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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Texas Health Resources

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
612 E Lamar Blvd Suite 1400

City or town, state or country, and ZIP + 4
Arlington, TX 76011

D Employer identification number
75-2702388

E Telephone number
(682) 236-7900

G Gross receipts $ 1,140,562,665

F Name and address of principal officer
Doug Hawthorne
612 E Lamar Blvd
Arlington, TX 76011

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www texashealth org

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

L Year of formation 1997

M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Through its affiliates, THR operates an integrated primarily non-profit healthcare system with services and facilities throughout North Central Texas

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	1,725
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	10,442,602
b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,318,283

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	234,851	24,245
9	Program service revenue (Part VIII, line 2g)	114,908,647	328,160,821
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-88,688,794	5,373,655
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,835,669	1,382,805
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,290,373	334,941,526
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,340,127	1,581,358
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	119,879,162	162,843,023
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	199,944,705	167,669,603
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	321,163,994	332,093,984
19	Revenue less expenses Subtract line 18 from line 12	-292,873,621	2,847,542

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	1,956,547,591	2,159,203,619
21	Total liabilities (Part X, line 26)	2,268,154,934	2,257,785,247
22	Net assets or fund balances Subtract line 21 from line 20	-311,607,343	-98,581,628

Part II Signature Block

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

Sign Here

****** | 2010-11-11
Signature of officer | Date

John Mitchell Asst Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 2010-11-11	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Texas Health Resources 612 E Lamar Blvd Ste 1400 Arlington, TX 76011	EIN ▶	Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Through its affiliates, THR operates an integrated primarily non-profit healthcare system with services and facilities throughout North Central Texas

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 259,033,654 including grants of $ 1,581,358) (Revenue $ 322,093,980)

Founded in 1997, Texas Health Resources (THR)provides direction and oversight to its wholly-controlled affiliates The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, quality business development, insurance, treasury, marketing general accounting, and strategic planning THR also operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals

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

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

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

4e **Total program service expenses** ▶ $ 259,033,654

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	438		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,725		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		No
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	18		
b	Enter the number of voting members that are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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 ▶

Jack Roper
612 E Lamar Blvd
Arlington, TX 76011
(682) 236-7900

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	20,022,771	1,947,680	3,964,584

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 143

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Animato Technologies Corporation 333 Lee Parkway Lake Oswego, OR 75219	Computer Design/Cons	4,656,118
Siemens Medical Solutions USA PO Box 120001 Dallas, TX 75312	Computer Design/Cons	2,877,519
S1 IT Solutions Inc NW 5806 PO Box 1450 Minneapolis, MN 55485	Computer Consulting	2,002,773
JA Thomas Associates Inc 3715 Northside Parkway Atlanta, GA 30327	Revenue Mgt Consult	1,734,409
Computer Task Group Inc PO box 711778 Cincinnati, OH 45271	Computer consulting	1,642,306

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 92

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	24,245			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		24,245			
Program Service Revenue			Business Code				
	2a	Management Fee		259,033,654	259,033,654		
	b	Rental Fee		53,458,548	53,458,548		
	c	JV Activity		15,668,619	6,364,110	9,304,509	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		328,160,821			
	3	Investment income (including dividends, interest and other similar amounts)		38,501,962			38,501,962
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		244,712			244,712
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	722,489,773	3,059			
	b	Less cost or other basis and sales expenses	805,445,047	176,092			
	c	Gain or (loss)	-32,955,274	-173,033			
	d	Net gain or (loss)			-33,128,307			-33,128,307
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Telecommunications	517,000	1,134,561		1,134,561	
	b	Video Production	812,900	3,532		3,532	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,138,093			
	12	**Total revenue.** See Instructions		334,941,526	318,856,312	10,442,602	5,618,367

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,581,358	1,581,358		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,932,816	8,932,816		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,997,244	122,997,244		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,179,231	5,179,231		
9	Other employee benefits	17,952,702	17,952,702		
10	Payroll taxes	7,781,030	7,781,030		
11	Fees for services (non-employees)				
a	Management	151,144	151,144		
b	Legal	2,034,452	2,034,452		
c	Accounting	1,795,657	1,795,657		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	4,787,236	4,787,236		
g	Other	28,019,265	28,019,265		
12	Advertising and promotion	12,991,871	12,991,871		
13	Office expenses	13,065,942	13,065,942		
14	Information technology	16,743,484	16,743,484		
15	Royalties				
16	Occupancy	35,866,001	35,866,001		
17	Travel	1,400,852	1,400,852		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,109,090	1,109,090		
20	Interest	5,182,250	5,182,250		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,676,323	31,676,323		
23	Insurance	557,296	557,296		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Repairs & Maintenance	3,299,514	3,299,514		
b	License /Dues	3,185,831	3,185,831		
c	Community Outreach	2,465,202	2,465,202		
d	Supplies	1,055,665	1,055,665		
e	Other Taxes	959,053	959,053		
f	All other expenses	1,323,475	1,323,475		
25	**Total functional expenses.** Add lines 1 through 24f	332,093,984	332,093,984	0	0
26	**Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		125,477,127	1	153,033,264
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,386,569	4	13,861,172
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	2,383,711
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		12,210,542	7	17,045,815
	8	Inventories for sale or use			8	44,545
	9	Prepaid expenses and deferred charges		15,618,402	9	18,545,383
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 688,225,353			
	b	Less accumulated depreciation	10b 244,112,014	387,939,347	10c	444,113,339
	11	Investments—publicly traded securities		901,316,519	11	1,216,951,379
	12	Investments—other securities See Part IV, line 11		194,111,825	12	194,859,004
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		22,414,403	14	20,969,413
	15	Other assets See Part IV, line 11		289,072,857	15	77,396,594
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,956,547,591	16	2,159,203,619
Liabilities	17	Accounts payable and accrued expenses		91,740,893	17	119,287,235
	18	Grants payable			18	
	19	Deferred revenue		2,593,304	19	2,162,213
	20	Tax-exempt bond liabilities		1,086,367,643	20	1,084,745,242
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		142,685	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,087,310,409	25	1,051,590,557
	26	**Total liabilities.** Add lines 17 through 25		2,268,154,934	26	2,257,785,247
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-417,107,286	27	-204,883,810
	28	Temporarily restricted net assets		65,146,358	28	62,678,169
	29	Permanently restricted net assets		40,353,585	29	43,624,013
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-311,607,343	33	-98,581,628
	34	Total liabilities and net assets/fund balances		1,956,547,591	34	2,159,203,619

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☑

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									252,306,159

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Texas Health Resources	75-2702388

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		323
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		126,493
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,111,611
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,238,427
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
		Texas Health Resources (THR) is the parent organization for a healthcare system consisting of hospitals and other related healthcare organizations The amount of expenses paid or incurred in connection with the lobbying activities reported on this return represent the expenses incurred on behalf of THR and all its affiliates Total expenses for the system were $2,764,718,000 for the year ended December 31, 2009 Of this amount $1,238,427 (0 045%) is used in connection with lobbying activities The officers and/or Board members of THR make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities THR serves In no case has either THR or any person acting on behalf of THR intervened in any political campaign

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 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.

1a 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

b 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 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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 end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,270,741		59,270,741
b Buildings		214,939,230	99,625,089	115,314,141
c Leasehold improvements		80,414,175	57,347,427	23,066,748
d Equipment		155,496,123	87,139,498	68,356,625
e Other		178,105,084		178,105,084
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				444,113,339

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	194,859,004	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or 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 15.

(a) Description	(b) Book value
Malpractice Trust	61,763,609
Trustee Funds - Sup Ret	730,375
Trustee Funds - CAA	2,794,151
Trustee Funds - Cash Value Life	4,940,821
Unamortized Bond Issue Costs	3,622,251
Other Recievables	3,535,278
Deposits	9,550
Debt Related Reserve Funds	559
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	77,396,594

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,051,590,557

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	334,941,526
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	332,093,984
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,847,542
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	2,847,542

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Careflite	6,837,262	C
Lewisville	270,753	C
North TX Healthcare Laundry	1,656,555	C
PPCD&S	1,205,642	C
Premier Purch Partners	2,540,319	C
Presby Hospital of Rockwall	811,516	C
Presby Hosptl Southlake	740,059	C
Prseby Hosptl Flower Mound	2,425,118	C
TH MedSynergies	12,356,604	C
TH Methodist Health Fnd	45,535,250	C
TH Presbyterian Fnd	116,644,847	C
TH SingleSource Staffing	-221,191	C
THR Casualty Company	618,278	C
USMD	3,437,992	C

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

(a) Description	**(b)** Book value
Malpractice Trust	61,763,609
Trustee Funds - Sup Ret	730,375
Trustee Funds - CAA	2,794,151
Trustee Funds - Cash Value Life	4,940,821
Unamortized Bond Issue Costs	3,622,251
Other Recievables	3,535,278
Deposits	9,550
Debt Related Reserve Funds	559

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

1 **(a)** Description of Liability	**(b)** Amount
Security Deposit	128,947
Trustee Funds - Sup Ret	730,375
Trustee Funds - CAA	2,794,151
Arbitrage Reserve	723
Post Retirement Benefits	8,481,977
Unamortized Rent	2,751,428
Other Liabilities	3,037,423
Asset Retirement Obligation	1,850,653
Malpractice Trust Reserve	48,712,666
Intercompany Payable	983,102,214

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		No

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	663		663,764		663,764	1 440 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	4,369		3,325,247	2,560,097	765,150	1 660 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs	5,032		3,989,011	2,560,097	1,428,914	3 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total.** Add lines 7d and 7j	5,032		3,989,011	2,560,097	1,428,914	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,202,643		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	19,973,092		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	24,445,579		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,472,487		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		No
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		No

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Flower Mound Hospital	Hospital	52 000 %		48 000 %
2	Rockwall Regional Hosp	Hospital	53 000 %		41 000 %
3	USMD Hsoptial LP	Hospital	25 000 %		75 000 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Flower Mound Hospital Partners LLC 14131 Midway Rd Ste 1050 Addison, TX 75001	X								
Rockwall Regional Hospital LLC 14131 Midway Rd Ste 1050 Addison, TX 75001	X								
USMD Hospital of Arlington LP 801 I-20 West Arlington, TX 76017	X								

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c - Self Pay Discount The Sch H for Texas Health Resources (Texas Health) is filed solely because it has an ownership interest in 3 taxable joint ventures operating as hospitals Texas Health is a functionally integrated supporting organization and does not operate its own hospital Texas Health supports a system of faith-based, non-profit hospitals, an employed physician organization and an organization for medical research and education Texas Health has adopted a charity care policy which covers the 13 non-profit hospitals it supports All Texas Health self pay patients who do not qualify for a Texas Health hospital charity program, regardless of income, are eligible for a discount of 30% off the hospital's gross charges for general hospital services Certain implanted device charges, billed under specific revenue codes, will be discounted by 60% off the hospital?s gross charges The patients of USMD Hospital, LP may pre-pay for a procedure and receive a 73 5% discount off the hospital's gross charges for hospital services Rockwall Regional Hospital offers self pay patients a discount of 30% off the hospital's gross charges for hospital services

Part I, Line 7, Column (f) The Total Expenses reported on Form 990, Part IX, line 25, column (A) are not reflected on Sch H since Texas Health is not a hospital The Total Expense number on line 7 is the sum of Texas Health's share of the its joint venture's Total Expense less Bad Debt Expense

Part III, Line 4 - Bad Debts The bad debt expense shown on line 2, above, is Texas Health's share of the bad debt expense of its taxable joint ventures The amount of the bad debt expense attributable to patients eligible under the charity care policy is unknown Bad debt expense is not included as a community benefit for the state of Texas statutory threshold for charity care & community benefit The taxable joint ventures do not issue audited financial statements with a footnote describing bad debt expense

Part III, Line 8-Unreimbursed Medicare The state of Texas treats Medicare shortfall, calculated using a cost to charge ratio applied to gross charges less payments received, as a community benefit for meeting the statutory requirements for charity care and community benefit

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4-Community Information Texas Health does not operate a hospital Therefore, there is no information to provide regarding a hospital service area

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6-Other Information Texas Health Resources (Texas Health) does not operate a hospital The Sch H reflects Texas Health's ownership interest in its taxable joint ventures which operate hospitals

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7-Healthcare System Texas Health is one of the largest faith-based, nonprofit health care delivery systems in the United States and the largest in North Texas in terms of patients served Texas Health's system of 13 hospitals includes Texas Health Harris Methodist Hospitals, Texas Health Arlington Memorial Hospital, Texas Health Presbyterian Hospitals, an employed physician organization, and an organization for medical research and education The Texas Health system also includes two foundations that foster philanthropic relationships to help support the programs and services of the hospitals they support The mission of the hospitals in the Texas Health system is to ?improve the health of the people in the communities served ? Texas Health takes its responsibility to its communities seriously and invests charitable resources to promote good health and prevent disease Not only does Texas Health provide health care services to those who do not have the means to pay, its hospitals also conduct a variety of programs designed to improve health and prevent illness in the community The community health strategies of Texas Health and its affiliated healthcare organizations are driven by community health needs, are community-based and include confronting health problems at the source and emphasize health promotion, disease prevention, and early treatment of illness

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 8900 John Carpenter Freeway Dallas,TX 75247		501(c)(3)	52,750				General Purpose
American Heart Association PO Box 15186 Austin,TX 78761		501(c)(3)	200,000				General Purpose
Boy Scouts of AmericaPO Box 35726 Dallas,TX 75235		501(c)(3)	10,250				General Purpose
Crystal Charity Ball30 Highland Park Village Ste 206 Dallas,TX 75205			6,000				General Purpose
Fort Worth Stock Show SyndicatePO Box 150 Fort Worth,TX 76101			8,738				General Purpose
Ft Worth Northside Community Health Center 2100 N Main St Ste 104 Fort Worth,TX 76164			40,000				General Pupose
Texas Health Harris Methodist Foundation6100 Western Place Fort Worth,TX 76107		501(c)(3)	329,300				General Purpose
March of Dimes Foundation 12660 Coit Road Ste 200 Dallas,TX 75251		501(c)(3)	100,000				General Purpose
Texas Health Presbyterian Foundation8440 Walnut Hill Ln Ste 800 Dallas,TX 75213		501(c)(3)	745,688				General Purpose
Uviersity of Texas Arlington 421 Davis Hall Arlington,TX 76019		501(c)(3)	20,000				General Purpose

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 7

3 Enter total number of other organizations . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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) Amount of cash grant	(d) Amount 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.

Identifier	Return Reference	Explanation
		Texas Health Resources, (THR) receives various requests from the community for assistance THR management reviews these requests to verify that they are benefiting the community and they are in agreement with THR's mission The grants or assistance given by THR are generally to local organizations who have a longstanding record of benefiting the local community Since the vast majority of the assistance given by THR is to local organizations, management is able to monitor the use of the funds using personal inspection A lot of the events are published in the local paper Many are community wide events where THR employees attend, or work as volunteers or coordinators

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	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 ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Identifier	Return Reference	Explanation
		Sch J, Part I, Line 1 First Class Travel The CEO uses first class travel infrequently and to specific destinations where flights are overbooked by the airlines and passengers with coach tickets are not guaranteed to be on the specific flight booked Travel for Companions The organization and/or related organizations allow spouses or guests to accompany an officer of the organization on business related travel, as long as the spouse's or guest's presense on the trip is for a justified business purpose Gross-up payments Certain imputed income is grossed-up to include the employment taxes paid on the listed person's behalf The grossed up amount is included in the taxable compensation of the employee Discretionary Spending Account Each executive at the vice president level and above receive a perk allowance which replaces previous individual plans for car, cell phone, and financial planning accounts The amounts of the allowances paid are included in the taxable compensation of the employee Personal Services - Financial Planning The CEO can have financial planning services reimbursed by the organization up to a certain dollar amount Any reimbursement made for financial planning services is included in the taxable compensation of the employee Sch J, Part I, Question 3 Texas Health Resources (THR) uses the following methods to establish compensation of the organization's CEO - The compensation committee of THR - THR hired independent compensation consultants - THR & the independent compensation consultants used compensation surveys - Written employment contract - Compensation survey or study - Approval by the board or compensation committee An independent third party compensation consultant is hired by the THR Board of Trustees (Board) to review base pay annually as compared to a peer group of employers similar in size and scope to THR Every three years the independent compensation consultant reviews all aspects of executive compensation (base, incentives, benefits, etc) which includes - Review and confirmation of the executive compensation philosophy, - Market review of base and incentive pay,including national, regional and local data - Market review of benefits and perquisites, - Survey of selected officers and members of the Compensation Committee of the Board (Compensation Committee), and - Review of financial reports, employment agreement, current salary incentive opportunities, incentive payments, benefits, perquisites, and plan documents The independent compensation consultant meets directly with the executive compensation & benefits sub-committee which is made up of five independent Board members and the compensation committee to report the results of the total compensation study At the beginning of each year, the compensation committee reviews the results of the outside consultants market analysis for base salaries, and makes recommendations to the Board and the Board approves the following for the CEO - Base salary and benefits, - Prior year executive annual incentive awards, - Current year executive annual incentive plan targets, key performance indicators and potential payout amounts, - Long-term incentive award if cycle has ended, - Long-term incentive plan targets, key performance indicators and potential payout amount if new cycle is starting, and - Employment agreement in years of renewal Sch J, Part I, Question 4a The severance payment was paid out of the Separation Pay Plan of Texas Health Resources (THR), a related 501(c)(3) organization THR's Separation Pay Plan provides payments to employees whose positions were eliminated by the organization based on the employee's years of service and the level of the affected position - Alverson,Michael E $502,110 - Simmons,John J $172,904 - McCamey,Bonnie N $155,560 Sch J, Part I, Question 4b Participation in the plan is made available to a select group of management and highly compensated employees, as determined by the THR Board of Trustees, who are providing services to an employer in key positions of management and responsibility - Benefits are calculated for eligible employees when base pay and incentives exceed the IRS qualified plan compensation limit - The calculated SERP amount is allocated to the executives account mid-plan year, however, credits are earned 1/12th each month - The participant shall be entitled to his or her vested SERP benefit upon the earliest of remaining employed by THR to age 68, termination of employment for disability, involuntary termination of employment without reasonable cause, or satisfying a 24 month non-compete period following his or her termination of employment - SERP benefits vest as follows less than 2 years of service - 0%, 2 years - 25%, 3 years - 50%, 4 years - 75%, and 5 or more - 100% Income and FICA taxes are due when the participant becomes entitled to the benefit - THR owns any investments purchased in connection with its obligations under the SERP Plan If THR becomes insolvent, executives are unsecured creditors and will have no preferred claim to any assets - Payments to the following employees were made during the year The amounts below are included in the amount reported in Sch J, Part II, Column B(iii) and Column (F) Douglas Hawthorne - $2,043,565 Charles Boes - $186,633 Barclay Berdan - $147,028 Jack Roper - $76,600 Bonnie Bell - $62,637 Stanley Dennis - $48,442 Michael Deegan - $40,549 John Gaida - $32,359 George Pearson - $31,527 Elaine Anderson - $27,280 Michael Bernstien - $22,258 Kenneth Kramer - $19,729 Kevin Holmes - $12,323 Michael Alverson - $11,862 Elaine Gwaltney - $9,413 Ferdinand Velasco - $8,469 Mark Teresi - $7,344

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Douglas Hawthorne	(I) (II)	977,780	166,294	3,990,108	564,526	8,017	5,706,725	4,049,436
Barclay Berdan	(I) (II)	512,319	59,707	346,514	243,119	6,007	1,167,666	364,383
Stephen Hanson	(I) (II)	560,649	44,904	224,143	240,677	13,999	1,084,372	250,999
Ronald Long	(I) (II)	489,608	7,344	108,156	335,234	13,999	954,341	97,882
Charles Boes	(I) (II)	326,067	42,682	732,141	154,808	8,017	1,263,715	752,203
Michael Deegan	(I) (II)	337,996	38,061	314,301	154,099	5,744	850,201	285,297
Bonnie Bell	(I) (II)	319,049	38,838	243,449	149,118	13,686	764,140	251,064
Kenneth Kramer	(I) (II)	221,601	19,039	111,848	135,468	13,488	501,444	113,745
John Mitchell	(I) (II)	176,430		101,193	29,787	13,045	320,455	87,927
Oscar Amparan	(I) (II)							
Mark Merrill	(I) (II)							
Michael Alverson	(I) (II)	223,105	21,585	788,181	36,266	645	1,069,782	143,530
Jack Roper	(I) (II)	261,172	23,255	307,690	91,293	8,651	692,061	313,720
Stanley Dennis	(I) (II)	340,005	27,631	210,357	112,806	13,937	704,736	222,012
John Gaida	(I) (II)	278,545	24,197	160,888	92,809	8,756	565,195	170,314
George Pearson	(I) (II)	210,546	18,457	232,158	72,618	8,663	542,442	235,210
Elaine Anderson	(I) (II)	215,503	17,856	203,600	73,166	625	510,750	207,056
Mark Teresi	(I) (II)	233,511		164,966	14,700	4,807	417,984	72,640
Ferdinand Velasco	(I) (II)	313,638		66,174	84,101	13,824	477,737	53,944
Edward Marx	(I) (II)	354,519		24,898	109,266	13,972	502,655	
Elaine Gwaltney	(I) (II)	247,381		115,683	83,125	5,612	451,801	100,097
Kevin Holmes	(I) (II)	214,232	18,342	124,581	132,033	11,818	501,006	126,291
Michelle Kirby	(I) (II)	236,860	7,817	76,988	80,238	5,002	406,905	68,675
David Tesmer	(I) (II)	228,065	5,677	65,317	78,220	7,947	385,226	49,401
Joan Clark	(I) (II)	255,627		16,184	81,169	7,749	360,729	
Ricky McWhorter	(I) (II)	182,345		75,494	45,601	7,961	311,401	61,920
Jim Dunn	(I) (II)	231,383		11,802	29,557	5,598	278,340	
Sandra Reeves	(I) (II)	169,789		72,193	28,440	11,818	282,240	58,950
John Mizerany	(I) (II)	229,567		11,450	29,091	13,617	283,725	
David Jackson	(I) (II)	169,590		66,527	28,049	7,209	271,375	53,256
John Wilson	(I) (II)	156,402		74,148	24,878	5,321	260,749	61,846
Scott Leddy	(I) (II)	412,361		850	11,025	5,961	430,197	
Luis Saldana	(I) (II)	359,119		1,275	11,025	12,963	384,382	
John Simmons	(I) (II)	96,224	75	196,363	9,240	7,924	309,826	
Bonnie McCamey	(I) (II)	87,660	238	168,558	7,857	6,716	271,029	
Amy Schornick	(I) (II)	186,299		28,465	25,538	13,542	253,844	16,601
Michael Bernstein	(I) (II)			187,634			187,634	187,634

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Tarrant County Cultural Edu Fac Finance Corp	04-3833551	87638TAS2	05-31-2007	620,367,416	Refund 10/30/1997 issue bonds		X		X
B	Tarrant County Cultural Edu Fac Finance Corp	04-3833551	87638TBE2	05-31-2007	102,323,221	Construct & Equip Facility		X		X
C	Tarrant County Cultural Edu Fac Finance corp	04-3833551	87638TCL5	10-30-2008	366,120,000	Refund 1/31/89 Bnd Refund 5/14/03 Bnd		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	620,367,416				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	617,306,939		327,900,000		
4	Other unspent proceeds					
5	Issuance costs from proceeds	3,060,477	554,161	2,066,278		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2007	2009	2009		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X				
10	Were the bonds issued as part of an advance refunding issue?	X			X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		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?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X			X		X				
3c	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?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		2 000 %		1 000 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5		2 000 %		1 000 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X					
2	Is the bond issue a variable rate issue?		X		X	X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X				
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
See Additional Data Table										
Total . . . . . ▶ $				2,383,711						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount $	(d) Balance due $	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Oscar Amparan Surrender Value of Split Dollar Life Ins Policy	X		29,586	27,583		No	Yes		Yes	
Barclay Berdan Surrender Value of Split Dollar Life Ins Policy	X		59,385	55,107		No	Yes		Yes	
Charles Boes Surrender Value of Split Dollar Life Ins Policy	X		42,060	38,714		No	Yes		Yes	
Jeffrey Canose MD Surrender Value of Split Dollar Life Ins Policy	X		111,616	106,608		No	Yes		Yes	
Michael Deegan MD Surrender Value of Split Dollar Life Ins Policy	X		379,165	362,326		No	Yes		Yes	
Stanley Dennis Surrender Value of Split Dollar Life Ins Policy	X		16,490	14,766		No	Yes		Yes	
John Gaida Surrender Value of Split Dollar Life Ins Policy	X		31,110	29,138		No	Yes		Yes	
Stephen Hanson Surrender Value of Split Dollar Life Ins Policy	X		362,056	351,769		No	Yes		Yes	
Kevin Holmes Surrender Value of Split Dollar Life Ins Policy	X		25,110	22,957		No	Yes		Yes	
James King Surrender Value of Split Dollar Life Ins Policy	X		26,964	24,621		No	Yes		Yes	
Michelle Kirby Surrender Value of Split Dollar Life Ins Policy	X		31,187	21,583		No	Yes		Yes	
Kenneth Kramer Surrender Value of Split Dollar Life Ins Policy	X		22,740	20,694		No	Yes		Yes	
Blake Kertz Surrender Value of Split Dollar Life Ins Policy	X		114,834	111,680		No	Yes		Yes	
Christopher Leu Surrender Value of Split Dollar Life Ins Policy	X		100,179	96,192		No	Yes		Yes	
Ronald Long Surrender Value of Split Dollar Life Ins Policy	X		231,387	221,966		No	Yes		Yes	
John McCabe Surrender Value of Split Dollar Life Ins Policy	X		94,026	89,331		No	Yes		Yes	
Brett McClung Surrender Value of Split Dollar Life Ins Policy	X		59,832	42,185		No	Yes		Yes	
Deborah Paganelli Surrender Value of Split Dollar Life Ins Policy	X		98,394	89,999		No	Yes		Yes	
George Pearson Surrender Value of Split Dollar Life Ins Policy	X		43,776	39,895		No	Yes		Yes	
Jack Roper Surrender Value of Split Dollar Life Ins Policy	X		22,980	20,665		No	Yes		Yes	
David Tesmer Surrender Value of Split Dollar Life Ins Policy	X		30,843	18,601		No	Yes		Yes	
Matthew Troup Surrender Value of Split Dollar Life Ins Policy	X		46,840	43,132		No	Yes		Yes	
Doug White Surrender Value of Split Dollar Life Ins Policy	X		27,375	24,839		No	Yes		Yes	
Patsy Youngs Surrender Value of Split Dollar Life Ins Policy	X		143,265	140,193		No	Yes		Yes	
Bonnie Bell Surrender Value of Split Dollar Life Ins Policy	X		60,976	60,071		No	Yes		Yes	
Sandra Harris Surrender Value of Split Dollar Life Ins Policy	X		66,160	66,323		No	Yes		Yes	
Blake Kertz Surrender Value of Split Dollar Life Ins Policy	X		15,975	15,226		No	Yes		Yes	
Brett McClung Surrender Value of Split Dollar Life Ins Policy	X		42,445	42,868		No	Yes		Yes	
George Pearson Surrender Value of Split Dollar Life Ins Policy	X		69,670	69,754		No	Yes		Yes	
David Tesmer Surrender Value of Split Dollar Life Ins Policy	X		31,956	30,831		No	Yes		Yes	
Matthew Troup Surrender Value of Split Dollar Life Ins Policy	X		33,755	34,125		No	Yes		Yes	
Douglas White Surrender Value of Split Dollar Life Ins Policy	X		56,470	49,969		No	Yes		Yes	

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
		Part VI, Section A, Line 11a A full copy of the Form 990 is provided to members of the governing board before filing In addition, the Audit & Compliance Committee of the Texas Health Resources Board of Trustees is given the opportunity to review, comment, and ask questions regarding the Form 990s filed for THR and each of its wholly controlled affiliates Part VI, Section B, Line 12c Texas Health Resources (THR) has adopted a Conflict of Interest policy that applies to THR and all of its wholly owned or wholly controlled affiliates During the first quarter of each fiscal year, a Duality and Conflict Statement Form is distributed by the THR Chief Compliance Officer to all persons who are covered by this policy Board members forms are reviewed by the THR Presdient and Board Chair All disclosed comflicts are reviewed by the THR Cheif Compliance Officer, THR Genreal Counsel and the THR Audit & Compliance Committee any conflicts meriting additional disclosure are presented to the full board of Texas Health Resources Part VI, Section B, Line 15 a& b An independent third party compensation consultant is hired by the Texas Health Resources (THR) Board of Trustees (Board) to review base pay annually as compared to a peer group of employers similar in size and scope to THR Every three years the independent compensation consultant reviews all aspects of executive compensation (base, incentives, benefits, etc) which includes - Review and confirmation of the executive compensation philosophy, - Market review of base and incentive pay for all positions National, regional, and local data is reviewed when available - Market review of benefits and perquisites, - Survey of officers and members of the Governace Committee of the THR Board of Trustees, and - Review of financial reports, job descriptions, organizational charts, current salaries, salary range midpoints, incentive opportunities, incentive payments, benefits, perquisites and plan documents The independent compensation consultant meets directly with the executive compensation & benefits sub-committee which is made up of five independent Board members and the governance committee to report the results of the total compensation study At the beginning of each year, the executive compensation & benefits sub-committee reviews, the governance committee reviews and recommends for approval by the Board, and the Board approves the following - Market analysis recommendation based on the results of the outside consultant's review - Officer Market/equity base salary adjustmetns - Prior year executive annual incentive awards - Current year executive annual incentive plan targets, key performance indicators, and potential payout amounts -Base salary and benefits for Chief Executive Officer Part VI, Section C, Line 19 The organization does not make its governing documents or conflict of interest policy available to the public The consolidated financial statements of Texas Health Resources (THR) are made available to the public on the website www dacbond com Consolidated financial statements are posted to this website quarterly and the audited financial statements are posted annually The financial statements of the wholly controlled affiliates of THR are not posted to the website nor are they generally made available to the public in any other manner Part XI, Line 2c Texas Health Resources (THR) prepares consolidated financial statements with its related entities The THR Board appoints an audit and compliance sub-committee that assumes responsibility for oversight of the consolidated audit for all related entities The related entities do not have a separate audit oversight committee, but abide by the THR committee Schedule R, Part III, Identification of Related Organizations Taxable as a Partnership Texas Health Resources (THR) owns a 50% interest in and has governance control of Texas Institute for Surgery, LLP This entity has been reported on the Schedule R as a related entity THR owns an interest in TTHR Ltd, Ptr Since THR does not own 50% of this partnership, it is not required to be reported on Schedule R, Part III as a related organizations, however, THR does have effective governance control of this partnership through its power to elect 50% of the governing board of the partnership and other reserved powers Schedule R Part V, Transactions with Related Organizations Founded in 1997, Texas Health Resources (THR) through its controlled affiliates by provides a comprehensive array of healthcare and related services THR's role is to plan, manage and coordinate the activities of the affiliated healthcare system to maximize opportunities to deliver cost effective quality medical care to residents of north central Texas THR provides direction and oversight to its wholly-controlled affiliates providing centralized services THR also operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, quality, business development, insurance, treasury, accounting, marketing and strategic planning In providing this centralized service, THR maintains an intercompany receivable/payable account with each entity Daily transactions are run thru these intercompany accounts, most of which do not fall within the scope of IRC Section 512(b)(13) The transactions not falling within this scope are not reported on Form 990 Schedule R, Part V, Line 2 Examples of these types of transactions are as follows Daily cash sweeps of affiliate accounts to central account Daily cash transfer from THR to affiliates to cover daily cash needs Allocation of centralized bond interest allocated to affiliates Allocation of centralized payroll to appropriate affiliate Allocation of centralized contracts to appropriate affiliate Allocation of bills paid by THR to appropriate affiliate Allocation of rebates received to appropriate affiliate Allocation of centralized insurance costs to appropriate affiliates

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Texas Health Partners FKA TpHR LLP 14131 Midway Rd Ste 1050 Addison, TX 75001 02-0546958	Management Company	TX	9,772,001	9,103,710	Texas Health Resources
Health Imaging Partners LLC 612 E Lamar Blvd Ste 1400 Arlington, TX 76011 27-1385885	Outpatient Imaging Services	TX			Texas Health Resources

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AMH Health Ventures Inc 800 W Randol Mill Road Arlington, TX76012 75-2141114	Computer & Billing Services	TX	Arlington Memorial Hospital	C			
PH Denton Physician Inc 3000N Interstate 35 Denton, TX76201 26-1696945	Physician Services	TX	TTHR LLC	C			
Texas Health Biomedical Advancement Center Inc 612 E Lamar Blvd Arlington, TX76012 75-2636884	Inactive	TX	Texas Health Research Education Institute	C			
Texas Health Resources Casualty Company 76 St Paul 5th Floor Burlington, VT05401 03-0310676	Insurance	VT	Texas Health Resources	C	70,362	1,047,036	100 000 %

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b** Yes	
c	Gift, grant, or capital contribution from other organization(s)	**1c** Yes	
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** Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j** Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o** Yes	
p	Reimbursement paid by other organization for expenses	**1p** Yes	
q	Other transfer of cash or property to other organization(s)	**1q** Yes	
r	Other 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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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
Deuteronomy 8440 Walnut Hill Lane Dallas, TX75231 75-2561680	Physician Clinic	TX	501(c)(3)	9	Texas Health Resources
Harris Methodist Health System 612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-1823547	Supporting Organization	TX	501(c)(3)	11 Type 1	N/A
Presbyterian Healthcare Resources 612 E Lamar Blvd Ste 1400 Arlington, TX76011 51-0190395	Supporting Organization	TX	501(c)(3)	11 Type 3	N/A
Texas Health Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX76012 75-0972805	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Foundation 6100 Western Place Ste 1001 Fort Worth, TX76107 75-2401033	Fundraising	TX	501(c)(3)	9	Harris Methodist Health System
Texas Health Harris Methodist Hospital Azle 108 Denver Trail Azle, TX76020 75-1748586	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Cleburne 201 Walls Dr Cleburne, TX76033 75-1977850	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Fort Worth 1301 Pennsylvania Ave Fort Worth, TX76104 75-6001743	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital H-E-B 1600 Hospital Parkway Bedford, TX76022 75-1438726	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Southwest Fort Worth 6100 Hospital Parkway Fort Worth, TX76132 75-2678857	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Stephenville 411 Belknap Stephenville, TX76401 75-1752253	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Physicians Group formerly HMFWMF 1301 Pennsylvania Ave Fort Worth, TX76104 75-2613493	Physician Clinic	TX	501(c)(3)	11 Type 1	Texas Health Resources
Texas Health Presbyterian Foundation 8440 Walnut Hill Ln Ste 800 LB6 Dallas, TX75231 75-2022128	Fundraising	TX	501(c)(3)	9	Presbyterian Healthcare Resources
Texas Health Presbyterian Hospital Allen 1105 Central Expressway N Allen, TX75013 75-2890358	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Dallas 8200 Walnut Hill Ln Dallas, TX75231 75-1047527	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Kaufman 850 W Hwy 243 Kaufman, TX75142 75-2771437	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Plano 6200 W Parker Rd Plano, TX75093 75-2770738	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Winnsboro 719 W Coke Rd Winnsboro, TX75494 75-2771569	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Resources 612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-2702388	Management Supporting Organization	TX	501(c)(3)	11 Type 3	N/A
Texas Health Resources Self-Insurance Trust 612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-6335901	Insurance Trust	TX	501(c)(3)	11 Type 3	Texas Health Resources
Texas Health Specialty Hospital Fort Worth 1301 Pennsylvania Ave Fort Worth, TX76104 75-1648589	Long Term Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Research Education Institute 612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-2562191	Medical Research & Education	TX	501(c)(3)	4	Texas Health Resources
TTHR LLC 3000 North Interstate 35 Denton, TX76201 43-2008974	Hospital	TX	501(c)(3) Pend	3	Texas Health Resources

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
AMH Cath Labs LLP 800 W Randol Mill Rd Arlington, TX76012 20-3003947	Heart Catherization Services	TX	N/A					No			No
Denton Surgery Center LLC 14131 Midway Rd Ste 1050 Addison, TX75001 47-0926556	Ambulatory Surgery Center	TX	N/A					No			No
Flower Mound Hospital Partners LLC 14131 Midway Rd Addison, TX75001 26-0684968	Hospital	TX	Texas Health Resources	related	1,178	30,407,651		No			No
Harris HEB Radiology Ltd 1601 Hospital Parkway Bedford, TX76022 75-2825710	Outpatient MRI	TX	N/A					No			No
Harris Oncology LLC 1600 Hospital Parkway Bedford, TX76022 75-2927939	Rental Real Estate	TX	N/A					No			No
HEB Oncology LP 1601 Hospital Parkway Bedford, TX76022 75-2927940	Rental Real Estate	TX	N/A					No			No
Physician Medical Center LLC 6200 W Parker Plano, TX75093 48-1281376	Hospital	TX	Texas Health Presbyterian Hospital Plano	related	1,366,041	1,415,348		No			No
Presbyterian Cancer Center-Dallas LLC 12221 Merit Dr Dallas, TX75251 26-0422749	Medical Mgmt	TX	N/A					No			No
Radiology Management LLC 1601 Hospital Parkway Bedford, TX76022 75-2825708	MRI Services	TX	N/A					No			No
Rockwall Regional Hospital LLC 14131 Midway Rd Addison, TX75001 20-2848116	Hospital	TX	Texas Health Resources	related	2,992,155	44,258,319		No		Yes	
Southlake Specialty Hospital LLC 14131 Midway Rd Addison, TX75001 02-0555370	Hospital	TX	Texas Health Methodist Hospital HEB	related	704,317	1,335,144		No			No
Texas Health MedSynergies LLC 12550 Corporate Drive Flr 3 Irving, TX75038 80-0272951	Management Services	TX	Texas Health Resources	related	-1,246,511	13,595,015		No			No
Texas Health Partners formerly TpHR LLP 14131 Midway Rd Addison, TX75001 02-0546958	Management Company	TX	Texas Health Resources	related	3,916,791			No			No
Texas Health SingleSource Staffing LLC 524 E Lamar Blvd Ste 300 Arlington, TX76011 27-0324828	Contract/Temporary Nursing	TX	Texas Health Resources	related	-267,544	-268,654		No		Yes	
Womens Specialty Surgery Center 1300 Post Oak Houston, TX77056 26-2310072	Ambulatory Surgery Center	TX	N/A					No			No
Texas Institute for Surgery LLP 7715 Greenville Ave Ste 100 Dallas, TX77056 26-2310072	Hospital	TX	N/A					No			No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Texas Health Arlington Memorial Hospital	a & i	71,541
(2)	Texas Health Arlington Memorial Hospital	k	20,972,477
(3)	Texas Health Harris Methodist Hospital HEB	a & i	658,786
(4)	Texas Health Harris Methodist Hospital HEB	k	24,351,590
(5)	Texas Health Harris Methodist Hospital Fort Worth	a & i	1,203,852
(6)	Texas Health Harris Methodist Hospital Fort Worth	k	64,593,511
(7)	Texas Health Harris Methodist Hospital Azle	a & i	33,468
(8)	Texas Health Harris Methodist Hospital Azle	k	3,268,549
(9)	Texas Health Prebyterian Hospital Allen	a & i	225,795
(10)	Texas Health Prebyterian Hospital Allen	k	8,015,399
(11)	Texas Health Presbyterian Hospital Dallas	a & i	885,605
(12)	Texas Health Presbyterian Hospital Dallas	k	65,485,548
(13)	Texas Health Presbyterian Hospital Kaufman	a & i	32,564
(14)	Texas Health Presbyterian Hospital Kaufman	k	3,729,315
(15)	Texas Health Presbyterian Hospital Plano	a & i	2,027,572
(16)	Texas Health Presbyterian Hospital Plano	k	31,659,037
(17)	Texas Health Harris Methodist Hospital Stephenville	k	4,361,432
(18)	Texas Health Research Education Institute	a & i	208,328
(19)	Texas Health Research Education Institute	k	1,044,647
(20)	Texas Health Harris Methodist Hospital Cleburne	k	6,059,311
(21)	Texas Health Harris Methodist Fort Worth Southwest	k	14,112,706
(22)	Texas Health Presbyterian Hospital Winnsboro	a & i	40,485
(23)	Texas Health Presbyterian Hospital Winnsboro	k	1,966,928
(24)	Texas Health Harris Methodist Foundation	b	329,300
(25)	Texas Health Harris Methodist Foundation	c	24,245
(26)	Presbyterian Healthcare Foundation	b	45,688
(27)	Denton Surgery Center	a & i	117,750
(28)	PH Physicians Inc	a & i	45,795
(29)	TTHR LLC	a & i	8,296
(30)	TTHR LLC	k	3,150,000
(31)	Texas Health Physicians Group	k	1,975,038
(32)	Texas Health Specialty Hospital Fort Worth	k	580,356
(33)	See Schedule O		

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Texas Health Arlington Memorial Hospital	750972805	3	Yes		Yes		Yes		20972477
Texas Health Harris Methodist Hospital Stephenville	751752253	9	Yes		Yes		Yes		4361432
Texas Health Harris Methodist Hopsital Azle	751748586	3	Yes		Yes		Yes		3268549
Texas Health Harris Methodist Hospital Cleburne	751977850	3	Yes		Yes		Yes		6059311
Texas Health Harris Methodist Hospital Fort Worth	756001743	3	Yes		Yes		Yes		64593511
Texas Health Specialty Hospital Fort Worth	751648589	3	Yes		Yes		Yes		580356
Texas Health Harris Methodist Hospital HEB	751438726	3	Yes		Yes		Yes		24351590
Texas Health Harris Methodist Hospital Southwest Fort Worth	752678857	3	Yes		Yes		Yes		14112706
Texas Health Presbyterian Hospital Allen	752890358	3	Yes		Yes		Yes		8015399
Texas Health Presbyterian Hospital Dallas	751047527	3	Yes		Yes		Yes		65485548
TTHR LLC Texas Health Presbyterian Hospital Denton	432008974	3	Yes		Yes		Yes		3150000
Texas Health Presbyterian Hospital Kaufman	752771437	3	Yes		Yes		Yes		3729315
Texas Health Presbyterian Hospital Plano	752770738	3	Yes		Yes		Yes		31659037
Texas Health Presbyterian Hospital Winnsboro	752771569	3	Yes		Yes		Yes		1966928

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bohn Allen MD Trustee	3 00	X						0	0	0
Anne Bass Trustee	3 00	X						0	0	0
Jay Beavers D Min Trustee	3 00	X						0	0	0
Tom Cravens Trustee	3 00	X						231	0	0
Denny Holman Trustee	3 00	X						0	0	0
Gary Hutchison MD Trustee	3 00	X						0	0	0
Ms Feliz Jarvis Trustee	3 00	X						0	0	0
Monsignor Philip Johnson Trustee	3 00	X						0	0	0
Terry Kelley Chairman	3 00	X						569	0	0
Kerney Laday Trustee	3 00	X						0	0	0
Grace McDermott Trustee	3 00	X						0	0	0
James Oesterreicher Trustee	3 00	X						0	0	0
Jimmy Payton Sr Trustee	3 00	X						0	0	0
Leonard Roberts Vice Chairman	3 00	X						0	0	0
Joseph Stephens III MD Trustee	3 00	X						755	0	0
Wesley Turner Trustee	3 00	X						0	0	0
Sam Walls Trustee	3 00	X						0	0	0
Douglas Hawthorne CEO	40 00	X		X				5,134,181	0	572,543
Barclay Berdan Sr Exec Vice President	40 00			X				918,540	0	249,126
Stephen Hanson Sr Exec Vice President	40 00			X				829,696	0	254,676
Ronald Long Exec Vice President	40 00			X				605,108	0	349,233
Charles Boes Exec Vice President	40 00			X				1,100,890	0	162,825
Michael Deegan Exec Vice President	40 00			X				690,358	0	159,843
Bonnie Bell Exec Vice President	40 00			X				601,335	0	162,804
Kenneth Kramer Sr Vice President	40 00			X				352,488	0	148,956

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Mitchell Vice President	40 00			X				277,623	0	42,832
Oscar Amparan Exec Vice President	40 00			X				0	845,569	202,174
Mark Merrill Exec Vice President	40 00			X				0	1,102,111	56,820
Michael Alverson Vice President	40 00				X			1,032,871	0	36,911
Jack Roper Sr Vice President	40 00				X			592,117	0	99,944
Stanley Dennis Sr Vice President	40 00				X			577,992	0	126,743
John Gaida Sr Vice President	40 00				X			463,629	0	101,565
George Pearson Sr Vice President	40 00				X			461,161	0	81,281
Elaine Anderson Sr Vice President	40 00				X			436,959	0	73,791
Mark Teresi Sr Vice President	40 00				X			398,477	0	19,507
Ferdinand Velasco CMIO	40 00				X			379,812	0	97,925
Edward Marx Sr Vice President	40 00				X			379,417	0	123,239
Elaine Gwaltney Sr Vice President	40 00				X			363,064	0	88,737
Kevin Holmes Sr Vice President	40 00				X			357,154	0	143,851
Michelle Kirby Sr Vice President	40 00				X			321,665	0	85,240
David Tesmer Vice President	40 00				X			299,058	0	86,167
Joan Clark Sr Vice President	40 00				X			271,811	0	88,917
Ricky McWhorter Sr Vice President	40 00				X			257,840	0	53,563
Jim Dunn Vice President	40 00				X			243,185	0	35,156
Sandra Reeves Vice President	40 00				X			241,981	0	40,258
John Mizerany Vice President	40 00				X			241,017	0	42,708
David Jackson Vice President	40 00				X			236,117	0	35,258
John Wilson Vice President	40 00				X			230,551	0	30,200
Scott Leddy	40 00					X		413,211	0	16,986
Luis Saldana	40 00					X		360,393	0	23,988

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Simmons Manager	40 00					X		292,662	0	17,164
Bonnie McCamey Director	40 00					X		256,455	0	14,572
Amy Schornick Vice President	40 00					X		214,764	0	39,081
Michael Bernstein							X	187,634	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Repairs & Maintenance	3,299,514	3,299,514		
License /Dues	3,185,831	3,185,831		
Community Outreach	2,465,202	2,465,202		
Supplies	1,055,665	1,055,665		
Other Taxes	959,053	959,053		