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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
Children's Medical Center of Dallas

Doing business as
Children's Health

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1935 Medical District Drive

City or town, state or province, country, and ZIP or foreign postal code
Dallas, TX 75235

D Employer identification number
75-0800628

E Telephone number
(214) 456-7000

G Gross receipts $ 1,234,255,326

F Name and address of principal officer
Christopher J Durovich
1935 Medical District Drive
Dallas, TX 75235

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 childrens com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Dedicated to making life better for children

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)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	5,000
6	Total number of volunteers (estimate if necessary)	**6**	2,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	606,544
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-199,695

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	16,871,919	6,076,382
9	Program service revenue (Part VIII, line 2g)	1,113,687,533	1,160,541,223
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,238,833	29,017,573
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,557,007	38,531,392
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,236,355,292	1,234,166,570
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	182,000	207,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	506,775,200	548,268,592
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	483,210,074	499,936,093
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	990,167,274	1,048,411,685
19	Revenue less expenses Subtract line 18 from line 12	246,188,018	185,754,885
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	2,590,186,076	3,354,427,732
21	Total liabilities (Part X, line 26)	640,494,477	558,327,414
22	Net assets or fund balances Subtract line 21 from line 20	1,949,691,599	2,796,100,318

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

2016-11-09
Date

Jerry Lee CHST VP, Accounting & Treasury
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RACHEL SPURLOCK	RACHEL SPURLOCK			P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 750 N St Paul, Suite 850, Dallas, TX 75201 — Phone no (214) 777-5200

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** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Children's Medical Center of Dallas is dedicated to making life better for children Children's is committed to carry out this mission through adherence to four guiding principles quality care, research & innovation, education & advocacy, and excellence & accountability

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 $ 782,775,619 including grants of $ 207,000) (Revenue $ 1,197,887,080)

Consistent with its charitable mission, Children's Health maintains a policy of accepting all patients within its primary service area regardless of ability to pay The local service regions stretch from the Oklahoma border south to Waco and from Parker County (west of Ft Worth) east to Wood County For the fiscal year ended December 31, 2015, Children's Health absorbed $167 million of uncompensated healthcare services as a result of this open-door charitable policy Children's Health participates in applicable government sponsored entitlement programs For the year ended December 31, 2015, approximately 63% of Children's gross revenue is attributable to patients enrolled in state Medicaid programs During 2015, Children's Health served children through more than 785,000 patient encounters Children's Health had 30,296 patient admissions resulting in 119,660 patient days, and provided services in 595,059 outpatient visits In recognizing its mission to the community, Children's Health participates in the Medicaid, Medicare, Children's Health Health Insurance Program (CHIP), and Children with Special Health Care Needs (CSHCN) government programs Under an agreement with the Dallas County Hospital District, Children's Health provides services to the indigent children of Dallas County Children's Health is the primary pediatric teaching hospital for the University of Texas Southwestern Medical School at Dallas and has the fifth largest pediatric training program in the country Children's Health offers fellowships/residencies in pediatric subspecialties, as well as internships and fellowships/residencies in nursing, dentistry, allied health, social sciences and religious studies In addition to internship and fellowship programs, many students representing a variety of health care professions come to Children's Health to complete a pediatric rotation as a requisite of their training In addition, through the affiliation with UTSW Medical Center, ongoing research is promoted in many different clinical areas of the hospital The end goal of this research is the development of newer, more effective diagnostic & treatment methods to meet the health care needs of children All research involving human subjects is approved by the Institutional Review Board at UTSW Joint areas of research efforts between UTSW's Department of Pediatrics & Children's are critical care, immunology, gastroenterology, emergency medicine, radiology, nutrition, endocrinology, psychiatry, cardiology, pharmacology, nephrology, neurology, pulmonology, rheumatology, infectious diseases & hematology/oncology Many of these clinical studies have been published in medical journals & presented to professional health care societies

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses ▶** 782,775,619

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		No
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		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,349		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,000		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
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	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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?	2			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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		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?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ▶ Jeffrey Vawrinek 1935 Medical District Drive Dallas, TX 75235 (214) 456-7000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								0	19,261,014	729,577

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UTSW HI 108 5323 Harry Hines Blvd Dallas, TX 753908886	Phys & Medical Svcs	94,296,354
RIGHT SOURCING INC PO Box 515743 Los Angeles, CA 900515118	Staffing/Consulting Svcs	15,778,148
JE DUNN CONSTRUCTION COMPANY 16000 Dallas Pkwy 500 Dallas, TX 75248	Contruction Services	12,852,014
DPR CONSTRUCTION 9606 MOPAC EXPRESSWAY STE 300 Austin, TX 78759	Contruction Services	11,851,829
PRESIDIO NETWORKED SOLUTIONS PO Box 677638 Dallas, TX 75267	Staffing/Consulting Svcs	5,841,262

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 358

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				
	d	Related organizations . . . 1d	5,694,220			
	e	Government grants (contributions) 1e	382,162			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,076,382			
Program Service Revenue		Business Code				
	2a	Net Patient Revenue	622110	1,195,493,858	1,195,493,858	
	b	Provisional for Doubtful Accounts	622110	-34,952,635	-34,952,635	
	c					
	d					
	e					
	f	All other program service revenue		0	0	0
	g	**Total.** Add lines 2a-2f . . . . . ▶		1,160,541,223		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		29,106,329	-222,970	29,329,299
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 130,664 /				
	b	Less rental expenses: /				
	c	Rental income or (loss): 130,664 / 0				
	d	Net rental income or (loss) . . . . . ▶		130,664		130,664
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: /				
	b	Less cost or other basis and sales expenses: 88,756 /				
	c	Gain or (loss): -88,756 / 0				
	d	Net gain or (loss) . . . . . ▶		-88,756		-88,756
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	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				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Other Medical Service Revenue 622110		33,272,194	32,442,680	829,514
	b	Dietary Revenue 621990		4,903,177	4,903,177	
	c	Vending Revenue 454210		225,357		225,357
	d	All other revenue		0	0	0
	e	**Total.** Add lines 11a-11d . . . . . ▶		38,400,728		
	12	**Total revenue.** See Instructions . . . . . ▶		1,234,166,570	1,197,887,080	606,544

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	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	207,000	207,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	448,193,720	347,238,332	100,955,388	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,061,338	13,218,281	3,843,057	0
9 Other employee benefits	51,992,651	40,281,335	11,711,316	0
10 Payroll taxes	31,020,883	24,033,446	6,987,437	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,646,834	0	1,646,834	0
c Accounting	251,531	0	251,531	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	154,341,400	130,332,592	24,008,808	0
12 Advertising and promotion	13,837,198	11,831	13,825,367	0
13 Office expenses	5,062,999	1,971,779	3,091,220	0
14 Information technology	30,769,231	782,245	29,986,986	0
15 Royalties	0	0	0	0
16 Occupancy	37,094,803	6,707,382	30,387,421	0
17 Travel	2,301,399	665,082	1,636,317	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	4,275,768	1,735,028	2,540,740	0
20 Interest	17,182,979	12,190,376	4,992,603	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	57,102,714	40,511,226	16,591,488	0
23 Insurance	6,652,960	141,320	6,511,640	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Surgical Supplies	112,707,440	112,707,440	0	0
b Community Relations	41,396,582	41,396,582	0	0
c Dietary and Food Costs	5,013,578	4,392,637	620,941	0
d Special Events & Projects	2,682,949	399,776	2,283,173	0
e All other expenses	7,615,728	3,851,929	3,763,799	0
25 **Total functional expenses.** Add lines 1 through 24e	1,048,411,685	782,775,619	265,636,066	0
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)	0	0	0	0

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		202,842,139	1	11,174,170
	2	Savings and temporary cash investments		135,934,761	2	261,599,892
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		180,818,409	4	206,296,994
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		9,827,641	8	12,866,673
	9	Prepaid expenses and deferred charges		14,890,158	9	4,101,245
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,176,346,802			
	b	Less accumulated depreciation	10b 424,355,578	765,349,087	10c	751,991,224
	11	Investments—publicly traded securities		570,021,564	11	458,598,760
	12	Investments—other securities See Part IV, line 11		30,379,232	12	122,528,343
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		680,123,085	15	1,525,270,431
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,590,186,076	16	3,354,427,732
Liabilities	17	Accounts payable and accrued expenses		180,169,849	17	97,999,340
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		365,548,074	20	362,405,595
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		2,534,057	23	1,292,324
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		92,242,497	25	96,630,155
	26	**Total liabilities.** Add lines 17 through 25		640,494,477	26	558,327,414
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		1,440,397,479	27	2,226,514,820
	28	Temporarily restricted net assets		403,513,990	28	453,821,626
	29	Permanently restricted net assets		105,780,130	29	115,763,872
		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		1,949,691,599	33	2,796,100,318
	34	Total liabilities and net assets/fund balances		2,590,186,076	34	3,354,427,732

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,234,166,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,048,411,685
3	Revenue less expenses Subtract line 2 from line 1	3	185,754,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,949,691,599
5	Net unrealized gains (losses) on investments	5	-45,384,990
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	722,645,004
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16,606,180
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,796,100,318

Part XII Financial Statements and Reporting

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

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

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			
Richard Knight Jr Chairman	1 0 1 0	X		X				0	0	0
Christopher J Durovich President CEO CHST and CEO CMC, Ex Officio Vtg Mbr	1 0 59 0	X		X				0	3,387,269	42,143
David W Biegler Ex Officio Voting Mbr	1 0 3 0	X						0	0	0
Richie L Butler Director	1 0 0	X						0	0	0
Jeremy Ford Director	1 0 0	X						0	0	0
Steven M Gruber Director	1 0 1 0	X						0	0	0
Caren Kline Director	1 0 1 0	X						0	0	0
Charles Koetting Director	1 0 0	X						0	0	0
Tracey Kozmetsky Director	1 0 1 0	X						0	0	0
Jeff Lamb Director	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
CS Lee Director	10 0	X						0	0	0
Thomas A Montgomery Director	10 10	X						0	0	0
Anne Motsenbocker Director	10 0	X						0	0	0
P Scott Ozanus Director	10 0	X						0	0	0
Javier Palomarez Director	10 0	X						0	0	0
Robert Peterson Director	10 0	X						0	0	0
Mary Suhm Director	10 0	X						0	0	0
Gregg Tanner Director	10 0	X						0	0	0
Mark Zacheis Director	10 10	X						0	0	0
Douglas G Hock President COO CMC and EVP CHST	53 0 ..... 2 0			X				0	1,013,374	39,974

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Michele Chulick President CHST Ventures	1 0 ..... 54 0			X				0	905,805	10,600
Lawrence L Foust EVP and Chief Legal Officer	1 0 ..... 54 0			X				0	573,322	22,249
W Robert Morrow MD Pres Phys Orgs Acdmc Rel CCO	1 0 ..... 54 0			X				0	798,164	19,499
Kern Wildenthal Pres CMC Foundation	1 0 ..... 54 0			X				0	871,992	13,751
David G Biggerstaff Pres System Clin Operations	54 0 ..... 1 0			X				0	613,435	23,697
David E Eager EVP Chief Finanacial Officer	1 0 ..... 54 0			X				0	781,951	22,956
Mary E Stowe SVP and CNO	53 0 ..... 2 0			X				0	579,519	30,654
Michael Wiggins SVP Plano Administrator	54 0 ..... 1 0			X				0	268,038	11,193
Jeffrey Vawrinek VP Assoc General Counsel	1 0 ..... 49 0			X				0	421,555	13,108
Peter W Roberts Former CMCD Officer, Pres Pop Hlth Insurance Svcs	1 0 ..... 54 0						X	0	1,021,968	26,295

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emplo
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			
Pamela Arora Former CMCD Officer, SVP and CIO	1 0 ..... 54 0						X	0	645,827	27,18
Cynthia Bassel Former CMCD Officer, SVP Foundation	1 0 ..... 54 0						X	0	522,904	15,91
Kimberly Besse Former CMCD Officer, SVP Chief HR Officer	1 0 ..... 54 0						X	0	548,475	32,78
Keri A Kaiser Former CMCD Officer, SVP Marketing Communications	1 0 ..... 54 0						X	0	336,619	27,27
Patricia U Winning Former CMCD Officer, SVP Business Development	0 0 ..... 55 0						X	0	762,893	41,07
Daniel T Carney Former CMCD Officer, VP Facilities Dev_Ops	49 0 ..... 1 0						X	0	686,849	21,11
Kenneth R Carr Former CMCD Officer, VP Clinical Support Srvcs	49 0 ..... 1 0						X	0	300,215	29,52
Joe D Cavender Former CMCD Officer, VP and ASSOCCNO	49 0 ..... 1 0						X	0	285,043	26,20
Jaquetta B Clemons Former CMCD Officer, VP Finance	1 0 ..... 49 0						X	0	324,702	12,70
Douglas D Duwe Former CMCD Officer, VP Academic Relations	1 0 ..... 49 0						X	0	287,226	17,46

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Em
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			
Joseph Egan Former CMCD Officer, VP Bus Dev Strat Affiliations	1 0 ..... 49 0						X	0	316,685	12,233
Dorothy Foglia Former CMCD Officer, VP and ASSOCCNO	49 0 ..... 1 0						X	0	293,693	26,165
Michael W Hefton Former CMCD Officer, VP and ASSOCCNO	49 0 ..... 1 0						X	0	279,968	33,597
Jerry D Lee Former CMCD Officer, VP Accounting and Treasury	1 0 ..... 49 0						X	0	393,636	33,484
Rustin Morse MD Former CMCD Officer, VP Quality	49 0 ..... 1 0						X	0	463,084	0
Beth A Peters Former CMCD Officer, VP Corp Compliance and CCO	1 0 ..... 49 0						X	0	300,902	16,073
Stephanie Slaughter Former CMCD Officer, VP Managed Care Strategy	1 0 ..... 49 0						X	0	366,246	23,397
Stephanie K Smith Former CMCD Officer, Sr Legal Counsel	1 0 ..... 49 0						X	0	121,525	11,465
Vanessa U Walls Former CMCD Officer, VP Regional Specialty Care Svc	49 0 ..... 2 0						X	0	357,095	20,146
Thomas Zellers MD Former CMCD Officer, VP Medical Staff Affairs	49 0 ..... 1 0						X	0	154,000	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Em
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			
Mark E Ziemianski Former CMCD Officer, VP Business Analytics	1 0 ..... 49 0						X	0	277,035	25,646

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

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 11, 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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, or 8 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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).

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	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? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314033326

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

2015

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	Employer identification number
Children's Medical Center of Dallas	75-0800628

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 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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) 2012	(b) 2013	(c) 2014	(d) 2015	(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) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?	Yes		355,145
j	Total Add lines 1c through 1i			355,145
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	In 2015, CMCD paid membership dues to organizations in which a portion of the membership dues were related to lobbying activities NACH (National Association of Children's Hospitals), AHA (American Hospital Association), THA (Texas Hospital Association), TAVH (Texas Association of Voluntary Hospitals), THOT (Teaching Hospitals of Texas), and CHAT (Children's Hospital Association of Texas) identified a portion of their membership dues as being related to lobbying activities Lobbying percentages were identified by said organizations and applied to 2015 membership dues In addition, CMCD paid professional, consulting fees related to other lobbying activities
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	In 2015, CMCD paid membership dues to organizations in which a portion of the membership dues were related to lobbying activities NACH (National Association of Children's Hospitals), AHA (American Hospital Association), THA (Texas Hospital Association), TAVH (Texas Association of Voluntary Hospitals), THOT (Teaching Hospitals of Texas), and CHAT (Children's Hospital Association of Texas) identified a portion of their membership dues as being related to lobbying activities Lobbying percentages were identified by said organizations and applied to 2015 membership dues In addition, CMCD paid professional, consulting fees related to other 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

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered 'Yes' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		41,433,851		41,433,851
b Buildings		821,267,647	275,891,608	545,376,039
c Leasehold improvements		9,325,353	4,762,393	4,562,960
d Equipment		224,278,120	143,701,577	80,576,543
e Other		80,041,831		80,041,831
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				751,991,224

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		
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
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) NET ASSETS OF THE FOUNDATION	
(2) OTHER ASSETS	
(3) LT ADVANCES TO AFFILIATES	
(4) PROFESSIONAL RISK LIABILITY DEPOSIT - CIC	
(5) Net Assets of Foundation	569,558,254
(6) LT Advances to Affiliates	944,712,336
(7) Def Loan Costs - Urban Ventur	475,101
(8) Def Bond Iss Costs	3,530,849
(9) Other Assets	6,993,891
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	1,525,270,431

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
Federal income taxes	
UTSW PHYS GUARANTEES	
RETIREMENT PLAN ACCR	
RSV FOR PROFESSIONAL LIAB	
LT DEFERRED RENT	
LT-LOAN PAY-URBAN VENTURES	
Retirement Plan Accrual	76,396,297
Reserve for Professional Liability	7,468,248
LT Deferred Rent	2,580,610
LT - Loan Pay - Urban Ventures	10,185,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	96,630,155

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
Schedule D, Part X, Line 2	In 2015, Children's Medical Center of Dallas was not required to have a FIN48 footnote disclosure

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) NET ASSETS OF THE FOUNDATION	
(2) OTHER ASSETS	
(3) LT ADVANCES TO AFFILIATES	
(4) PROFESSIONAL RISK LIABILITY DEPOSIT - CIC	
(5) Net Assets of Foundation	569,558,254
(6) LT Advances to Affiliates	944,712,336
(7) Def Loan Costs - Urban Ventur	475,101
(8) Def Bond Iss Costs	3,530,849
(9) Other Assets	6,993,891

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
UTSW PHYS GUARANTEES	
RETIREMENT PLAN ACCR	
RSV FOR PROFESSIONAL LIAB	
LT DEFERRED RENT	
LT-LOAN PAY-URBAN VENTURES	
Retirement Plan Accrual	76,396,297
Reserve for Professional Liability	7,468,248
LT Deferred Rent	2,580,610
LT - Loan Pay - Urban Ventures	10,185,000

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

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 Activites 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) Europe (Including Iceland and Greenland)			Investments		650,103
(2) Central America and the Caribbean			Investments		122,561,514
(3)					
(4)					
(5)					
3a Sub-total	0	0			123,211,617
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			123,211,617

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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

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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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,692,399	291,157	20,401,242	1 95 %
b Medicaid (from Worksheet 3, column a)			623,974,417	559,285,229	64,689,188	6 17 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			49,665,960	38,508,420	11,157,540	1 06 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	694,332,776	598,084,806	96,247,970	9 18 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,773,016	1,081,944	6,691,072	0 64 %
f Health professions education (from Worksheet 5)			36,441,598	2,014,556	34,427,042	3 28 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			6,012,856	1,334,063	4,678,793	0 45 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,137,868	156,321	1,981,547	0 19 %
j **Total.** Other Benefits	0	0	52,365,338	4,586,884	47,778,454	4 56 %
k **Total.** Add lines 7d and 7j	0	0	746,698,114	602,671,690	144,026,424	13 74 %

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					0	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			1,000,554	0	1,000,554	0 10 %
7	Community health improvement advocacy					0	0 %
8	Workforce development					0	0 %
9	Other					0	0 %
10	**Total**	0	0	1,000,554	0	1,000,554	0 10 %

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 Heathcare 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	13,991,787		
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	1,022,113		
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	5,163,940
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,432,314
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	731,626
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? 2

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Children's Medical Center of Dallas

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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**	Yes	
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**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) www.childrens.com			
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 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) www.childrens.com			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
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)

Children's Medical Center of Dallas

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
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?	15	Yes	
	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)			
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	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

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	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Children's Medical Center of Dallas

Name of hospital facility or letter of facility reporting group

			Yes	No
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	☐ Actions that require a legal or judicial process			
d	☐ 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	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
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)			

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group CHILDREN'S MEDICAL Center Plano

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	
6a	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	Yes	
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) www.childrens.com			
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 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www.childrens.com			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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)

CHILDREN'S MEDICAL Center Plano

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
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?	15	Yes	
	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)			
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	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

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	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CHILDREN'S MEDICAL Center Plano

Name of hospital facility or letter of facility reporting group

			Yes	No
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	☐ Actions that require a legal or judicial process			
d	☐ 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	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
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)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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

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? **6**

	Name and address	Type of Facility (describe)
1	Ambulatory Care Pavilion Dallas 2350 Stemmons Fwy Dallas,TX 75207	OUTPATIENT CARE
2	Specialty Center Southlake 470 E State Hwy 114 Southlake,TX 76092	OUTPATIENT SPECIALTY CARE CENTER
3	Specialty Center Mesquite 1675 Republic Pkwy Suite 190 MESQUITE,TX 75150	Outpatient Specialty Care Center
4	Specialty Center Rockwall 890 Rockwall Parkway Suite 100 Rockwall,TX 75032	Outpatient Specialty Care Center
5	Specialty Center Bass Center 6300 Harry Hines Blvd Dallas,TX 75235	Outpatient Specialty Care Center
6	Specialty Center Park Cities 8160 Walnut Hill Lane Dallas,TX 75231	Outpatient Specialty Care Center
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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	The Children's Health Community Benefit Report is prepared by our Public Relations department with collaboration from numerous departments within the hospital

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Children's uses Worksheet 2 from the Form 990 Schedule H instructions to calculate the costs for Part I, Line 7 and ratio of patient care cost to charges attributable to community benefits

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Children's is passionate about maintaining a vocal presence in legislative affairs on the local, state and federal levels and is at the forefront of governmental efforts that affect the community at large, from booster seat and car safety measures to critical funding initiatives Additionally, Children's collaborates extensively with our partners in coalitions such as the Children's Hospital Association of Texas (CHAT) and the Texas Hospital Association (THA) at the state level, as well as the Children's Hospital Association (formerly the National Association of Children's Hospitals and Related Institutions) Children's President and Chief Executive Officer also serves on the Board of Trustees for the American Hospital Association Through these affiliations, Children's is better able to advocate the development of an effective, comprehensive and appropriately funded children's health care system in Texas and across the country

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Children's Health uses Worksheet 2 from the Form 990 Schedule H instructions to calculate the bad debt expense and ratio of patient care cost to charges attributable to community benefits

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Children's Health uses its cost accounting system and the actual costs that are written off by patient accounts to calculate the bad debt expense attributable to patients eligible under the organization's charity care policy Children's rationale for including a portion of bad debt as community benefit is that, bad debt expense should be treated as a community benefit as it is similar to other unreimbursed financial assistance, as reported in Part I, Line 7a, but for a different population (namely, those patients who would qualify for charity care if they completed the financial assistance application)

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The following is the footnote disclosure related to the Allowance for Doubtful Accounts, provided with Children's Audited Financial Statements Children's maintains allowances for doubtful accounts to reserve for potential write-offs relating to a patient's inability to make payments on an account Accounts are written off when collection efforts have been exhausted Children's routinely monitors its accounts receivable balances and utilizes historical collection experience to support the basis for its estimates of the provision for doubtful accounts

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Children's Health uses Worksheet A from the As Filed Medicare Cost Report and the IRS Schedule H Instructions to determine Medicare allowable costs

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Children's Health has written debt collection policies which identify collection practices to be followed The collection practices determine for what financial assistance a patient qualifies, and if a patient does not qualify for financial assistance, Children's Health also has written collection practices to be followed to determine if a patient qualifies for charity care As part of the collection practice, Children's Health financial counselors review with the patient and their family the various state and federal programs available to them

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In addition to the 2013 Community Health Needs Assessment, Children's Health has produced a comprehensive quality-of life report on area children, Beyond ABC Growing Up in Dallas County, since 1994 Beginning in 2008, a separate study has been published to focus on youth in Collin County as well These biennial reports provide 10 years of trended data on the many factors facing children in our community Beyond ABC analyzes more than 50 indicators of well-being with respect to health, education, safety and security for the more than 900,000 children that call those areas

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Children's Health Financial Counselors or Customer Service Representatives work with patients' guardians/guarantors to ensure that all public and voluntary assistance programs are fully explored Children's Health has a financial program for patients who are considered indigent and do not qualify for a federal or state program The eligibility criteria for financial assistance is based upon Federal Poverty Guidelines published annually Patients eligible for financial assistance will have charges reduced to the lowest level charged to individuals who have insurance covering such care Gross charges will not be used to calculate patient's bills

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Community Served by Children's Medical Center - Children's main campus is located at 1935 Medical District Drive, Dallas, Texas The city of Dallas is the county seat of Dallas County The city of Dallas is one of the most populous cities in Texas, as well as the United States Children's also has an inpatient facility located at a second campus in Plano, Texas Plano is in Collin County, which is also home to fast-growing cities like Frisco, Allen, McKinney and Prosper Identification and Description of Geographical Community - The city of Dallas is the third largest city in Texas The city of Dallas is accessible from I-30, I-35E, I-45 and I-635 Patients primarily originate from Texas (94 8 percent) Nearly 50 percent (48 8 percent) of Children's discharges originate in Dallas County, Texas Collin County is one of the fastest growing areas in the United States, with its population between 2000 and 2010 growing from 491,000 to over 782,000 Community Population and Demographics - The U S Bureau of Census has compiled population and demographic data based on the 2010 census The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data to estimate population trends from 2013 through 2018 Based on the data, the overall population for Children's service area is projected to increase over the five-year period from 3,320,715 to 3,608,755 The age categories that represent youth and adolescents (0-14 and 15-20) is projected to increase 7 0 percent and 8 9 percent,respectively According to the American Community Survey, 670,217 children under the age of 18 lived in Dallas County in 2012 Nearly 54 percent of all the children in Dallas County were Caucasian compared to approximately 67 percent in Collin County In terms of race, nearly 54 percent of all children in Dallas County were Caucasian, followed by 23 percent African-American Although more than half of the children in Dallas County are Caucasian, only 35 percent of the Caucasian child population is non-Hispanic Moreover, Hispanic children make up more than 52 percent of the child population of Dallas County Service to the Community - Children's Health is well known for bringing exceptional medical and surgical care to the children of North Texas Through community events, child-specific initiatives and organizational affiliations, the hospital invests in prevention, research, education, clinical excellence and advocacy to benefit all children Children's Health devotes itself solely to caring for the complex medical needs of children Children's Health provides patient care ranging from simple eye exams to specialized treatment in areas such as heart disease, hematology-oncology and cystic fibrosis In addition, Children's is a major pediatric kidney, liver, intestine and heart transplant center Through its established injury prevention, advocacy program and disease management programs, the hospital works diligently to educate the community so that no child has to ever come through our doors Combined, Children's Medical Center Dallas and Children's Medical Center Plano are licensed for 592 beds and has more than 50 subspecialty programs spanning the two campuses - the main hospital in Dallas and a second full-service hospital in Plano Children's was the first pediatric hospital in Dallas designated as a Level I Trauma Center Children's is a private, not-for-profit hospital system that does not receive local tax dollars to offer the care provided Children's is philanthropically supported in its efforts to provide care for every child who comes to us, regardless of their family's ability to pay Donors also play a significant part in our ability to conduct research, education and advocacy Combined, the two Children's Health facilities serve children through more than 677,000 patient encounters annually But that doesn't prevent the offering of an elite level of individual care and attention to each family As the primary pediatric teaching facility for the UT Southwestern Medical Center at Dallas, ("UTSW"), Children's is the only full-service, academic-affiliated pediatric hospital in North Texas Through this academic affiliation, the Children's medical staff conducts research that is instrumental in developing treatments, therapies, and greater understanding of pediatric diseases and trains more than 200 pediatric residents and fellows annually

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	The mission of Children's Medical Center of Dallas (Children's Health) is to make life bet ter for children With oversight from a board of directors comprised of individuals who ar e representative of the community served, Children's Health promotes health and benefits t he community through its two licensed hospitals - Children's Medical Center Dallas and Chi ldren's Medical Center Plano Children's Health medical staff is open to physicians in the community who meet all requirements outlined in the Children's Health Medical/Dental Staff Bylaws Children's Health considers it a privilege and responsibility to serve as ardent advocates for kids in Texas and across the country To that end, we work tirelessly to en sure that children's voices are heard and that their needs are met Our efforts to influen ce public policies that impact children's health are comprehensive and ongoing Through pr ogrammatic initiatives, organizational partnerships and community events, Children's Healt h spreads its influence throughout the region and provides area children with much-needed access to a better quality of life Whether that means establishing programs to increase s ervices to the area's under served children or fostering partnerships with existing organi zations, Children's Health is committed to connecting families to the services they need Community Outreach - Through the efforts of the Community Relations staff at Children's He alth, more area children who are eligible for Medicaid or the Children's Health Insurance Program (CHIP) are receiving coverage Almost 18 percent of the children living in Dallas County are uninsured Lack of health insurance leads to poorer health in childhood, greate r rates of avoidable hospitalizations and higher childhood mortality Uninsured children a re 8 times more likely to have delayed care and 12 times more likely to have an unmet medi cal need than children with private insurance Children's Health is committed to helping f amilies obtain health insurance, an important factor in the health and well-being for our entire community Children's Health has a vision to help address the shortage of primary p ediatric medical care for families with limited resources Dallas CHIP Coalition - Childre n's Health ounded and sponsors the Dallas Children's Health Insurance Program Coalition, a n alliance of more than 90 organizations focused on helping families of uninsured children apply for CHIP or Medicaid In addition, the coalition provides community leadership on p ublic policy issues that affect the crisis of uninsured children in our community MEDICAI D/CHIP Outreach Events - Annually, Children's Health coordinates two large community outre ach events targeting the families of uninsured children Working with the Dallas Children' s Health Insurance Program Coalition, these events are promoted through school flyers and the media Since 2005, these events have helped more than 12,000 families apply for covera ge for more than 24,000 children The coalition has trained more than 250 volunteers to as sist families with applications for CHIP or Medicaid School Based Medicaid/Chip Outreach Children's Health outreach team conducts Medicaid/Children's Health Insurance Program outr each at area school districts with a combined enrollment of more than 350,000 Each studen t's family receives communications during a school year with information on the importance of health insurance and the tools to apply for CHIP/Medicaid Children's Health serves as a liasion with the state for families who could not successfully navigate the state's eli gibility system Tackling an epidemic Texas ranks sixth in the nation for obesity in 10 to 17 year-olds, and the problem is even more pressing in Dallas County More than one-third (36 1 percent) of Dallas Independent School District high-school students are obese or ov erweight, almost double the national average, according to the Department of State Health Services In 2008, only one in five Dallas ISD third-graders passed the Texas-mandated sch ool Fitnessgram assessment, compared to about one in three statewide At Children's Health , we provide services to 7,500 patients each year with diagnoses that research shows to b e obesity-related These include cardiology, endocrine, gastrointestinal, pulmonary and ps ychiatric diagnoses Dental Outreach Although effective methods exist to prevent tooth dec ay, cavities remain the most prevalent chronic condition among children-five times more co mmon than asthma and seven times more common than hay fever In partnership with UT Southw estern Medical Center at Dallas, a grant has been obtained so that children from the conti nuity clinics and ARCH (At-Risk Children) clinic who are identified as at-risk are now pro vided oral health education and fluoride varnish every three months to reduce their risk o f cavities Children's Health website Our hospital web site, www childrens com, empowers p arents with the latest information about childhood

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	illnesses, prevention, treatment and services available at the hospital More than 1,300 common pediatric topics are addressed on the Web site Also available are interactive guid es promoting healthy living that target both children and their parents Reaching out to s upport the families of our communities is at the heart of the Children's Health mission T he challenge of ensuring the safety and well-being of all children is a driving force for the hospital, its employees and its medical staff Assessing how many lives our services t ouch requires a look into our community, where the Children's Health influence has impact far beyond the hospital's walls Disease Management and Wellness The Disease Management an d Wellness Department at Children's Health improves quality of life and decreases the use of healthcare services through education and pro-active self management Children's Health has seven disease-specific certifications, the most of any pediatric center in the United States The programs offer access to evidence-based care and support that is needed for t he management of conditions like asthma, diabetes and obesity The disease management init iative is part of the hospital's ongoing efforts to reduce emergency department use, decre ase admissions, curtail healthcare costs and ultimately, improve the quality of life for c hildren with chronic conditions Each program provides a family-centered environment that focuses on providing quality care to patients and overall increased disease awareness Coa ching coaches, athletes and parents Children's Health is committed to educating coaches, p arents and young athletes on the importance of sports injury prevention The hospital has a presence at dozens of coaches' clinics each year at facilities such as the Plano Sports Authority and Dallas Baseball Academy of Texas During the clinics, Children's provides sp orts-specific injury-prevention cards and clipboards to thousands of coaches each year So far, we have impacted the health and safety of 400,000 young athletes Children's Health has also worked with companies such as Kohl's Corporation and their Sports Health and Well ness O utreach Program, to further support community outreach efforts Spreading a message o f water safety Drowning is the second-leading cause of unintentional injury-related deaths among American children ages 1 to 14 The Know Before You Go Program spreads the message that every drowning is preventable when parents take appropriate precautions The program includes distributing water safety materials, providing demonstrations on proper water res cue techniques and the use and proper fit of Coast Guard approved flotation devices Worki ng to reduce preventable injuries More than a decade ago, Children's Health formed the Saf e Kids Dallas Area Coalition - the local chapter of Safe Kids Worldwide - to prevent child hood injuries Traumatic injuries are the leading cause of death in Texas in children ages 1 to 14, and preventing these injuries is imperative at Children's Health - the first Lev el I trauma center in Texas (and one of only two in the state) that is solely dedicated to treating pediatric patients Since 2002, the number of patients hospitalized because of m otor vehicle crashes has steadily risen Children's Health Injury Prevention Program has e xpanded its outreach efforts accordingly to bring car seat safety education and installati on services to the community in an effort to reduce the number of children injured in car crashes A specific initiative within the Safe Kids Dallas program is our car-seat safety inspection project The project offers child safety-seat inspections by certified car seat technicians at Children's Health Dallas and Plano campus so parents can learn to buckle u p their children appropriately

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Children's Medical Center Dallas and Children's Medical Center Plano are a part of Children's Health System of Texas Children's Health System of Texas is the leading pediatric health care system in North Texas, the seventh largest pediatric health care provider in the nation (according to Modern Healthcare 2014), and the second busiest in terms of admissions and pediatric Emergency Department visits A private, not-for-profit organization, Children's Health is anchored by two full-service hospitals and encompasses a full range of pediatric health, wellness and acute care services for children from birth to age 18, including specialty care, primary care, home health, a pediatric research institute and community outreach services, among other forms of health care delivery

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

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

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?
2

	Name, address, primary website address, and state license number	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	Children's Medical Center of Dallas 1935 Medical District Drive Dallas,TX 75235 www childrens com 138910807	X		X	X		X	X			
2	CHILDREN'S MEDICAL Center Plano 7601 PRESTON ROAD PLANO,TX 75024 WWW CHILDRENS COM 1720480627	X		X	X		X	X			

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Schedule I (Form 990)

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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

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

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

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

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) May Smith	9	45,000			
(2) Women's Auxiliary	10	20,000			
(3) James J Farnsworth	3	6,000			
(4) Grace Lee	3	9,000			
(5) Milonovich	2	7,000			
(6) Nursing Dividion Tuition Assistance	65	120,000			

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 2 Procedures for monitoring use of grant funds	May Smith Scholars Program The heritage of nursing is rich at Children's, which traces its roots back to a clinic started by nurse May Forster Smith This scholarship is named for Smith, who began an open-air clinic for infants in 1913 That pioneering spirit continues in the 21st century The May Smith Scholars Program provides financial assistance for baccalaureate students interested in pediatric nursing Eligibility Applicants must meet all of the following criteria to be eligible to apply for this scholarship *Be a current sophomore or junior undergraduate baccalaureate nursing student *Have a cumulative 3 0 GPA on a 4 0 scale Award Details *A limited number of scholarships in the amount of $5,000 will be awarded each year *Students may reapply each year as long as they continue to meet the eligibility criteria *The scholarships will be applied to tuition, fees, books, supplies and equipment required for course load at accredited, nonprofit four-year colleges/universities in the United States *Students may transfer from one institution to another Women's Auxiliary Educational Assistance Program The Women's Auxiliary to Children's offers educational support to nursing and allied health students who are registered for, or currently enrolled in, an accredited program through the Educational Assistance program for Nursing and Allied Health Students Eligibility Applicants must meet all of the following criteria to be eligible to apply for this scholarship *Be a current junior, senior or graduate student enrolled full or part-time in an accredited undergraduate, or graduate, nursing or allied health program *Have a cumulative 3 0 GPA on a 4 0 scale Award Details *A limited number of scholarships in the amount of $2,000 will be awarded each year *Students may reapply each year as long as they continue to meet the eligibility criteria *The scholarships will be applied to tuition, fees, books, supplies and equipment required for course load at accredited, nonprofit four-year colleges/universities in the United States *Students may transfer from one institution to another and retain the award James J Farnsworth Health Career Scholarship Program The James J Farnsworth Health Career Scholarship offers educational support to students planning careers in pediatric healthcare The scholarship is named in honor of James J Farnsworth and was established from gifts to endowments made in tribute to Mr Farnsworth by his friends and colleagues Mr Farnsworth served as president of Children's Medical Center Dallas for more than 30 years and was a fellow in the College of Healthcare Executives Eligibility Applicants must meet all of the following criteria to be eligible to apply for this scholarship *Be a current sophomore, junior, senior or graduate student, planning a career in pediatric healthcare *Preference will be given to students who fall into the following categories -Former patients of Children's -Current full or part-time employees -Former or current volunteers at Children's -Parent is employed at Children's -Parent is a volunteer at Children's -Students demonstrating strong academic achievement Award Details *A limited number of scholarships in the amount of $1,000 will be awarded each year *Students may reapply each year as long as they continue to meet the eligibility criteria *The scholarships will be applied to tuition, fees, books, supplies and equipment required for course load at accredited, nonprofit four-year colleges/universities in the United States *Students may transfer from one institution to another and retain the award Grace Lee Scholarship for Clinical Education The Grace Lee Scholarship for Clinical Education recently was established in honor of Grace Lee, a former patient at Children's and in recognition of the exemplary care provided by clinical staff members who contributed to her comprehensive care The scholarship will provide financial assistance for the continuing education of clinical employees who are direct caregivers at Children's Eligibility Applicants must meet all of the following criteria to be eligible to apply for this scholarship *Be a full-time clinical employee of Children's with two years of continuous employment at Children's as of the application deadline *Be enrolled in or accepted into an accredited healthcare education program *Be recommended by an immediate supervisor or department director *Have a cumulative 3 0 GPA on a 4 0 scale Award Details *A limited number of scholarships in the amount of $3,000 will be awarded each year *Students may reapply each year as long as they continue to meet the eligibility criteria *The scholarships will be applied to tuition, fees, books, supplies and equipment required for course load at accredited, nonprofit two or four-year colleges/universities in the United States *Students may transfer from one institution to another and retain the award Nursing Division Tuition Assistance Program The Nursing Division is offering scholarships to full- and part-time RN staff enrolled in an accredited BSN program, up to $2,000 per nurse for full-time employment and $1000 for part-time employment The Nursing Division can award up to $140,000 These scholarships support the Nursing Division's goal for all bedside nurses to have a BSN degree by 2020 Eligibility Applicants must meet all of the following criteria to be eligible to apply for this scholarship *Be a full-time clinical employee of Children's in good standing *Confirm proof of enrollment in an accredited BSN nursing program Award Details *A limited number of scholarships in the amount of $1,000-2,000 will be awarded each year *Students may reapply each year as long as they continue to meet the eligibility criteria *The tuition assistance will be applied to tuition, fees, books, supplies and equipment required for course load at accredited, nonprofit two or four-year colleges/universities in the United States *Students may transfer from one institution to another and retain the award

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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
Children's Medical Center of Dallas

Employer identification number
75-0800628

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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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 3 Arrangement used to establish the top management official's compensation	CHILDREN'S HEALTH SYSTEM OF TEXAS (EIN 75-2062019) IS THE SOLE MEMBER AND COMMON PAYING AGENT FOR CHILDREN'S MEDICAL CENTER OF DALLAS (CMCD) THEREFORE, CMCD'S CEO, PRESIDENT, OTHER OFFICERS, AND KEY EMPLOYEES ARE EMPLOYED AND COMPENSATED BY CHILDREN'S HEALTH SYSTEM OF TEXAS (CHST) THE CHILDREN'S HEALTH PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS 1 THE HUMAN RESOURCES COMMITTEE OF THE CHST BOARD IS RESPONSIBLE FOR SETTING THE COMPENSATION FOR EXECUTIVES, EXCEPT THE PRESIDENT AND CEO WHICH IS SET BY THE BOARD OF DIRECTORS THE COMMITTEE IS COMPRISED OF INDEPENDENT, NON-EMPLOYEE DIRECTORS WITH NO CONFLICT OF INTEREST REGARDING EXECUTIVE COMPENSATION A WRITTEN COMPENSATION PHILOSOPHY HAS BEEN DEVELOPED BY THE HUMAN RESOURCES COMMITTEE FOR TIMELINESS AND APPROPRIATENESS THE PHILOSOPHY DEFINED DESIRED COMPARATOR GROUPS FOR COMPENSATION SURVEYS THE COMPARATOR GROUPS ARE FROM DOMESTIC HEALTHCARE INDUSTRY SECTORS ONLY AND DO NOT INCLUDE ANY NON-HEALTHCARE ORGANIZATIONS 2 THE COMPENSATION PHILOSOPHY ALSO DEFINES TARGET LEVELS RELATIVE TO THE MARKETPLACE COMPARATOR GROUPS FOR BASE PAY, BASE PAY PLUS INCENTIVE PAY, AND FRINGE BENEFITS PROVIDED TO CHILDREN'S EXECUTIVES A THIRD-PARTY CONSULTANT, SULLIVAN COTTER, IS ENGAGED BY THE HUMAN RESOURCES COMMITTEE AND PROVIDES INDEPENDENT, EXPERT CONSULTING SERVICES IN THE AREA OF EXECUTIVE COMPENSATION MARKET SURVEYING, PAY AND BENEFITS PROGRAM DESIGN, AND ADMINISTRATIVE SERVICES SALARIES FOR CHILDREN'S EXECUTIVES (EXCEPT FOR THE PRESIDENT AND CEO) ARE SET BY COMPARING THE SALARIES PAID FOR COMPARABLE POSITIONS IN INTEGRATED SYSTEMS ACADEMIC MEDICAL CENTERS AND CHILDREN'S HOSPITALS IN SIMILAR SIZE AND SCOPE OF SERVICES TO CHILDREN'S 3 THE SALARY FOR THE PRESIDENT AND CEO IS SET IN REFERENCE TO SALARIES PAID FOR PRESIDENTS AND CEOS OF CHILDREN'S HOSPITALS IN SIMILAR SIZE AND SCOPE OF SERVICES TO CHILDREN'S THE DATA IS COMPILED BY SULLIVAN COTTER AND THEY DEVELOP AND UPDATE ANNUALLY SALARY RANGES UNIQUE TO EACH EXECUTIVE POSITION THE HUMAN RESOURCES COMMITTEE APPROVES BASE PAY FOR EACH EXECUTIVE (EXCEPT THE PRESIDENT AND CEO, WHOSE BASE PAY IS APPROVED BY THE BOARD OF DIRECTORS) AIMED IN THE AGGREGATE AT APPROXIMATELY THE MIDDLE OF EXECUTIVE PAY RANGES 4 FOR OTHER OFFICERS AND KEY EMPLOYEES, CHILDREN'S USES A COMBINATION OF JOB EVALUATION AND SURVEY DATA TO DETERMINE THE MARKET PAY RANGE
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance Payment * Severance - Daniel T Carney - $266,500
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Non-Qualified Retirement Plan * Retirement Income Restoration Plan - Christopher J Durovich received $562,323 as taxable income from the Retirement Income restoration Plan in 2015 Additional employees who participated in the Retirement Income Restoration Plan include Douglas G Hock, Mary E Stowe, and Patricia U Winning * Savings Restoration Plan - Christopher J Durovich received $302,815 as taxable income from the Savings Restoration Plan Additional employees who participated in the Savings Restoration Plan include Peter Roberts, Patricia U Winning, Douglas G Hock, Ray Tsai, Michele Chulick, David Eager, Jeffrey Vawrinek, Pamela Arora, Vanessa U Walls, David G Biggerstaff, Mary E Stowe, Daniel T Carney, Jerry Lee, Kimberly Besse
Schedule J, Part I, Line 7 Non-fixed payments	Non-Fixed Payments - The Human Resources Committee of the Board of Directors retains the authority to adjust annual payout percentages solely at their discretion There were no non-fixed payments in 2015

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

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				
1Chnstopher J Durovich President CEO CHST and CEO CMC, Ex Officio Vtg Mbr	(I)	0	0	0	0	0	0	0
	(II)	1,014,553	1,368,233	1,004,483	19,874	- 22,269	- 3,429,412	573,151
1Peter W Roberts Former CMCD Officer, Pres Pop Hlth Insurance Svcs	(I)	0	0	0	0	0	0	0
	(II)	534,452	335,196	152,320	10,600	- 15,695	- 1,048,262	0
2Pamela Arora Former CMCD Officer, SVP and CIO	(I)	0	0	0	0	0	0	0
	(II)	343,898	261,469	40,461	15,900	- 11,287	- 673,015	64,652
3Cynthia Bassel Former CMCD Officer, SVP Foundation	(I)	0	0	0	0	0	0	0
	(II)	313,241	202,346	7,318	10,600	- 5,317	- 538,821	0
4Kimberly Besse Former CMCD Officer, SVP Chief HR Officer	(I)	0	0	0	0	0	0	0
	(II)	322,698	181,778	43,999	15,013	- 17,775	- 581,263	0
5Ken A Kaiser Former CMCD Officer, SVP Marketing Communications	(I)	0	0	0	0	0	0	0
	(II)	242,215	87,143	7,261	10,600	- 16,671	- 363,889	0
6Patricia U Winning Former CMCD Officer, SVP Business Development	(I)	0	0	0	0	0	0	0
	(II)	388,607	314,030	60,256	24,362	- 16,714	- 803,969	80,126
7Daniel T Carney Former CMCD Officer, VP Facilities Dev_Ops	(I)	0	0	0	0	0	0	0
	(II)	173,072	94,572	419,206	11,639	- 9,476	- 707,965	0
8Kenneth R Carr Former CMCD Officer, VP Clinical Support Srvcs	(I)	0	0	0	0	0	0	0
	(II)	224,984	71,860	3,371	16,911	- 12,612	- 329,738	0
9Joe D Cavender Former CMCD Officer, VP and ASSOCCNO	(I)	0	0	0	0	0	0	0
	(II)	208,645	73,657	2,741	16,907	- 9,297	- 311,247	0
10Jaquetta B Clemons Former CMCD Officer, VP Finance	(I)	0	0	0	0	0	0	0
	(II)	277,100	41,994	5,607	9,640	- 3,066	- 337,408	0
11Douglas D Duwe Former CMCD Officer, VP Academic Relations	(I)	0	0	0	0	0	0	0
	(II)	225,380	45,406	16,440	10,600	- 6,864	- 304,690	0
12Joseph Egan Former CMCD Officer, VP Bus Dev Strat Affiliations	(I)	0	0	0	0	0	0	0
	(II)	204,381	95,333	16,972	10,600	- 1,633	- 328,918	0
13Dorothy Foglia Former CMCD Officer, VP and ASSOCCNO	(I)	0	0	0	0	0	0	0
	(II)	212,233	75,457	6,003	15,150	- 11,015	- 319,858	0
14Michael W Hefton Former CMCD Officer, VP and ASSOCCNO	(I)	0	0	0	0	0	0	0
	(II)	203,190	73,685	3,092	18,716	- 14,881	- 313,565	0
15Jerry D Lee Former CMCD Officer, VP Accounting and Treasury	(I)	0	0	0	0	0	0	0
	(II)	274,148	91,095	28,393	14,641	- 18,843	- 427,120	0
16Rustin Morse MD Former CMCD Officer, VP Quality	(I)	0	0	0	0	0	0	0
	(II)	463,084	0	0	0	- 0	- 463,084	0
17Beth A Peters Former CMCD Officer, VP Corp Compliance and CCO	(I)	0	0	0	0	0	0	0
	(II)	224,645	74,326	1,932	9,620	- 6,453	- 316,975	0
18Stephanie Slaughter Former CMCD Officer, VP Managed Care Strategy	(I)	0	0	0	0	0	0	0
	(II)	258,011	97,038	11,197	10,344	- 13,053	- 389,642	0
19Stephanie K Smith Former CMCD Officer, Sr Legal Counsel	(I)	0	0	0	0	0	0	0
	(II)	119,977	0	1,548	6,923	- 4,542	- 132,990	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				
21 Vanessa U Walls Former CMCD Officer, VP Regional Specialty Care Svc	(I)	0	0	0	0	0	0	0
	(II)	245,984	82,749	28,363	10,416	- 9,730	- 377,242	0
1 Thomas Zellers MD Former CMCD Officer, VP Medical Staff Affairs	(I)	0	0	0	0	0	0	0
	(II)	154,000	0	0	0	- 0	- 154,000	0
2 Mark E Ziemianski Former CMCD Officer, VP Business Analytics	(I)	0	0	0	0	0	0	0
	(II)	203,033	71,986	2,016	10,600	- 15,046	- 302,682	0
3 Douglas G Hock President COO CMC and EVP CHST	(I)	0	0	0	0	0	0	0
	(II)	525,384	415,277	72,713	18,768	- 21,205	- 1,053,348	98,100
4 Michele Chulick President CHST Ventures	(I)	0	0	0	0	0	0	0
	(II)	554,969	321,690	29,146	10,600	- 0	- 916,405	0
5 Lawrence L Foust EVP and Chief Legal Officer	(I)	0	0	0	0	0	0	0
	(II)	476,909	62,285	34,128	10,600	- 11,649	- 595,571	0
6 W Robert Morrow MD Pres Phys Orgs Acdmc Rel CCO	(I)	0	0	0	0	0	0	0
	(II)	495,272	297,763	5,129	10,600	- 8,899	- 817,664	0
7 Kem Wildenthal Pres CMC Foundation	(I)	0	0	0	0	0	0	0
	(II)	533,943	312,731	25,318	10,600	- 3,151	- 885,743	0
8 David G Biggerstaff Pres System Clin Operations	(I)	0	0	0	0	0	0	0
	(II)	332,945	246,040	34,449	14,982	- 8,715	- 637,131	67,506
9 David E Eager EVP Chief Finanacial Officer	(I)	0	0	0	0	0	0	0
	(II)	496,312	281,597	4,042	10,600	- 12,356	- 804,907	0
10 Mary E Stowe SVP and CNO	(I)	0	0	0	0	0	0	0
	(II)	306,622	236,290	36,607	20,239	- 10,415	- 610,173	66,514
11 Michael Wiggins SVP Plano Administrator	(I)	0	0	0	0	0	0	0
	(II)	231,305	26,000	10,733	6,538	- 4,655	- 279,231	0
12 Jeffrey Vawrinek VP Assoc General Counsel	(I)	0	0	0	0	0	0	0
	(II)	310,176	85,024	26,355	13,108	- 0	- 434,663	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization

Children's Medical Center of Dallas

Employer identification number

75-0800628

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	N Central Tx Hlth Fac Dev Corp Hosp	52-1304502	65854RAL4	07-01-2009	193,697,772	Reimburse Construction Cost		X		X		X
B	N Central Tx Hlth Fac Dev Corp Hosp	52-1304502	65854RBD1	08-15-2012	178,386,376	Refund Series 2002 Bonds		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	4,110,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	193,697,772	178,386,376		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	2,819,039	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	312,573	0		
10	Capital expenditures from proceeds	190,566,160	0		
11	Other spent proceeds		178,386,376		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
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						
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
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 3 %						
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 %						
6	Total of lines 4 and 5		0 3 %		0 %				
7	Does the bond issue meet the private security or payment test?		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						
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							

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Row B	Series 2012 Bonds were issued for the purpose of currently refunding the Issuer's Hospital Revenue Bonds (Children's Medical Center of Dallas Project) Series 2002 (original issue date prior to December 31, 2002)

Return Reference	Explanation
Schedule K, Part II, Line 11 Column B	The other spent proceed are the refunding proceeds of the issue that are no longer in escrow

Return Reference	Explanation
Schedule K, Part III, Line 3b Column A	All agreements are reviewed by internal counsel and compliance specialists to insure they comply with rules, regulations, and policies and procedures

Return Reference	Explanation
Schedule K, Part III, Line 3d Column A	All agreements are reviewed by internal counsel and compliance specialists to insure they comply with rules, regulations, and policies and procedures

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization	Employer identification number
Children's Medical Center of Dallas	75-0800628

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a	CHILDREN'S HEALTH SYSTEM OF TEXAS (CHST) EIN 75-2062019 IS THE COMMON PAYING AGENT FOR CHILDREN'S MEDICAL CENTER OF DALLAS (CMCD) THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY CHST ON BEHALF OF CMCD CMCD HAS APPROXIMATELY 5,000 EMPLOYEES
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	CHILDREN'S HEALTH SYSTEM OF TEXAS (EIN 75-2062019) IS THE SOLE MEMBER AND COMMON PAYING AG ENT FOR CHILDREN'S MEDICAL CENTER OF DALLAS (CMCD) THEREFORE, CMCD'S CEO, PRESIDENT, OTHE R OFFICERS, AND KEY EMPLOYEES ARE EMPLOYED AND COMPENSATED BY CHILDREN'S HEALTH SYSTEM OF TEXAS (CHST) THE CHILDREN'S HEALTH PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS 1 THE HUMAN RESOURCES COMMITTEE OF THE CHST BOARD IS RESPONSIBLE FOR SETTING THE COMPENSATI ON FOR EXECUTIVES, EXCEPT THE PRESIDENT AND CEO WHICH IS SET BY THE BOARD OF DIRECTORS TH E COMMITTEE IS COMPRISED OF INDEPENDENT, NON-EMPLOYEE DIRECTORS WITH NO CONFLICT OF INTERE ST REGARDING EXECUTIVE COMPENSATION A WRITTEN COMPENSATION PHILOSOPHY HAS BEEN DEVELOPED BY THE HUMAN RESOURCES COMMITTEE FOR TIMELINESS AND APPROPRIATENESS THE PHILOSOPHY DEFINE D DESIRED COMPARATOR GROUPS FOR COMPENSATION SURVEYS THE COMPARATOR GROUPS ARE FROM DOMES TIC HEALTHCARE INDUSTRY SECTORS ONLY AND DO NOT INCLUDE ANY NON-HEALTHCARE ORGANIZATIONS 2 THE COMPENSATION PHILOSOPHY ALSO DEFINES TARGET LEVELS RELATIVE TO THE MARKETPLACE COMP ARATOR GROUPS FOR BASE PAY, BASE PAY PLUS INCENTIVE PAY, AND FRINGE BENEFITS PROVIDED TO C HILDREN'S EXECUTIVES A THIRD-PARTY CONSULTANT, SULLIVAN COTTER, IS ENGAGED BY THE HUMAN R ESOURCES COMMITTEE AND PROVIDES INDEPENDENT, EXPERT CONSULTING SERVICES IN THE AREA OF EXE CUTIVE COMPENSATION MARKET SURVEYING, PAY AND BENEFITS PROGRAM DESIGN, AND ADMINISTRATIVE SERVICES SALARIES FOR CHILDREN'S EXECUTIVES (EXCEPT FOR THE PRESIDENT AND CEO) ARE SET BY COMPARING THE SALARIES PAID FOR COMPARABLE POSITIONS IN INTEGRATED SYSTEMS ACADEMIC MEDIC AL CENTERS AND CHILDREN'S HOSPITALS IN SIMILAR SIZE AND SCOPE OF SERVICES TO CHILDREN'S 3 THE SALARY FOR THE PRESIDENT AND CEO IS SET IN REFERENCE TO SALARIES PAID FOR PRESIDENTS AND CEOS OF CHILDREN'S HOSPITALS IN SIMILAR SIZE AND SCOPE OF SERVICES TO CHILDREN'S THE DATA IS COMPILED BY SULLIVAN COTTER AND THEY DEVELOP AND UPDATE ANNUALLY SALARY RANGES UN IQUE TO EACH EXECUTIVE POSITION THE HUMAN RESOURCES COMMITTEE APPROVES BASE PAY FOR EACH EXECUTIVE (EXCEPT THE PRESIDENT AND CEO, WHOSE BASE PAY IS APPROVED BY THE BOARD OF DIRECT ORS) AIMED IN THE AGGREGATE AT APPROXIMATELY THE MIDDLE OF EXECUTIVE PAY RANGES 4 FOR OT HER OFFICERS AND KEY EMPLOYEES, CHILDREN'S USES A COMBINATION OF JOB EVALUATION AND SURVEY DATA TO DETERMINE THE MARKET PAY RANGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Material differences in voting rights	Children's Board membership includes five ex officio non voting members
Form 990, Part VI, Line 6 Classes of members or stockholders	Children's Health System of Texas ("CHST"), a Texas non-profit corporation, is the sole member of the corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	CHST elects all members of the organization's Board of Directors
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Member reserve pow ers are specified in the the organization's bylaw s and represent those a ctions w hich require member approval These pow ers generally encompass changes in the miss ion of the organization, addition of new members, certain dispositions of assets, amendmen ts to the organization's Certificate of Formation and Bylaw s, and appointment of directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Children's Medical Center of Dallas has delegated its oversight and review of the Form 990 to the Board of Directors of Children's Health System of Texas (CHST), its Sole Member A draft of the Form 990 is presented to the CHST Audit Committee for review prior to filing A copy of the Final Form 990 is made available to the CHST directors through our Board portal before it is filed
Form 990, Part VI, Line 12c Conflict of interest policy	Officers, directors, and key employees received a copy of the Statement of Interest form t o execute Disclosures made are review ed by the CHST Executive Vice President, Chief Legal Officer and General Counsel and the Chief Compliance Officer and discussed as necessary a t the appropriate Board meeting to determine if further action needed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Certificate of Formation is publicly available, Consolidated Financial Statements are attached to Form 990 and publicly available, and the conflict of interest policy is available upon request
Form 990, Part IX, Line 11g Other Fees	Consulting & Professional fees - Total Expense 15610150, Program Service Expense 2215922 , Management and General Expenses 13394228, Fundraising Expenses , Contract Medical - To tal Expense 138731250, Program Service Expense 128116670, Management and General Expense s 10614580, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Trfs to/from CMCF - -75000000, Acc Pens Liab-OCI - -6477890, NetAssets-CMCF-Unrestct&Temp R - 50307636, NetAssets-CMCF-Endow ment - 9983742, Other Adjustment - 4580332,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization
Children's Medical Center of Dallas

Employer identification number
75-0800628

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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) Disproprtionate 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) Wellness Innovations LLC 1935 Medical District Drive Dallas, TX 75235 47-5246461	Physicians	TX	CHST Investment Holdings LLC	Unrelated	0	0		No			No	0 %

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
CHILDREN'S INSURANCE **(1)**COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 05401 03-0328102	INSURANCE COMPANY	VT	CHILDREN'S HEALTH SYSTEM OF TEXAS	C Corporation	0	0	0 %		No
(2) ALTERNATIVE CARE SYSTEMS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 75-2244475	OTHER MEDICAL SERVICES	TX	CHILDREN'S HEALTH SYSTEM OF TEXAS	C Corporation	0	0	0 %		No
(3)NTPSS INC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-1036641	PHYSICIAN SOLUTIONS	TX	Pediatric Partners	C Corporation	0	0	0 %		No
(4) TEXAS BLUEBONNET HEALTH PLAN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 47-2252673	HEALTH PLAN	TX	CHILDREN'S HEALTH SYSTEM OF TEXAS	C Corporation	0	0	0 %		No
(5) Texas Bluebonnet Insurance Company 1935 Medical District Drive Dallas, TX 75235 47-5032893	Insurance Company	TX	Children's Health System of Texas	C Corporation	0	0	0 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OCH Holdings	D	7,870,801	GAAP

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 75-0800628
Name: Children's Medical Center of Dallas

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
CHILDREN'S MEDICAL CENTER FOUNDATION 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 75-2062015	FOUNDATION	TX	501(c)(3	7	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
PHYSICIANS FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 75-2854505	PHYSICIANS	TX	501(c)(3	3	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
DALLAS PHYS MED SVCS FOR CHILDREN INC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 81-0584868	PHYSICIANS	TX	501(c)(3	3	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
COMPLEX CARE MED SVC CORP 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-1893597	MEDICAL SERVICES	TX	501(c)(3	3	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
CHILDREN'S MEDICAL CENTER HEALTH PLAN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-2737696	HMO	TX	501(c)(3	9	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
CHILDREN'S MED CTR RESEARCH INST AT UTSWMC 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 43-3462044	RESEARCH INSTITUTE	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
PEDIATRIC PARTNERS FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-1917702	CLINICALLY INTEGRATED NETWORK	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
CHILDREN'S MEDICAL CENTER SERVICES 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-1934007	MEDICAL SERVICES	TX	501(c)(3	9	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
CHILDREN'S POPULATION HEALTH 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-3104601	POPULATION HEALTH	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
CHILDREN'S HEALTH SYSTEM OF TEXAS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 75-2062019	MANAGEMENT COMPANY	TX	501(c)(3	Type II	N/A		No
ANESTHESIOLOGISTS FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 75-2917570	PHYSICIANS	TX	501(c)(3	9	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
SPECIALISTS FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-3110125	PHYSICIANS	TX	501(c)(3	9	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
PHYSICIANS QUALITY ALLIANCE OF NORTH TEXAS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-4049491	PHYSICIANS	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
COMMUNITY PROVIDERS FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-3675742	PHYSICIANS	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
SOUTHWESTERN MEDICAL DISTRICT 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 20-4101612	MEDICAL DISTRICT	TX	501(c)(3	Type I	N/A		No
WOMEN'S AUXILIARY OF CMCD 12720 HILLCREST RD DALLAS, TX 75230 75-2485538	WOMEN'S AUXILIARY	TX	501(c)(3	9	N/A		No
THE HEALTH AND WELLNESS ALLIANCE FOR CHILDREN 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235 46-3080586	PHYSICIANS	TX	501(c)(3	Type I	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
OCH Holdings 1935 Medical District Drive Dallas, TX 75235 47-4837308	Hospital	TX	501(c)(3	3	Children's Medical Center of Dallas	Yes	
Children's BMG dba One Care Domain 1935 Medical District Drive Dallas, TX 75235 47-5057374	Physician	TX	501(c)(3	3	CHILDREN'S HEALTH SYSTEM OF TEXAS		No
Wellness Innovations Physician Partners 1935 Medical District Drive Dallas, TX 75235 81-1734937	Physician	TX	501(c)(3	3	Wellness Innovations LLC		No