer and hematology, dermatology, developmental pediatrics, diabetes and endocrinology, gastroenterology, hepatology and nutrition, genetics, infectious disease, neurology, neurosurgery, ophthalmology, orthopedics, otolaryngology, pediatric and adolescent gynecology, pediatric surgery, plastic surgery, psychiatry, psychology, pulmonology, rheumatology, sports medicine and urology. Hospital facilities include 25 emergency center rooms, 74 outpatient rooms, five radiology rooms, four operating rooms and 32 acute care beds, 14 pediatric intensive care and 14 neonatal intensive care beds with plans allowing for expansion up to 200 beds. Additional hospital services include radiology, pathology, sleep center, infusion center, helipad access, audiology, cardiac stress tests, echosonography, pulmonary diagnostics, developmental physical, occupational and speech therapy and sports physical therapy as well as motion gait analysis and fetal medicine testing. Along with serving families throughout The Woodlands area, the Hospital anticipates serving families throughout Greater North Houston and north of Houston including Montgomery, Angelina, Walker, Brazos, Grimes, Madison, Liberty, Harris, Polk, San Jacinto, Trinity and Hardin counties. b In 2015, a \$350 million expansion began on the Hospital's main campus to add 19 stories on top of an existing building, adding 640,000 square feet and resulting in a 25-floor tower. Slated for completion in 2018, the new Legacy Tower will help the Hospital meet the increasing demand for the highly-specialized, critical and medically-complex pediatric care that few hospitals in the country can provide. It will also enhance patient care by giving caregivers and families in critical and progressive care areas much-needed additional space. The tower will house a 130-bed intensive care unit, new operating rooms with the latest technology and a cardiovascular intensive care unit. The roof features a helipad to transport critically ill patients to the Hospital. A renovation and expansion of the Hospital's existing Emergency Center will begin after the new tower is complete.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	The Hospital is affiliated with Texas Children's Pediatrics (TCP, EIN 76-0460242) in promoting health care in the community served. TCP is one of the nation's largest pediatric primary care networks. With 51 practices throughout the greater Houston area, TCP pediatricians serve approximately 25 percent of Houston's children, helping treat and prevent illnesses. Seven TCP practices, identified as the Community Cares Program, are located in medically underserved neighborhoods and provide consistent care for little or no cost to more than 26,000 children who otherwise would seek services from emergency rooms or go without care. In addition to providing high quality, affordable primary care, each Community Cares practice is uniquely designed to meet the needs of the diverse communities they serve. Using the medical home model of care, we provide wrap-around services that eliminate logistical, cultural and social barriers to access care, counseling and educational services with emphasis on risk behaviors, on-site social workers and specialists who provide assistance signing up for Medicaid/CHIP or other ACA providers, partnerships with local dentists, pharmacies and other services to ensure comprehensive affordable health care is provided, extra support and guidance for parents to promote total health and well-being of children. In addition to providing care to children in our community during normal business hours, TCP through its subsidiary, Texas Children's Urgent Care (TCUC, EIN 47-2029489), provides urgent care when kids get sick at night or on the weekends. In 2017, there were eight TCUC sites around the greater Houston area, with plans to add four more in 2018, three of these in Houston and one in Austin. These sites provide families with convenient access to care when it is needed most, and saves them time and money from seeking out inappropriate use of emergency center care. With the success of the Main Campus Urgent Care in reducing unnecessary low acuity emergency center visits, similar results are anticipated with the opening of the new West Campus Urgent Care by the end of FY18. Texas Children's Health Plan (TCHP, EIN 76-048264) is the largest and most frequently selected provider of Children's Medicaid/CHIP coverage in the region. TCHP was founded in 1996 by Texas Children's Hospital making it the nation's first health maintenance organization (HMO) created just for children. Through a contractor role with the Texas Health and Human Services Commission (HHSC), Texas Children's Health Plan provides STAR/Medicaid and Children's Health Insurance Program (CHIP) to pregnant women, teens and children in Houston and surrounding areas. Starting in November 2016, Texas Children's Health Plan also provides STAR Kids to children and young adults under the age of 21 with disabilities. As of September 2017, the Health Plan has over 438,000 members. The staff and network of over 3,000 primary care physicians, 6,000 specialists and 110 hospitals that provide acute care and inpatient and outpatient behavioral health and substance abuse treatment are committed to providing excellent service and patient care to TCHP members. The Hospital is Baylor College of Medicine's primary pediatric training hospital, with one of the largest pediatric residency programs in the country. The hospital's medical staff consists of more than 1,700 board-certified, primary care physicians, pediatric subspecialists and pediatric-surgical subspecialists. Together, the Hospital and Baylor College of Medicine represent one of the most active and best funded pediatric research programs in the country. Baylor College of Medicine investigators at the Hospital are conducting innovative research in nearly every pediatric subspecialty with the goal of quickly translating discoveries into breakthrough treatments for children everywhere.

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 74-1100555

Name: TEXAS CHILDREN'S HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	TEXAS CHILDREN'S HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030 WWW.TEXASCHILDRENS.ORG 000117	X	X	X	X		X	X			

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Texas Children's Hospital Facility Name Texas Children's Hospital, Community Benefits Description Texas Children's Hospital, located in Houston, Texas, is a not-for-profit organization whose mission is to create a healthier future for children and women throughout our global community by leading in patient care, education and research Consistently ranked among the top children's hospitals in the nation, the organization has added two community hospitals in West Houston and The Woodlands and a Pavilion for Women's Health Texas Children's, the consolidated group, is comprised of several entities including the Hospital as well as Texas Children's Health Plan (TCHP) and Texas Children's Pediatrics (TCP) All affiliated entities were created to fulfill the Hospital's mission and serve patient families throughout the greater Houston area and beyond Facility Name Public Health Pediatrics, Baylor College of Medicine Description Launched in October 2015, the Public Health Pediatrics section has two components - child abuse pediatrics and the Center for the Study of Childhood Adversity and Resilience Education (CARE) Both components work together to engage the community around perceived risk factors and improve the trajectory for children of abuse and neglect In conjunction with child abuse pediatrics, the main focus of CARE is community-level research to identify, promote and implement strategies to prevent adverse childhood experiences such as poverty, violence, inequality, homelessness, and lack of mental health, education and nutrition Facility Name Baylor College of Medicine Description Baylor College of Medicine is a health sciences university that creates knowledge and applies science and discoveries to further education, healthcare and community service locally and globally The school, located in the middle of the world's largest medical center (Texas Medical Center), is part owner of Baylor St Luke's Medical Center, part of the CHI St Luke's Health system, and has hospital affiliations with Harris Health System, Texas Children's Hospital, The University of Texas MD Anderson Cancer Center, Memorial Hermann - The Institute for Rehabilitation and Research, Menninger Clinic, the Michael E DeBakey Veterans Affairs Medical Center and Children's Hospital of San Antonio The medical school has been consistently considered in the top tier of programs in the country

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	nding to support these efforts Proposed actions to address this issue * Collaborate with other nonprofits to create and host education forums and materials that inform the larger community about cultural and social barriers to accessing mental health services, and way s to improve communication and information on disease conditions * Consider the provision of mental health screenings and therapy services within our mobile clinics or through par tnering schools with licensed mental health professionals such as social workers or psycho logists These services should include basic screenings for Adverse Childhood Experiences and referrals to community providers or other mental health resources such as mobile-behav ioral health treatment interactive tools like those offered by the Harris Center for Menta l Health and IDD (Intellectual Development and Disability) Foster Care - outreach and edu cation to current and future foster families Current actions to address this issue * Exam ining best practices from other hospitals and nonprofits in foster care, screening and ref errals to social and community services, and sexual orientation and gender identity care Proposed actions to address this issue * Offer continuing medical education for providers on the unique healthcare needs of foster children and LGBTQ children * Offer education f orums throughout Texas Children's geographic service areas to interested community stakeho lders and families on these topics, especially for school health providers and counselors, parent-teacher organizations, and small nonprofits that serve these families Social Dete rminants of Health - screenings, referrals, and resources Current actions to address this issue * Enhancing participation in community health initiatives with community service or ganizations, local businesses, chambers of commerce and schools, especially efforts that a ddress social determinants of health such as nutrition, food insecurity, physical activity , parenting skills, etc New partnerships would elevate overall community awareness and en gagement regarding these issues and would begin to align the various community sectors' ap proaches to regional health care needs CHALLENGING REGIONAL HEALTH NEEDS In our assessmen t findings, two specific health services were identified as being severely inadequate for both the pediatric and female populations in our community These services were mental and oral health (as they relate to women and children) According to our 2016 CHNA findings Oral Health - despite increases in insurance enrollment, there is still a high percentage of children living in Greater Houston without dental coverage In general, these children often lack a medical home * Data from Medicaid gov for 2014 on lack of dental coverage of children in our region did not show any change to this percentage - 27 3%, yet, the absen ce of pediatric access to basic dental health services was mentioned as a new topic in int erviews of stakeholders for th

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	e 2016 CHNA * Oral health is an important component of overall health and well-being The Hospital's academic partner, Baylor College of Medicine (BCM), does not house a dental school Fortunately, the University of Texas School of Dentistry is expanding its partnerships to complement care provided in the community by pediatric and adult medical providers However, funding constraints, dental provider workforce shortages and clinic site limitations, especially for the uninsured and enrollees in government health programs, has limited the roll-out of these collaborations * The Orthodontic Clinic at Texas Children's Hospital treats children who have congenital craniofacial anomalies and/or cleft palates Children with special problems may be treated by a full range of orthodontic services Minor orthodontic treatment is also available Patients must be referred by the Craniofacial/Plastic Surgery team from within the Hospital The Hospital also provides comprehensive dental services to patients with complex medical conditions These children with complex dental needs or extensive problems are treated through various inpatient or outpatient means including our well-equipped operating rooms Mental Health - Three quarters of Texas counties are mental health professional shortage areas (CodeRedTexas.org 2015) * The Hospital does not have dedicated pediatric beds for psychiatric care The organization does provide behavioral and mental health testing and assessment and counseling in our outpatient areas for some behavioral health diagnosis Our licensed professional counselor social workers offer limited counseling to patients and families in coordination with care delivered by the clinical care teams throughout the hospital * In the summer of 2017, Texas Children's launched the Trauma and Grief (TAG) Center under the leadership of Dr. Julie Kaplow The primary purpose of the TAG Center is to raise the standard of care and increase access to best-practice care among traumatized and bereaved children, adolescents, and their families Other significant community collaborations exist with Texas Children's subsidiaries In 2013, the Texas Children's Health Plan opened The Center for Children and Women at Greenspoint and a second Center in 2014 in southwest Houston These Centers provide comprehensive pediatric and adult health care including medical, dental care, vision and behavioral health services for Medicaid and CHIP health plan members

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

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Texas Children's Hospital The Hospital does not perform any Extraordinary Collection Actions

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227014378

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FELLOWSHIPS	6	465,209			
(2) SCHOLARSHIPS	6	18,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS FOUNDATION HOUSTON 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501(C)(3)	50,000				SUPPORT NON-PROFIT HEALTHCARE ORG
ALBERT B SABIN VACCINE INSTITUTE INC 2000 PENNSYLVANIA AVENUE NW SUITE 7100 WASHINGTON, DC 20006	06-1389829	501(C)(3)	50,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	13-5613797	501(C)(3)	55,000				SUPPORT NON-PROFIT HEALTHCARE ORG
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL REACH 729 N FRAZIER CONROE, TX 77301	20-5665097	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 101583560	13-1818723	501(C)(3)	6,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF FUNDRAISING PROFESSIONALS 4300 WILSON BOULEVARD SUITE 300 ARLINGTON, VA 222034167	94-3011524	501(C)(3)	30,000				SUPPORT NON-PROFIT MISSION
BLUE BIRD CIRCLE 615 WEST ALABAMA HOUSTON, TX 77055	74-1405134	501(C)(3)	60,000				SUPPORT PEDIATRIC HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BNAI BRITH 1120 20TH STREET NW SUITE 300 N WASHINGTON, DC 20036	53-0179971	501(C)(3)	20,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
CHILDREN AT RISK INC 2900 WESLAYAN HOUSTON, TX 77027	76-0360533	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BRAIN TUMOR FOUNDATION INC 274 MADISON AVENUE NEW YORK, NY 10016	13-3512123	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	32,800				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DRIVE HOUSTON, TX 77007	76-0318867	501(C)(3)	15,000				SUPPORT NON-PROFIT HEALTHCARE ORG
EASTER SEALS OF GREATER HOUSTON INC 4500 BISSONNET SUITE 340 BELLAIRE, TX 774013006	74-1238418	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL FOUNDATION OF THE SOUTHEAST TEXAS CHAPTER 6207 CANYON RUN COURT KATY, TX 77450	45-4519800	501(C)(3)	15,000				SUPPORT NON-PROFIT HEALTHCARE ORG
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW SUITE 900 HOUSTON, TX 77057	74-2141084	501(C)(3)	15,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESYS WORKS 14400 MEMORIAL DRIVE SUITE 200 HOUSTON, TX 77079	90-0757035	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
GOOD SAMARITAN FOUNDATION 3355 W ALABAMA STREET SUITE 1025 HOUSTON, TX 77098	74-1235398	501(C)(3)	13,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT A STARR FOUNDATION 10451 CLAY ROAD HOUSTON, TX 77043	20-5003726	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG
GREATER HOUSTON WOMEN'S CHAMBER OF COMMERCE 3015 RICHMOND AVENUE HOUSTON, TX 77098	26-1536004	501(C)(6)	5,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Holocaust Museum Houston 9220 KIRBY DRIVE NO 100 HOUSTON, TX 77054	76-0331398	501(C)(3)	6,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
HOUSTON CHILDREN'S CHARITY 230 WESTCOTT ST HOUSTON, TX 77007	76-0135741	501(C)(3)	20,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON JUNIOR WOMAN'S CLUB CHARITABLE FUND PO Box 19684 HOUSTON, TX 77224	23-7157689	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
HOUSTON COMMUNITY HEALTH CENTERS 424 HAHLO STREET HOUSTON, TX 770203022	76-0622208	501(C)(3)	7,725				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY INC PO BOX 5168 KATY, TX 77491	76-0695612	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
INSTITUTE OF SPIRITUALITY AND HEALTH AT THE TEXAS MEDICAL CENTER 8100 GREENBRIAR HOUSTON, TX 77054	74-1246255	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF HOUSTON 1811 Briar Oaks Lane HOUSTON, TX 77027	74-1185659	501(C)(3)	105,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
JUVENILE DIABETES RESEARCH FOUNDATION 2425 FOUNTAINVIEW SUITE 280 HOUSTON, TX 77057	23-1907729	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA INC 12625 SOUTHWEST FREEWAY STAFFORD, TX 77477	76-0116615	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
MARCH OF DIMES FOUNDATION 3000 WESLAYAN SUITE 100 HOUSTON, TX 77027	13-1846366	501(C)(3)	125,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEN OF DISTINCTION OF GREATER HOUSTON INC 4218 MARQUETTE HOUSTON, TX 77005	26-0421594	501(C)(3)	7,500				SUPPORT NON-PROFIT PHILANTHROPIC ORG
MENTAL HEALTH AMERICA OF GREATER HOUSTON 2211 NORFOLK NO810 HOUSTON, TX 77098	74-1272394	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSCULAR DYSTROPHY ASSOCIATION INC 222 SOUTH RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606	13-1665552	501(C)(3)	6,000				SUPPORT NON-PROFIT HEALTHCARE ORG
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVEVNUE NEW YORK, NY 10017	13-5661935	501(C)(3)	12,500				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERRIPLEY PO BOX 271389 HOUSTON, TX 77277	23-7062976	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
NORA'S GIFT FOUNDATION 8300 EL RIO STREET HOUSTON, TX 77054	62-1763895	501(C)(3)	25,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF HOUSTON INC 1907 HOLCOMBE BLVD HOUSTON, TX 77030	74-1984499	501(C)(3)	100,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TCH PEDIATRIC ASSOCIATES INC PO BOX 300630 HOUSTON, TX 77230	76-0460242	501(C)(3)	6,005,017				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXANS FOR LAWSUIT REFORM 1701 BRUN HOUSTON, TX 77019	76-0439129	501(C)(6)	100,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	22,500				SUPPORT NON-PROFIT EDUCATIONAL ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS PEDIATRIC SOCIETY 401 WEST 15TH STREET STE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	7,500				SUPPORT NON-PROFIT HEALTHCARE ORG
TEXAS SURGICAL SOCIETY 811 WOODLAND WEST WACO, TX 76712	23-7136006	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALBERT SCHWEITZER FELLOWSHIP 330 BROOKLINE AVENUE BR BOSTON, MA 02215	13-1982786	501(C)(3)	10,000				SUPPORT NON-PROFIT HEALTHCARE ORG
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ST THOMAS 3800 MONTROSE BOULEVARD HOUSTON, TX 77006	74-1277664	501(C)(3)	50,000				SUPPORT NON-PROFIT EDUCATIONAL ORG
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN STREET SUITE 1200 HOUSTON, TX 77226	74-1761309	GOVT	60,000				SUPPORT NON-PROFIT MEDICAL SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA 2600 NORTH LOOP WEST HOUSTON, TX 77092	74-1109737	501(C)(3)	67,000				SUPPORT NON-PROFIT PHILANTHROPIC ORG

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization TEXAS CHILDREN'S HOSPITAL	Employer identification number 74-1100555
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	SEVERANCE PAY SUSAN MACDONALD 189,838 LORI ARMSTRONG 189,768 SHERYL FULTZ 165,981 ROBERT MATTIX II 68,827 SEVERANCE IS DETERMINED ON A CASE-BY-CASE BASIS, WITH LEGAL COUNSEL INVOLVED IN THE DECISION. CONSIDERATION IS GIVEN TO FACTORS SUCH AS LENGTH OF SERVICE AND LEVEL OF POSITION WITH THE ORGANIZATION.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	457(F) PLAN PAID/DEFERRED SUSAN MACDONALD 12,935 / 0 BENJAMIN MELSON 259,927 / 149,302 RANDY WRIGHT 482,802 / 0 WELDON GAGE 0 / 111,291 JOHN R. NICKENS, IV 89,773 / 78,044 MARK MULLARKEY 122,772 / 173,084 MICHELLE RILEY-BROWN 116,930 / 173,084 MARK A. WALLACE 982,368 / 327,077 LORI ARMSTRONG 44,537 / 0 MARY JO ANDRE 83,657 / 114,445 GEORGE BISSET III 11,855 / 0 ANGELO P. GIARDINO, MD, PhD 73,725 / 145,000 MALLORY CALDWELL 73,950 / 151,991 DAN DIPRISCO 45,150 / 87,540 TABITHA RICE 93,306 / 89,700 ROBERT DURDEN 546,325 / 202,960 SHERYL FULTZ 155,131 / 36,500 LANCE LIGHTFOOT 108,450 / 139,610 ROBERT MATTIX II 168,890 / 45,080 KAY TITTLE 162,478 / 142,305 DIRECTOR INCENTIVE PLAN PAID/DEFERRED DACE REINHOLDS 15,300 / 0 457(F) THE 457(F) PLAN IS A DEFERRED COMPENSATION PLAN THAT ALLOWS ELIGIBLE EXECUTIVES, FROM THE ASSISTANT VICE PRESIDENT LEVEL TO CHIEF EXECUTIVE OFFICER, TO CONTRIBUTE MONEY ON A PRE-TAX BASIS. FUNDS MAY BE DEFERRED INTO THIS ACCOUNT FROM ANY OF FOUR SOURCES: BASE SALARY, ANNUAL INCENTIVE PLAN, LONG-TERM INCENTIVE PLAN, AND CAPITAL ACCUMULATION ACCOUNT FROM A FLEXIBLE BENEFIT ACCOUNT SURPLUS. THESE VEST AFTER THREE YEARS IN THE 457(F) WITH THE EXCEPTION OF THE CAPITAL ACCUMULATION ACCOUNT WHICH VESTS AFTER FIVE YEARS IN THE 457(F) PLAN. DIRECTOR INCENTIVE PLAN THE DIRECTOR INCENTIVE PLAN IS AN ANNUAL INCENTIVE PLAN IN WHICH ELIGIBLE DIRECTORS PARTICIPATE. THE PLAN SHARES GOALS WITH THE EXECUTIVE ANNUAL INCENTIVE PLAN, FOCUSING ON FACTORS SUCH AS FINANCIAL PERFORMANCE, QUALITY GOALS, AND PATIENT SATISFACTION. IN ADDITION, THERE ARE INDIVIDUAL COMPONENTS FOR EACH DIRECTOR WHICH VARY DEPENDING ON THE EXPECTED OUTCOMES FOR THAT AREA AND / OR YEAR.

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 74-1100555

Name: TEXAS CHILDREN'S HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Susan MacDonald Schedule O	(i)	2,753	0	202,773	0	522	206,048	216,294
	(ii)	0	0	0	0	0	0	0
1Weldon Gage SCHEDULE O	(i)	342,246	45,000	7,629	119,299	10,253	524,427	0
	(ii)	0	0	0	0	0	0	0
2Benjamin Melson SCHEDULE O	(i)	775,998	699,811	139,210	170,502	27,125	1,812,646	115,702
	(ii)	0	0	0	0	0	0	0
3Mark Mullarkey SCHEDULE O	(i)	460,540	85,800	39,068	194,284	35,849	815,541	36,972
	(ii)	0	0	0	0	0	0	0
4John R Nickens IV Schedule O	(i)	467,804	85,800	6,376	99,244	27,954	687,178	3,973
	(ii)	0	0	0	0	0	0	0
5Michelle Riley-Brown SCHEDULE O	(i)	465,919	85,800	33,422	194,284	29,113	808,538	31,130
	(ii)	0	0	0	0	0	0	0
6Mark A Wallace Schedule O	(i)	1,288,208	1,311,535	701,130	350,927	23,725	3,675,525	412,641
	(ii)	0	0	0	0	0	0	0
7Randy Wnght SCHEDULE O	(i)	133,117	39,975	501,033	2,302	3,858	680,285	312,024
	(ii)	0	0	0	0	0	0	0
8LORI ARMSTRONG Schedule O	(i)	0	0	234,304	0	868	235,172	16,309
	(ii)	0	0	0	0	0	0	0
9Mary Jo Andre Schedule O	(i)	375,899	60,600	44,216	135,645	29,181	645,541	23,057
	(ii)	0	0	0	0	0	0	0
10Dean B Andropoulos MD BOARD MEMBER	(i)	0	186,592	0	0	0	186,592	0
	(ii)	0	0	0	0	0	0	0
11Michael A Belfort MD PhD BOARD MEMBER	(i)	0	207,460	0	0	0	207,460	0
	(ii)	0	0	0	0	0	0	0
12George Bisset III MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	771,412	98,718	21,995	18,550	24,163	934,838	0
13Charles D Fraser Jr MD BOARD MEMBER	(i)	0	317,278	0	0	0	317,278	0
	(ii)	0	0	0	0	0	0	0
14Angelo P Giardino MD PHD SCHEDULE O	(i)	476,426	73,725	21,908	166,200	12,645	750,904	0
	(ii)	0	0	0	0	0	0	0
15Mark W Kline MD BOARD MEMBER	(i)	0	217,576	0	0	0	217,576	0
	(ii)	0	0	0	0	0	0	0
16Dan DiPnsco SCHEDULE O	(i)	283,755	45,150	5,694	106,286	8,492	449,377	0
	(ii)	0	0	0	0	0	0	0
17Dace Reinholds Schedule O	(i)	205,336	15,300	1,840	18,973	11,560	253,009	0
	(ii)	0	0	0	0	0	0	0
18Mallory Caldwell Senior Vice President	(i)	463,450	73,950	20,733	167,891	34,624	760,648	0
	(ii)	0	0	0	0	0	0	0
19Tabitha Rice Senior Vice President	(i)	323,863	49,950	45,332	110,900	26,926	556,971	43,356
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ROBERT DURDEN SENIOR VICE PRESIDENT	(i)	633,058	546,325	20,364	218,860	29,464	1,448,071	0
	(ii)	0	0	0	0	- 0	- 0	0
1SHERYL FULTZ VICE PRESIDENT	(i)	198,560	0	370,003	54,592	18,101	641,256	134,043
	(ii)	0	0	0	0	- 0	- 0	0
2Lance Lightfoot Vice President	(i)	449,281	57,675	71,177	160,810	26,965	765,908	50,775
	(ii)	0	0	0	0	- 0	- 0	0
3Robert Mattix II Senior Vice President	(i)	350,864	0	280,497	60,980	19,148	711,489	168,890
	(ii)	0	0	0	0	- 0	- 0	0
4Kay Tittle Vice President	(i)	483,913	100,725	65,324	163,505	17,656	831,123	61,753
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
74-1100555

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009DY3	01-15-2010	80,078,929	REFUND PRIOR ISSUES (1999B-2 SERIES ISSUED 07/20/99)		X		X		X
B HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009CG3	06-17-2009	198,965,284	BUILD HEALTH CARE FACILITIES		X		X		X
C HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CO	52-1284201	414152RW0	04-30-2008	300,000,000	REFUND PRIOR ISSUES (2007 SERIES ISSUED 06/27/07)		X		X		X
D HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009JX9	06-30-2015	225,732,600	REFUND AND REDEEM PRIOR ISSUES (1999B-1 SERIES ISSUED 07/20/99) AND BUILD HEALTH CARE FACILITIES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired		19,665,000		67,985,000		13,600,000		5,590,000
2	Amount of bonds legally defeased		0		0		0		0
3	Total proceeds of issue		80,078,929		199,780,590		300,000,000		225,843,941
4	Gross proceeds in reserve funds		0		0		0		0
5	Capitalized interest from proceeds		0		0		0		3,839,429
6	Proceeds in refunding escrows		0		0		0		0
7	Issuance costs from proceeds		1,278,929		3,311,550		0		1,825,784
8	Credit enhancement from proceeds		0		0		0		0
9	Working capital expenditures from proceeds		0		0		0		0
10	Capital expenditures from proceeds		0		196,469,040		0		97,078,729
11	Other spent proceeds		78,800,000		0		300,000,000		123,100,000
12	Other unspent proceeds		0		0		0		0
13	Year of substantial completion		2010		2011		2011		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 9 %		0 5 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 9 %		0 5 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .				X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TEXAS CHILDREN'S HOSPITAL

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
74-1100555

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	414009KB5	06-03-2015	50,000,000	BUILD HEALTH CARE FACILITIES		X		X		X
B HARRIS COUNTY CULTURAL EDUCATION FACILITIES FIN CO	76-0337885	NONEAVAIL	07-16-2015	100,000,000	BUILD HEALTH CARE FACILITIES		X		X		X
C Harris County Cultural Education Facilities FIN CO	76-0337885	414009KC3	06-03-2015	110,000,000	BUILD HEALTH CARE FACILITIES		X		X		X

Part II

Proceeds

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

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X				X		
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TEXAS CHILDREN'S HOSPITAL

Employer identification number
74-1100555

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,875	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		100	Market value
5 Clothing and household goods	X		42,624	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	27	5,928,175	Other - COST / SELLING VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	1,660	Market value
19 Food inventory	X	8	11,214	Cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	3	13,010	Cost
26 Other ► (TICKETS AND CERTIFICATES)	X	48	280,549	Cost
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that
it must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

33

Yes

No

Part II Supplemental Information.

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Securities - Publicly traded - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Food inventory - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Other - EQUIPMENT - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS Other - TICKETS AND CERTIFICATES - COLUMN (B) REPRESENTS NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
TEXAS CHILDREN'S HOSPITAL**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

74-1100555

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a	Texas Children's is the parent entity of Texas Children's Hospital Texas Children's board of directors retains significant reserved authorities (detailed in Part VI, Line 7b below) that allow it to provide strategic oversight and direction to Texas Children's Hospital and its affiliated entities Texas Children's board is representative of the community served and is composed of 36 individuals, 35 of which are independent

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A TITLES	WELDON GAGE CFO AND EXECUTIVE VICE PRESIDENT, BOARD MEMBER FOR THE ENTIRE YEAR AND BOARD TREASURER AS OF 11/3/16 BENJAMIN MELSON BOARD MEMBER AND TREASURER THROUGH 11/3/16 MARK M ULLARKEY EXECUTIVE VICE PRESIDENT AND BOARD MEMBER JOHN R NICKENS, IV EXECUTIVE VICE PRESIDENT AND BOARD MEMBER MICHELLE RILEY-BROWN EXECUTIVE VICE PRESIDENT AND BOARD MEMBER MARK A WALLACE CEO, PRESIDENT AND BOARD CHAIRMAN RANDALL WRIGHT EXECUTIVE VICE PRESIDENT FROM 10/26/16 TO 3/2/17 AND BOARD MEMBER FROM 11/3/16 TO 3/2/17 MARY JO ANDRE SENIOR VICE PRESIDENT, CNO AND BOARD MEMBER ANGELO GIARDINO, M D , PH D CHIEF QUALITY OFFICER, SENIOR VICE PRESIDENT, AND BOARD MEMBER DAN DIPRISCO EXECUTIVE VICE PRESIDENT AS OF 9/18/17 AISHA JAMAL ASSISTANT SECRETARY AS OF 6/1/17 DACE REINHOLDS ASSISTANT SECRETARY THROUGH 6/1/17 LORI ARMSTRONG FORMER SENIOR VICE PRESIDENT, CNO AND BOARD MEMBER SUSAN MACDONALD FORMER EXECUTIVE VICE PRESIDENT AND BOARD SECRETARY

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	OTHER - Total Revenue 35959427, Related or Exempt Function Revenue 35959427, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	HEALTHCARE PROFESSIONAL SERVICES - Total Expense 299081652, Program Service Expense 299081652, Management and General Expenses , Fundraising Expenses , OTHER NON-HEALTHCARE PROFESSIONAL SERVICES - Total Expense 70049965, Program Service Expense 66727894, Management and General Expenses 2896553, Fundraising Expenses 425518,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL GAIN ON PENSION - 15504692, CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - 176375 584, CHANGE IN BENEFICIAL INTEREST IN AFFILIATES - 7562644, CHANGE IN CHARITABLE GIFT ANNU ITY - -39284, CHANGE IN SWAP VALUATION - 20654417, CHANGE IN TECO VALUATION - 910100, TRAN SFER FROM FOUNDATION - 18964373, TRANSFER TO HEALTH PLAN - -26000000, TRANSFER TO TCH PEDI ATRIC ASSOCIATES - -85174,

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227014378	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization TEXAS CHILDREN'S HOSPITAL			Employer identification number 74-1100555

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CORDILLERA PRIMARY WAVE CO-INVESTMENT FUND LP 3000 SAND HILL ROAD BUILDING 3 SUITE 100 MENLO PARK, CA 94025 82-1568240	INVESTMENT	CA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) TCH INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE GRAND CAYMAN KY11102 CJ 98-0176652	INSURANCE	CJ	NA	C Corporation				Yes	
(2) CVI GVF HOLDINGS 3 LTD UGLAND HOUSE SOUTH CHURCH STREET GEORGE TOWN KY11104 CJ 98-1078282	INVESTMENT	CJ	NA	C Corporation				Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 74-1100555
Name: TEXAS CHILDREN'S HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 300630 HOUSTON, TX 77230 26-1482195	HEALTH CARE	TX	501(c)(3)	Type II	TEXAS CHILDREN'S	Yes	
(1) 1919 S BRAESWOOD 4TH FL HOUSTON, TX 77030 76-0461578	PARENT	TX	501(c)(3)	Type II	NA		No
(2) 6621 FANNIN STREET HOUSTON, TX 77030 26-0834681	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
(3) PO BOX 300630 HOUSTON, TX 77230 76-0460242	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
(4) 6330 WEST LOOP SOUTH SUITE 800 8TH FLOOR BELLAIRE, TX 77401 76-0486264	HEALTH CARE	TX	501(c)(3)	10	TEXAS CHILDREN'S	Yes	
(5) 6621 FANNIN STREET HOUSTON, TX 77030 20-2380599	SUPPORTING ORG	TX	501(c)(3)	Type II	TEXAS CHILDREN'S	Yes	
(6) 6621 FANNIN STREET HOUSTON, TX 77030 46-1392824	HEALTH CARE	TX	501(c)(3)	Type I	TEXAS CHILDREN'S HEALTH PLAN INC	Yes	
(7) 1919 S BRAESWOOD BLVD 4TH FLOOR HOUSTON, TX 77030 47-2029489	HEALTH CARE	TX	501(c)(3)	10	TCH PEDIATRIC ASSOCIATES INC	Yes	
(8) 9 GREENWAY PLAZA HOUSTON, TX 77046 76-0246858	SUPPORTING ORG	TX	501(c)(3)	Type I	TEXAS CHILDREN'S HOSPITAL	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TEXAS CHILDREN'S HEALTH PLAN	L	9,889,817	COST
(1)	TEXAS CHILDREN'S HEALTH PLAN	N	227,023	COST
(2)	TEXAS CHILDREN'S HEALTH PLAN	Q	28,026,138	COST
(3)	TEXAS CHILDREN'S HEALTH PLAN	L	322,171,851	COST
(4)	TEXAS CHILDREN'S HEALTH PLAN	R	26,000,000	COST
(5)	TEXAS CHILDREN'S WOMEN'S SPECIALISTS	L	664,251	COST
(6)	TCH PEDIATRIC ASSOCIATES INC	L	3,000,000	COST
(7)	TCH PEDIATRIC ASSOCIATES INC	B	6,005,017	COST
(8)	TCH PEDIATRIC ASSOCIATES INC	R	85,174	COST
(9)	TCH PEDIATRIC ASSOCIATES INC	Q	25,417,780	COST
(10)	TEXAS CHILDREN'S PHYSICIAN GROUP	Q	59,471,424	COST
(11)	TEXAS CHILDREN'S PHYSICIAN GROUP	M	171,605	COST
(12)	TEXAS CHILDREN'S PHYSICIAN GROUP	R	193,351,926	COST
(13)	TEXAS CHILDREN'S HOSPITAL FOUNDATION	S	18,964,373	COST
(14)	TCH INSURANCE COMPANY LTD	S	5,000,000	COST
(15)	TCH INSURANCE COMPANY LTD	Q	5,115,555	COST
(16)	TEXAS CHILDREN'S URGENT CARE	B	3,007,896	COST
(17)	THE GORDON AND MARY CAIN PEDIATRIC NEUROLOGY RESEARCH FOUNDATION	C	1,411,682	COST