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DLN: 93493132030630

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

> Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 07-	01-2008 and ending 06-	30-2009		B 5	
		pplicable	Please	C Name of organization Mother Frances Hospital Region	nal Health			D Employer ider	ntification number
	tress ch		use IRS label or	Care Center Doing Business As				75-0818167 E Telephone nui	
	me cha	_	print or type. See	Doing Business / is					
Init	al retu	rn	Specific Instruc-		ox if mail is not delivered to stre	et address)	Room/suite	(903) 531-5 G Gross receipts	
Ter	mınatıc	n	tions.	1021 Idel Street				C Cross receipts	τ (ο τ (ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο
┌ Am	ended	return		City or town, state or country Tyler, TX 75701	and ZIP + 4		•		
☐ App	olication	pending		Tyle1, 1X 73701					
				ne and address of Principal	O fficer	1	H(a) Is thu	s a group return i	for
				y Bradley Houston			affilia	tes?	⊤Yes 🔽 No
				X 75701			H(b) Are all	affiliates included	ı?
I Ta	x-exem	npt status	▽ 501(c))(3) ◀ (insert no)	a)(1) or				See instructions)
J W	eb sit	e: 🕨 ww	w tmfhs org				H(c) Grou	p Exemption Nun	nber ►
К Тур	e of org	janization	Corporat	ion trust association ot	ner 🕨		L Year of For	mation 1958 M S	State of legal domicile TX
Pa	rt I	Sum	mary						
	1			e organization's mission or	most significant activities	5			
9				nmunity with a full range of		e service	s without re	gard to the patie	nt's race, creed, sex,
ᅙ		nationa	l origin, har	ndicap, age, or ability to pa	/				
ie.	2	Check	this box	ıf the organization disconti	nued its operations or disp	osed of m	nore than 2	5% of its assets	
Governance	3		,	nembers of the governing b					12
	4		_	ident voting members of the					8
<u>tie</u>	5	Total n	umber of en	nployees (Part V, line 2a)				5 _	2,511
Activities &	6	Total n	umber of vo	olunteers (estimate if neces	sary)			6 _	595
ĕ	7a	Total g	ross unrela	ted business revenue from	Part VIII, line 12, column	(C) .		7a	1,675,315
	b	Net unr	elated busi	ness taxable income from I	Form 990-T, line 34			7b	-464,633
						Prio	r Year	Current Year	
a	8			d grants (Part VIII, line 1h				2,636,871	1,154,694
enne	9			revenue (Part VIII, line 2g			:	367,230,492	381,200,168
Rayen	10 11			ne (Part VIII, column (A), art VIII, column (A), lines				5,831,878 3,839,505	796,088
	12			dd lines 8 through 11 (mus		•		3,839,303	6,576,154
		12)				(:	379,538,746	389,727,104
	13			ar amounts paid (Part IX, co				665,127	552,453
	14			or for members (Part IX, col					0
82	15	Saları 10)	es, other co	ompensation, employee ber	efits (Part IX, column (A),	, lines 5–	:	130,792,279	142,946,571
Expenses	16a	•	sional fund	raising fees (Part IX, colun	nn (A), line 11e)				0
훙	ь	(Total f	undraising ex	penses, Part IX, column (D), line	25 ⁰)			
ш	17			(Part IX, column (A), lines :				219,943,871	233,343,055
	18	Total	expenses—	add lines 13–17 (must equ	ial Part IX, line 25, columi	n (A))	:	351,401,277	376,842,079
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12			28,137,469	12,885,025
Net Assets or Fund Balances							Beginni	ng of Year	End of Year
to See	20	Total	assets (Par	rt X, line 16)			!	561,337,779	583,799,781
A As	21	Totall	lıabılıtıes (F	Part X, line 26)			:	270,722,043	295,079,712
žŽ	22	Net as	sets or fun	d balances Subtract line 2	290,615,736	288,720,069			
Pai	rt II	Sign	ature Blo	ock					
				erjury, I declare that I have exam correct, and complete Declaratio					
Plea	se	****		,		,	1	05-17	· ···· - ··· , ···· · · · · · · · · · ·
Sign	1	Sign	ature of office	er			Date		
Here	e		s Clark Contro						
		Туре	e or print nam	e and title					
		Preparer		ie Gerich	Date	Che self	eck if -	Preparer's PTIN (S	See Gen Inst)
Paid	_	signature	F Fraig	je delicii			polyed 🕨 🦵		
	arer's		ame (or yours	BKD LLP	,			EIN Þ	
Use (Unly		and ZIP + 4	2800 Post Oak Blvd Ste 320	0				
				HOUSTON, TX 77056				Phone no 🕨 (71	3) 499-4600
May	the IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)				┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission To provide the community with a full range of ability to pay	comprehensive health care	services without regard to th	e patient's race, creed, sex, na	ational ongin, handicap, age, or
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .			ich were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new services Did the organization cease conducting services?		hanges in how it conduct	ts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organization others, the total expenses, and rever	ons and 4947(a)(1) tru	sts are required to repo		
4a	(Code) (Expenses of The hospital's operating plan incorporates promunity extends to free or subsidized incommunity health education, and donations programs, community diagnostic screening persons with special physical or mental needs	rovisions for individuals who dividual care, subsidized edu s to other community agenci programs, senior citizen heal	cation of healthcare professions. Specific community services.	onals, discounted fees for parti ces and programs include Wel	cipants in government programs, Iness and prevention education
4b	(Code) (Expenses :	\$ In	ncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses s	\$ In	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants of\$) (Revenue \$)
4e	Total program service expenses \$	328,891,723	Must equal Part IX, Lin	e 25, column (B).	

art IV	Checklist	of Re	auired	Sche	dules
	CIICCRIISE	01 110	uun cu	20110	uuics

			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? 🕏	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	10	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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 percent 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,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	372			
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 t	o ven	dors and reportable	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		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	2,511			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
-1 a	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a	Yes	
b	If "Yes," enter the name of the foreign country ^{CJ}					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	35		
·	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	ion of \$75 or	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the					
	year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	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	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Governing	Body	and	Management	

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 12							
Ь	Enter the number of voting members that are independent 1b 8							
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		Νο				
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		No				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MOTHER FRANCES HOSP ACCTG DEPT

1021 IDEL STREET

Tyler, TX 75701

(903) 531-5764

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i	(B) A verage hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					\vdash					
			+		\vdash					
1b Total							>	6,953,792	4,955,368	2,297,978

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►55

			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		Νo		
4	For any individual listed online 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					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

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

(A) Name and business address	(B) Description of services	(C) Compensation
Boston Scientific Corp	Med Technology Svcs	2,500,218
Carter Bloodcare	blood processing	2,481,019
CARDINAL HEALTH MED Prod	MEDICAL STAFFING	2,398,416
ARAMARK MANAGEMENT SERVICES	FACILITY MANAGEMENT	2,348,244
On assignment healthcare STAFFING	MEDICAL STAFFING	2,004,315
2 Total number of independent contractors (including those in 1) who rece from the organization	ived more than \$100,000 in compensation	150

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	paigns 1a	·				
Contributions, gifts, grants and other similar amounts	b	Membership di	ues					
<u></u> 86	с	Fundraising ev	1b ents					
£. ∃.			1 c					
ੂ ਜੁੰਦੂ	d	Related organi						
S. F.	е	Government grant						
黄萝	f	All other contributi similar amounts n	ons, gıfts, grants, and ot ıncluded above	586,244				
きま	g	Noncash contr	1f ibutions included in					
ŞΞ	9	lines 1a-1f \$						
O 10	h	Total (Add line	es 1a-1f)	· · · · <u>.</u>	1,154,694			
				Business Code				
me	2a	Net Patient Reven	nue	900,099	371,025,923	371,025,923		
9. 9.	b	Other Operating R	evenue	900,099	10,174,245	10,174,245		
э. П	с							
r ve	d							
ž	e							
Program Service Revenue	f	All other progr	am service revenue					
₽,	g	Total. Add line ► \$ 381,200,16	s 2a-2f					
	3		come (including divi	dends, interest				
			mounts)	· ·	4,468,779			4,468,779
	4	Income from inve	stment of tax-exempt b	ond proceeds	0			
	5	Royalties .		▶	0			
	5	Royalties .	(ı) Real	(II) Personal	J			
	6a	Gross Rents	4,643,937	(,				
	ь	Less rental						
	с	expenses Rental income	4,643,937					
	d	or (loss) Net rental inco	me or (loss)	<u> </u>	4,643,937		-180,267	4,824,204
				▶-				
	7a	Gross amount	(ı) Securities 44,122,931	(II) O ther 71,207				
		from sales of assets other	, ,	,				
	ь	than inventory Less cost or	47,865,469	1,360				
	6	other basis and sales expenses	47,003,403	1,500				
	с	Gain or (loss)	-3,742,538	69,847				
	d	Net gain or (los	ss)		-3,672,691			-3,672,691
	8a		from fundraising					
		events (not inc						
<u>•</u>		\$	 s reported on line					
듄		1c) See Part I	V, line 18					
ě		Attach Schedule \$15,000	e G ıf total exceeds					
<u>.</u>	ь	, ,	pensesb					
Other Revenue	с		(loss) from fundrais	ing events	0			
•	9a	Gross income	from gamına	P				
			part IV , line 19					
		exceeds \$15,00						
			а					
	ь	Less direct ex			0			
	С	Net income or	(loss) from gaming	activities 				
	10a		inventory, less					
		returns and all	owances . a	76,635				
	ь	Less cost of g						
	С		(loss) from sales of		76,635	76,635		
		Miscellaneous	Revenue	Business Code				
	11a	LABORATORY	TESTING	621,500	251,827		251,827	
	ь	FITNESS CEN	TERS	713,940	1,603,755		1,603,755	
	С							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d					
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 1,855,582 3, 4, 5, 6d, 7d,	389,727,104	381,276,803	1,675,315	5,620,292
		8c,						
	J	ec, iuc, and 1	1e	. "[Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				
	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 governments and organizations in the U S $$ See Part IV $$ line 21 $$	552,453	552,453		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,964,281	6,964,281		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	108,079,585	94,660,373		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,273,008	6,470,435	802,573	
9	Other employee benefits	9,333,600	8,496,520	837,080	
10	Payroll taxes	11,296,097	10,050,082	1,246,015	
11	Fees for services (non-employees)				
а	Management	4,527,087	158,627	4,368,460	
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	281,364	281,364		
g	Other	66,498,059	45,723,272	20,774,787	
12	Advertising and promotion	15,673	7,673	8,000	
13	Office expenses	2,969,912	2,512,478	457,434	
14	Information technology	686,450	361,694	324,756	
15	Royalties	0			
16	Occupancy	6,804,745	5,889,844	914,901	
17	Travel	105,555	89,618	15,937	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	133,793	109,532	24,261	
20	Interest	6,619,468	6,619,468		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,102,420	23,101,353	1,067	
23 24	Insurance	2,625,009	1,854	2,623,155	
	total expenses shown on line 25 below)				
а	Medical Supplies	82,479,196	82,479,196		
b	Bad Debt Expense	23,482,430	23,482,430		
c	Repairs and Maintenance	5,310,448	5,273,482	36,966	
d	Food	2,605,284	2,602,776	2,508	
е	Collection Fees	1,794,060		1,794,060	
f	All other expenses	3,302,102	3,002,918	299,184	
25	Total functional expenses. Add lines 1 through 24f	376,842,079	328,891,723	47,950,356	C
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				20,906,783	1	45,447,028
	2	Savings and temporary cash investments					2	1,890,485
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				51,940,694	4	44,362,350
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oyees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	1495			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				6,226,008	8	5,344,509
2	9	Prepaid expenses and deferred charges				5,550,291	9	3,498,754
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	ı	582,103,570			
•	ь	Less accumulated depreciation Complete Part VI of			<u> </u>			
		Schedule D	10b		332,435,139	· · · · ·		249,668,431
	11	Investments—publicly traded securities		•	•	139,367,519		125,185,816
	12	Investments—other securities See Part IV, line 11 $\it Complete F Schedule D$	Part VI.	I of		4,978,876	12	5,370,986
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	85,748,572	15	103,031,422			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				561,337,779	16	583,799,781
	17	Accounts payable and accrued expenses .	41,009,340	17	46,258,889			
	18	Grants payable			18			
	19	Deferred revenue			19			
10	20	Tax-exempt bond liabilities	•			185,113,668	20	179,753,056
ě	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ξ		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third partie			23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D	44,599,035	25	69,067,767			
	26	Total liabilities. Add lines 17 through 25				270,722,043	26	295,079,712
S do		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e I	lines 2	27			
Balance	27	Unrestricted net assets				290,595,659	27	288,699,991
<u>8</u>	28	Temporarily restricted net assets				20,077	28	20,078
됻	29	Permanently restricted net assets			29			
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	•					
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Ą	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances				290,615,736	33	288,720,069
_	34	Total liabilities and net assets/fund balances				561,337,779	34	583,799,781
Рa	rt XI	Financial Statements and Reporting						
L G	LC VI	i manciai Statements and Reputting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	b Were the organization's financial statements audited by an independent accountant?			Νο
С	If "Yes" to lines 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		
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?	3b		

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As Filed Data -

DLN: 93493132030630

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization Mother Frances Hospital Regional Health

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

care ce	75-0818167											
Part	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)											
The or	ganız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3		A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	hospital's name, city, and state									
5	\sqcap	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	ss
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	\sqcap			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	. Check
				type of supporting organiza Type II c	tion and c Type III				h d	Γ _{Type}	III - Otl	hor
e	_		• •	rtify that the organization is	′ '			•				
-	,			agers and other than one or						-	-	
		section 50		,		, ,,	J				(//	,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	atio <u>n,</u>
		check this		as the organization assents	danu aift.	ar aantribi	utian fram	anu of the				ı
g		following pe		as the organization accepted	u any gni	סו כסוונווטי	ution from	any or the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(ii)	Νο
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	Νο
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports			•		
(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1 - 9		ation in		inization		ation in	supp	ort?
O	rgan	ızatıon		above or IRC section (See Instructions))	col (i)		_	i) of your		rganized US?		
				(See Histructions))	your go docur	nent?	յ Տարբ	ort?	iii tile	03,	′	
							Yes	No	1			
							1	1				

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Par	t I-C To be completed by all organizations exempt under section 501(c)	, except section	501(c)(3	3).
b	If "Yes," describe in Part IV			
4a	Was a correction made?		☐ Yes	┌ No
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?		☐ Yes	┌ No
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$ _		
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$ <u>_</u>		
Par	t I-B To be completed by all organizations exempt under section 501(c) for Schedule C for details.)	(3). (See the inst	ructions	
3	Volunteer hours	_		
2	Political expenditures	\$ _		
1	Provide a description of the organization's direct and indirect political campaign activities in F	art IV		
ar	t I-A To be completed by all organizations exempt under section 501(c) organizations. (See the instructions for Schedule C for details.)	and section 527	7	
	re Center	75-0818167		
Mo	me of the organization ther Frances Hospital Regional Health	Employer identific	atıon numbe	r
	ction 501(c)(4), (5), or (6) organizations_complete Part III			
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)			
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Comp	•		II-A
	e organization answered Tres, ito Form 990, Part IV, Line 4, or Form 990E2, Part VI, line 4 cross or Form 990E2, Part VI,			
	ction 527 organizations complete Part I-A only e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line	47 /Labbying Activ	itios\	
	ection 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not construct the	complete Part I-B		
	ction 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C			
	e organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line	e 46 (Political Camp	aign Activit	ies)
			Inspec	GIOIL

3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$		
4	Did the filing organization file Form 1120-POL for this year?		☐ Yes	☐ No
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organization were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internate political contributions received and promptly and directly delivered to a separate political organization, such a segregated fund or a political action committee (PAC). If additional space is needed, provide information in Page 19.	al funds as a sepa	or were	nents

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

(See the instructions for Schedule C for details.)

527 exempt funtion activities

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ 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 instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

•		·	_
Part II-B	To be completed b	y organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election und	er section 501(h)). (See the instructions for Schedule C for details.)	

	5708 (election under Section 501(II)). (See the liisti actions for Schedule C for	(a)		Т	(b)	
		Yes	No	1	A moun	t
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					
а	V olunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes			2	7,204
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				2	7,204
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
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?		Νo			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(c)(5), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Ļ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), see section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details."	" OR i				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politica	<i>i</i>				

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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 (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Mother Frances Hospital Regional Health Care Center 75-0818167 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part	Organizations Maintaining Colle	ections of Art, His	tori	<u>cal Treas</u>	ures, or Othe	<u>r Similar A</u>	ssets	(continued)
3	Using the organization's accession and other relitems (check all that apply)	ecords, check any of th	ie fol	lowing that a	ire a significant ι	ise of its colle	ction	
а	Public exhibition	d	Γ	Loan or ex	change programs	;		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	v the	y further the	organization's ex	xempt purpose	ı ın	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be					nılar	┌ Yes	∏ No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				anızatıon answ	ered "Yes" t	o Form	990,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	n or other intermediary	for c	ontributions	or other assets	not	┌ Yes	☐ No
b	If "Yes," explain why in Part XIV and complete	the following table				1 -		
						A	mount	
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 Forn	n 990, Part X, line 21?					☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	t V Endowment Funds. Complete if t							
_		(a)Current Year (b)	Prior '	Year (c)T	wo Years Back (d)	Three Years Back	. (e) Four	Years Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or 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 year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment ►							
3a	Are there endowment funds not in the possessi	on of the organization	thata	are held and	administered for	the		
	organization by					<u> </u>	Ye	s No
	(i) unrelated organizations		•				a(i)	
L	(ii) related organizations					· · · -	a(ii)	+
ь 4	If "Yes" to 3a(II), are the related organizations Describe in Part XIV the intended uses of the o	•					3b	
	t VI Investments—Land, Buildings,				Part V June 10			
Fal	t VI Investments—Land, Buildings,	anu Equipment. 3						
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciatio	n (d)	Book value
1 a	and				25,257,278	•		25,257,278
b E	Buildings				182,616,397	65,138,1	99	117,478,198
c l	easehold improvements				103,043,841	65,207,8	05	37,836,036
d E	quipment			· · ·	261,890,349	202,089,1	35	59,801,214
e ()ther				9,295,705			9,295,705
Tota	.Add lines 1a-1e <i>(Column (d) should equal Form</i>	990, Part X, column (B)	, line	10(c).) .		•		249,668,431
						Schedule	D (Form	990) 2008

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		, , ,
Closely-held equity interests		
Other INVESTMENTS IN AFFILIATES	5,370,986	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
·		
Part VIII Investments—Program Related. See	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Sost of end of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	20.1F	
(a) Descrip		(b) Book value
Due from Affiliates		100,142,285
Deferred Financing Costs		2,339,718
Interest Rate Swap Agreement		549,419
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5,)	103,031,422
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Pension Liability	40,951,538	
Interest Rate Swap Agreement	4,990,279	
Estimated Self Insurance Costs	9,651,401	
Due to Affiliates	13,474,549	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	69,067,767	

Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Re	turn
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	. 4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		
	Reconciliation of Expenses per Audited Financial Statements With Expen		Return
1	Total expenses and losses per audited financial statements	. 1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	— . ∣	
e -	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	A mounts 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 XIV)	— ₄₋	
C E	Add lines 4a and 4b	. 4c	
5 Par	rt XIV Supplemental Information	. 5	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	. Part XIV	lines 1 b and 2 b
	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	i, i dic XIV,	inico ib ana 20,
	Triantifier Peturn Deference Evolu	nation	

Ident if ier	Ret urn Reference	Explanation
fin 48 financial statements footnote		The organization is included in a consolidated audit and the footnote below references another organization within the system. The system accounts for income taxes pursuant to financial accounting standards board (fasb) interpretation no 48 (fin 48), accounting for uncertainty in income taxes, the system is required to file federal form 990 with the internal revenue services on an annual basis, at june 30, 2009, the system had not identified any material uncertain tax positions, the system has not identified any material tax liability related to non-exempt entities.

DLN: 93493132030630

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Mother Frances Hospital Regional Health

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

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

Car	e Center				75-081816	7
P		rmation on Ac 990, Part IV, lin		de the United States	s. Complete if the orga	nızatıon answered
1		•		ecords to substantiate	the amount of the grant	s or
					election criteria used to a	
	the grants or assistai	nce				┌ Yes ┌ No
2	For grant makers. Descr United States	rbe in Part IV the	organization's pr	ocedures for monitoring th	he use of grant funds outsid	le the
3	Activites per Region (U	Jse Schedule F-1	(Form 990) if add	ditional space is needed)	,	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
	tral America and the ibbean	1		Program Services	insurance	309,029
Tota	als ▶	1				309,029

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health

Care Center

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132030630

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Mother Frances Hospital Regional Health

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Employer identification number

Care (Center				7	5-0818167			
Pa	rt I Charity Care and	d Certain O	ther Com	munity Benefits a	t Cost (Optional f	or 2008)			
								Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a			1a		
ь	If "Yes," is it a written policy	?					1b		
2	If the organization has multip	ole hospitals,	ındıcate whic	ch of the following best	describes application	n of the charity			
	care policy to the various ho	spitals							
	Applied uniformly to all h	ospitals		Applied uniformly	y to most hospitals				
	Generally tailored to indi	-	ls		•				
3	3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the								
	organization's patients	,	-	-,					
а	Does the organization use Fe	deral Poverty	Guidelines	(FPG) to determine elic	jibility for providing <i>i</i>	ree care to low			
	income individuals? If "Yes,"						3a		
	Γ _{100%} Γ _{150%}	Г.	0000	Other	0/-				
b	Does the organization use FF			· · ·					
	"Yes," indicate which of the f	=	•				3Ь		
	T 200% T 250%	Г 300)% Г	350% Г 400	0% Cother	%			
_	If the organization does not i	isa EPG to da	tarmina aliai	hility describe in Part	VI the income bace	Critaria for			
	determining eligibility for free								
	test or other threshold, regar	dless of incor	ne, to detern	nine eligibility for free o	or discounted care				
4	Does the organization's police	y provide free	or discount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care	policy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resu								
	care to a patient who was eli						5с		
	Does the organization prepar						6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	vided in the Schedule H	I instructions Do no	submit these			
7	Charity Care and Certain (Other Commu	nıty Benefits	at Cost					
	(a) Number of (b) Parsons								
	Charity Care and Means-Tested Programs	activities or programs	served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero	
	_	(optional)	(optional)	<u>'</u>					
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other								
	means-tested government programs (from worksheet 3,								
	column b)								
ď	Total Charity Care and Means-Tested Programs .								
1	Other Benefits								
е	Community health improve- ment services and community								
	benefit operations (from (worksheet 4)								
f	Health professions education								
_	(from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
	Research (from worksheet 7)								
i	Cash and in-kind contributions to community groups (from worksheet 8)								
jТ	Total Other Benefits								
k ·	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	7 Enter line 5 less line 6—surplus or (shortfall)										
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	patients who are known to qua	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity (b) Description activity of			(c) O rganization's profit % or stock ownership %			employees' profit pro		Physicians' ofit % or stock ownership %		
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Mother Frances Hospital Regional HC Ctr 1021 E Idel Tyler, TX 75701	х	х					х		

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132030630

OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Care Center						75-0818167	
 Part I General Inform Does the organization mathe selection criteria used Describe in Part IV the organization 	ıntaın records to s d to award the grar	nts or assistance?	of the grants or assista				√ Yes
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is	eived more than \$5,00	00. Check this box	t es. Complete if the of fine one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trinity Mother Frances Health System800 E Dawson tyler, TX 75701	75-2616975	501(c)(3)	213,552				contribution
Sisters of the Holy Family of Nazareth800 E Dawson tyler,TX 75701	75-1974678	501(c)(3)	279,165				contribution
St Gregory Catholic School 500 South College Tyler,TX 75702	75-1319714	501(c)(3)	20,000				Contribution
Tyler Junior College 1327 South Baxter Avenue Tyler, TX 75701	75-6002676	501(c)(3)	37,500				Contribution
2 Enter total number of sec organizations		-					5
3 Enter total number of other							• o

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	Yes" on Form 990.	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				· ··· · · · · · · · · · · · · · · · ·

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF FUNDS IN THE UNITED STATES	SCHEDULE I, PART I, LINE 2	THE ORGANIZATION EVALUATES AND MONITORS DONEES BASED ON PUBLIC AND PRIVATE DATA

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132030630

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

Compensated Employees ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

Open to Public Inspection

Name of the organization Mother Frances Hospital Regional Health **Employer identification number**

75-0818167

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain				Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control payment?			4a		Νo
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		Νo	
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Participation in or payment from supplemental nonqualified retirement plan	Sch J, Part I, Question 4b	Participants in SERP Reported in W-2 Deferred Compensation

Software ID: Software Version:

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health

Care Center

Form 990, Schedule J, Part	: II - C	Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name	(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation (ii) Bonus & (iii) Other compensation		(iii) Other	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
LINDSEY BRADLEY	(1) 11)	405,172 270,115	215,539 143,692	725,965 483,977	768,302 512,201	5,133 3,422		699,448 466,298
	(1) 11)	316,023 210,682	169,786 113,190	555,581 370,388	253,972 169,315	5,133 3,422		518,547 345,698
RILL RELLENEANT	(1)	204,286 136,191	97,024 64,682	214,646 143,097	169,541 113,027	6,024 4,016	691,521	192,804 128,536
LEE BORTWOOD	(1)	228,423	0	11,148	3,923	9,688		,
10 HN WERR	(1)	198,836	0 0	9,600	3,362	9,545	221,343	
JEAN COLEMAN	(1)	215,908	0	0	3,653	8,681	228,242	
LAURA OMEN	(1) 11)	274,799 0	0	7,200 0	4,554 0	8,969 0	295,522	
A N D V N A V A B D O	(1)	291,579 0	0	11,292 0	4,600	9,950	317,421	
JOYCE HESTER	(1) 11)	200,659	0	0	3,394 0	8,619 0	212,672	
M E IA CKSO N	(1)	195,622	0	12,000	3,197	5,322	216,141	
	(1) 11)	181,581 0	0	0	3,052	9,458 0	194,091	
	(1)	183,618 0	0	0	3,132 0	9,479 0	196,229 0	
WENDELL ROBERTS	(1)	257,217 0	0	7,200 0	0	11,890 0	276,307 0	
ROYAL BECKER MD	(1)	0 743,431	0	0	0 4,600	0 13,175	0 761,206	
	(1) 11)	0 761,619	0	0	0 4,600	0 162	0 766,381	
TAWONDA FELTON	(1)	356,133 0	0	0	3,805 0	5,413 0	365,351 0	
	(ı) II)	261,074 0	0	0	3,726 0	4,923 0	269,723 0	
	(1)	251,732 0	0	0	3,870 0	5,413 0	261,015 0	
	(1)	242,789 0	0	0	0	8,939 0	251,728 0	
	(1)	173,167 0	0	0	1,163 0	11,613 0	185,943	
Neill Kerr Jr	(1)	245,111 0	0	0	4,020 0	8,606 0	257,737 0	
Steven Keuer MD	(1)	0 613,155	0	0 11,379	0 4,600	0 18,965	0 648,099	
	(1) 11)	0 871,640	0	0 18,130	0 4,600	0 25,828	0 920,198	

DLN: 93493132030630

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Supplemental Information on Tax Exempt Bonds**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

Employer identification number

	her Frances Hospital Regional Health									75-0818		tion nam	.DCI	
	e Center art I Bond Issues (Required	for 2008)								7,3 0010				
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued (e) Is		(e) Issue	(e) Issue Price		(f) Description of Purpose		(g) De	(g) Defeased		On alf of suer	
											Yes	No	Yes	No
A	Tyler Health Facilities Development Corporation	75-0818167	902261GN0	05-16-	2007	65,	550,000	Capital Dev	elopment			×		x
В	Tyler Health Facilities Development Corporation	75-0818167	902261GP5	05-16-	2007	23,	000,000	Capital Dev	elopment			х		Х
c	Tyler Health Facilities Development Corporation	75-0818167	902261FJ0	05-08-2003		59,	550,000	Capital Dev	elopment			х		х
Pa	Proceeds (Optional for	2008)				_								
1	Total Proceeds of Issue				A	-	В	-	С	D		E		
2	Gross Proceeds in Reserve Funds													
3														
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008)				•		•					
					A	-	B 		C	D			E	
_	Was the organization a partner in s	nartnarchin ar a me	mbar of an II C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		eniber of all LLC,											
2	Are there any lease arrangements which may result in private busine		nanced property											
For	Panerwork Peduction Act Notice see the	a Instructions for Form	. 000			Cat No. 501	103E			Scl	hadula K	/Form 90	N 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493132030630

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Open to Public Inspection

	t he organizat ion ances Hospital Regional Health er						nploy			t ion ı	number	
Part I	Excess Benefit Transact To be completed by organization					(4) organiz	zatıor	is on	ly).	, Par	t V , lıne	40b
4	(a) Name of disqualified										(c) Cori	
1	(a) Name of disquamed	person		(D) Des	cripti	on of transa	action				Yes	No
2 Ente	er the amount of tax imposed on t	he organization man	agers c	or disqualified pers	ons	durina the v	ear ur	nder				
	tion 4958							F	\$			
3 Ente	er the amount of tax, if any, on lin	e 2, above, reimburs	ed by t	he organization .					\$			
Part II	Loans to and/or From	Interested Pers	ons									
	To be completed by organizat			n Form 990, Part	IV, lı	ne 26, or Fo	orm 99	90-E2	Z, Part	V, lır	ne 38a	
		(b) Loan to or							(f	·)		
(a) N	ame of interested person and	from the	(c)	Original principal	l		(e)		Appr		1	/ritten
(,	purpose	organization?	amount		(d) B	(d)Balance due		ult?	? by board committee		1 -	
		To From	_				Yes No		Yes	No	_	No
		10 110111						110	1.05	1.00	+	1
											+	
otal .				🕨 \$								
Part III												
	To be completed by organ					Part IV, lin	e 27					
(;	a) Name of interested person			een interested pe	rson	(c)A m	ount c	farai	nt or ty	pe of	assista	ince
		an	d the o	rganization					•			
Part IV	Business Transactions	Involving Inter	octod	Persons								
Pait IV	To be completed by organ				90. F	Part IV. lin	e 28	a. 28	h. or i	28c.		
	re be completed by organ	(b) Relationsh		100 0111011113	55, .	are IV, iii		<u> </u>	<i>D</i> / 01 .		(e) Sha	ırına of
	N	between interes		(c) A mount of	.	(d) D					organiz	
(a	Name of interested person	person and th		transaction		(d) Descr	iption	ortra	ansacti	on [reven	ues?
		organization									Yes	No
/HA TX		Dir-Bradley on VH	Α	500,0	000	supplies						Νο
		board										
					-+							
		+								\dashv		
		+			-+					\dashv		

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Mother Frances Hospital Regional Health Care Center Employer identification number

75-0818167

ldentifier	Return Reference	Explanation
Describe review process of form 990	Form 990, Part VI, Question 10	The organization engages an outside accounting firm to prepare form 990. Once prepared, the form is reviewed by the organization's internal accountants prior to filing

ldentifier	Return Reference	Explanation
Describe the organization's members or stockholders	· · ·	Trınıty Mother Frances Health System is the sole member of Mother Frances Hospital Regional Health Care Center

ldentifier	Return Reference	Explanation
Members with authority to elect members of governing board	Form 990, Part VI, Question 7a	The member has the authority to appoint all directors of the governing board

ldentifier	Return Reference	Explanation
Decisions of governing body subject to approval by member	· ·	The member has the right to approve or disapprove certain actions that have been previously approved by the board of directors

ldentifier	Return Reference	Explanation
HOW DOES THE ORGANIZATION MONITOR AND ENFORCE COMPLIANCE WITH POLICY	LOUESTION 12C	THE BOARD REVIEWS AND RESOLVES, IF NECESSARY, ANY TRANSACTIONS AS THEY ARISE THROUGHOUT THE YEAR IN ACCORDANCE WITH PRESCRIBED STANDARDS

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF CEO OR TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, QUESTION 15A	THE ORGANIZATION USES COMPENSATION CONSULTANTS AND NATIONAL COMPENSATION SURVEYS TO DETERMINE COMPENSATION OF EMPLOYEES

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF OFFICERS OR KEY EMPLOYEES	FORM 990, PART VI, QUESTION 15B	THE ORGANIZATION USES COMPENSATION CONSULTANTS AND NATIONAL COMPENSATION SURVEYS TO DETERMINE COMPENSATION OF EMPLOYEES

	ldentifier	Return Reference	Explanation
l	DESCRIBE WHETHER THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO PUBLIC	LOUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
COMPENSATION FROM RELATED ORGANIZATIONS	FORM 990, PART VII & SCHEDULE J	THE GOVERNING BOARD OF TRINITY MOTHER FRANCES HEALTH SYSTEM UPON ADVICE FROM NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS, WHO PERIODICALLY REVIEW ALL EXECUTIVE COMPENSATION, APPROVED A DEFERRED COMPENSATION PLAN THAT PROVIDES A 65% TOTAL RETIREMENT BENEFIT FOR SENIOR EXECUTIVES THAT SERVE 20 YEARS OR MORE THIS PROGRAM HAS BOTH RETENTION AND NON-COMPETITION CLAUSES THAT CREATE A RISK OF FORFEITURE ACCRUALS OF DEFERRED COMPENSATION WILL BE INCLUDED IN W-2 INCOME WHEN AND IF PAID DEFERRED COMPENSATION IS SUBJECT TO A RISK OF FORFEITURE BASED ON RETENTION, NON-COMPETITION AND OTHER CONTRACTUAL FACTORS ACCRUALS OF DEFERRED COMPENSATION ARE NOT INCLUDIBLE IN W-2 COMPENSATION UNTIL PAID OTHER EMPLOYEE BENEFITS INCLUDE QUALIFIED PENSION PLANS HEALTH, DENTAL AND LIFE INSURANCE PLANS, DISABILITY INSURANCE, ETC TAXABLE EXPENSES ARE INCLUDED IN THE W-2 PAID COMPENSATION SALARY AMOUNT

ldentifier	Return Reference	Explanation
AVERAGE HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII	AVG HOURS WORKED FOR RELATED ORG LINDSEY BRADLEY 40 RAY THOMPSON 40 BILL BELLEFANT 40 STEVEN KEUER MD 40 DAVID TEEGARDEN MD 40 ROYAL BECKER MD 40 ANDY KIRKPATRICK MD 40

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS	FORM 990, PART IV,	THE ORGANIZATION HAS ANSWERED "NO" FOR THESE QUESTIONS
AUDITED BY AN INDEPENDENT	QUESTION 12 AND PART XI,	HOWEVER, THE ORGANIZATION IS AUDITED BY AN INDEPENDENT
ACCOUNTANT	QUESTION 2B	ACCOUNTING FIRM AS PART OF A CONSOLIDATED AUDIT

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493132030630

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

(Form 990)

Name of the organization

Mother Frances Hospital Regional Health

SCHEDULE R

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Department of the Treasury ► See separate instructions. Internal Revenue Service

Employer identification number

Care Center				75-0818167	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(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 statu (if section 501(c)(3	(F) s Direct controlling entity
champion emergency services Ilc					
2201 S Mobberly Ave Longview, TX75602 75-2747708	ambulance svc	тх	501(c)(3)	11	na
mother frances hospital - jacksonville 1021 E Idel tyler, TX75701 75-1976930	hospital	TX	501(c)(3)	3	na
trınıty mother frances health system fdn 1021 E Idel Tyler, TX75701 75-2028241	support	TX	501(c)(3)	11	na
regional medical services association 1021 e idel tyler, TX75701 75-2511459	healthcare	ТХ	501(c)(3)	3	na
Trinity mother frances health system 1021 e idel tyler, TX75701 75-2616975	healthcare	TX	501(c)(3)	11	na
trinity clinic 1021 E Idel tyler, TX75701 75-2616977	healthcare	TX	501(c)(3)	3	na

Part III Identification of Re	elated Organizat	tions Taxa	ble as a Partı	nership								
(A) Name, address, and EIN of related organization	(B) Primary activity	(B) Primary activity Primary activity (state or foreign country) (C) Legal domicile (state or foreign country)		(D) ect controlling entity (E) Predominant income(related, investment, unrelated)		l income	(G) Share of end-of-year assets	of-year (H Disprop allocat		(I) Code V—UBI amount on Box 20 of K-1	Gene man	J) eral or laging tner?
								Yes	No	-	Yes	No
TYLER RADIATION EQUIPMENT LEASING LLC 10101 WOODLOCH FOREST DRIVE THE WOODLANDS, TX77380 26-2554738	EQUIP LEASING	ТХ		Investment		-180,267	2,060,338		No			No
HEALTHSOUTH REHABILITATION HOSPITAL 3660 Grandview Parkway Suite 200 Birmingham, AL35243 25-1675784	REHABILITATION	AL		INVESTMENT		4,190,690	1,974,010		No			No
Part IV Identification of Re	elated Organizat	tions Taxa	ble as a Corp	oration or Tru	ıst			<u> </u>				
(A) Name, address, and EIN of related organiz	(B) Primary activ	ıty		(C) gal domicile (state or foreign country)	(D) Direct controlling entity	(E Type of (C corp, or tr	S corp,	en	(G) Share of d-of-yea assets			
See Additional Data Table												

(5)

(6)

Part V	Transactions	with	Related	Organizations	
--------	--------------	------	---------	---------------	--

Рā	from Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gıft, grant, or capıtal contribution to other organization(s)	1b		No
С	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q	Yes	
r	O ther transfer of cash or property from other organization(s)	1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(A) (B) (C) Transaction			
	Name of other organization(s) Amount Involved type(a-r)			
(1)				
(2)				
(3)				
(3)				
(4)				

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate ar allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID:

Software Version:

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health

Care Center

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 501(c)(3))	(F) Direct Controlling Entity
champion emergency services IIc 2201 S Mobberly Ave Longview, TX75602 75-2747708	ambulance svc	тх	501(c)(3)	11	na
mother frances hospital - jacksonville 1021 E Idel tyler, TX75701 75-1976930	hospital	тх	501(c)(3)	3	na
trinity mother frances health system fdn 1021 E Idel Tyler, TX75701 75-2028241	support	тх	501(c)(3)	11	na
regional medical services association 1021 e idel tyler, TX75701 75-2511459	healthcare	тх	501(c)(3)	3	na
Trinity mother frances health system 1021 e idel tyler, TX75701 75-2616975	healthcare	тх	501(c)(3)	11	na
trinity clinic 1021 E Idel tyler, TX75701 75-2616977	healthcare	тх	501(c)(3)	3	na

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

roilli 990, Schedule K, Pait IV - Ide	intilication of	Kelateu Organiz	iations laxable a	as a Corporation	Ulliust		ı
(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
Tri-state financial llc 1021 E IDEL TYLER, TX75701 75-2728318	collection agency	тх		c-corporation	0	0	0 %
Trincare Inc 1021 E IDEL TYLER, TX75701 75-2161369	management svcs	тх		c-corporation	0	0	0 %
healthplan of texas inc 514 s beckham tyler, TX75701 75-2636832	third party admin	тх		c-corporation	0	0	0 %
the regional healthcare alliance 1021 E IDEL TYLER, TX75701 75-2484109	prefer provider	тх		c-corporation	0	0	0 %
Texas Health Facilities insur corp ltd PO Box 1109 BWI Grand Cayman CJ 98-0136025	ınsurance	CJ		C-corporation	0	161,894	100 %
concordium services inc 1021 E IDEL TYLER, TX75701 70-2811022	INACTIVE	тх		c-corporation	0	0	0 %
employers services inc 1021 E IDEL TYLER, TX75701 75-2602556	INACTIVE	тх		c-corporation	O	0	0 %
heritage health plans of texas inc 1021 E IDEL TYLER, TX75701 75-2622622	INACTIVE	тх		c-corporation	0	0	0 %

TY 2008 Itemized Other Current Liabilities Schedule

Name: Mother Frances Hospital Regional Health

Care Center

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Accrued Expenses	1,454,566	0

TY 2008 Itemized Other Current Assets Schedule

Name: Mother Frances Hospital Regional Health

Care Center

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Prepaid Expenses	1,363,280	5,726

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132030630

TY 2008 Other Deductions Schedule

Name: Mother Frances Hospital Regional Health

Care Center

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Other Deductions		309,029

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TY 2008 Itemized Other Liabilities Schedule

Name: Mother Frances Hospital Regional Health

Care Center

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Intercompany Payables	9,712	9,712

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TY 2008 Other Income Statement

Name: Mother Frances Hospital Regional Health

Care Center

Description	Foreign Amount	Amount
Investment Income		1,103

Software ID: **Software Version:**

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health

Care Center

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RAY THOMPSON , CEO	40 0	X		Х				1,041,390	694,260	431,842
LAURA OWEN , SR VP	400	Х		Х				281,999	0	13,523
BEN FITZGERALD , CHAIR	100	Х						0	0	
FAGG SANFORD MD , DIRECTOR	100	Х						0	0	
SISTER TERESA MIKA , DIRECTOR	100	Х						0	0	0
SISTER LORETTA ROSE TALLAS , DIRECTOR	100	Х						0	0	0
SISTER MALGORZATA MAJSZCZYK , DIRECTOR	100	×						0	0	0
SISTER EDYTA KRAWCZYK , DIRECTOR	10 0	×						0	0	0
ROYAL BECKER MD , DIRECTOR	100	Х						0	743,431	17,775
ANDY KIRKPATRICK MD , DIRECTOR	10 0	Х						0	761,619	4,762
PAT THOMAS MD , DIRECTOR	10 0	Х						0	0	0
C C BAKER , DIRECTOR	100	Х						0	0	0
LINDSEY BRADLEY , PRESIDENT	40 0			Х				1,346,676	897,784	1,289,058
BILL BELLENFANT , SR VP & CFO	40 0			Х				515,956	343,970	292,608
LEE PORTWOOD , VP CIO	40 0			Х				239,571	0	13,611
JOHN WEBB , VP Strategic Bus Development	40 0			х				208,436	0	12,907
JEAN COLEMAN , VP Nursing	40 0			Х				215,908	0	12,334
ANDY NAVARRO, VP and Legal Counsel	40 0			х				302,871	0	14,550
JOYCE HESTER , VP financial operations	40 0			х				200,659	0	12,013
M E JACKSON, VP	40 0			Х				207,622	0	8,519
MARY DODD , VP marketing	40 0			Х				134,184	0	11,677
JEFF HYDE , VP integrated Services	40 0			Х				181,581	0	12,510
CHRIS GLENNEY , VP operations	40 0			Х				183,618	0	12,611
CINDY KIDWELL , admin director of cust service	400			х				98,898	0	10,304
WENDELL ROBERTS , VP ambulatory services	40 0			х				264,417	0	11,890
RHONDA LONG , VP Cardiology & Neurology	40 0			х				173,167	0	12,776
Steven Keuer MD , Executive VP	40 0			Х				0	624,534	23,565
David Teegarden MD , President & CMO	40 0			Х				0	889,770	30,428
TAWONDA FELTON , CRNA	40 0					Х		356,133	0	9,218
WILLIAM SANDBERG , Physician	40 0					Х		261,074	0	8,649

Form 990, Part VII - Section Aaa

·		(C) Position (check all that apply)					(5)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROSALYN GOOCH , CRNA	40 0				Х		251,732	0	9,283
DAVID CORRIOR , physician	40 0				Х		242,789	0	8,939
Neill Kerr Ir CRNA	40.0				X		245.111	0	12.626