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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

A faith-based organization whose mission is to improve the health of the people in the communities it serves regardless of their ability to pay

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$ 240,022,457 including grants of \$ 25,720 ) (Revenue \$ 299,721,940 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | Texas Health Presbyterian Hospital Plano (THP) has been opened since 1991 and is a hospital with 371 available beds located in Plano, Texas THP serves Plano, a suburban city north of the city of Dallas and offers a range of medical services with specialized capabilities in many areas, including women and infant services, back and spine services, orthopedic services, behavioral health, and emergency care THP offers comprehensive services, for women and infants wich includes all private labor/delivery suites, a postpartum unit, a Level III neonatal intensive care unit, and specialized infertility services (Assisted Reproductive Technology Service )                                                              |
|    | ***** THP had 77,791 patient days, 16,181 discharges, 3,785 births, 97,934 outpatient encounters and 41,255 emergency room visits during the calendar year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | ***** THP provides quality medical healthcare regardless of a patient's race, creed, sex, national origin, handicap, age or ability to pay The hospital provides care to persons covered by governmental programs including Medicare and Medicaid for reimbursement that does not always cover the cost of providing the care Recognizing its mission to the community, services are provided to both financially indigent and medically indigent patients To the extent reimbursement for services is below cost, THP recognizes the differences as charity care                                                                                                                                                                           |
|    | ***** Community benefit is also provided by THP through Reach out THR This program allows THP to give to our community by paying for employee time volunteering in the community A few examples of this type of community benefit would include, free health screening to the under served people in our community * Plano Independent School District Community Health Fair free screenings included, breast exams, skin cancer screenings, glucose and cholesterol lab draws with results given, and Blood Pressure screenings *Women's Diagnostic Center provides low cost screening mammograms * THP supports other Community Benefit Activities including, *Collin County Council on Family Violence * Safe Kids Collin County Chapter |

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| 4b | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
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| 4c | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
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4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

\$ 240,022,457

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)? <i>If "Yes," complete Schedule A . . . . .</i>                                                                                                                   | 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? <i>If "Yes," complete Schedule C, Part I . . . . .</i>                                                                | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II . . . . .</i>                                                                                                                  | 4   | Yes |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III . . . . .</i>                                        | 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? <i>If "Yes," complete Schedule D, Part I . . . . .</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? <i>If "Yes," complete Schedule D, Part II . . . . .</i>                                       | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>                                                                                                   | 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i> | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                  | 10  |     | No |
| 11  | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . .</i>                                                                                                        | 11  | Yes |    |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                        |     |     |    |
|     | • 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? <i>If "Yes," complete Schedule D, Part VII.</i>                                                      |     |     |    |
|     | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                      |     |     |    |
|     | • 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? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                       |     |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                                      |     |     |    |
|     | • 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? <i>If "Yes," complete Schedule D, Part X.</i>                       |     |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                                       | 12  |     | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                            | Yes | No  |    |
|     | <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>                                                                                                                                                                                | 12A | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                             | 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? <i>If "Yes," complete Schedule F, Part I . . . . .</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 ? <i>If "Yes," complete Schedule F, Part II . . . . .</i>                                                | 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 ? <i>If "Yes," complete Schedule F, Part III . . . . .</i>                                                    | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II . . . . .</i>                                                                      | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>                                                                                                | 19  |     | No |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>                                                                                                                                                                   | 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? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>                                                            | 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                           | 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? <i>If "Yes," complete Schedule J . . . . .</i>                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . . . .</i> | 24a |     | No |
| 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>       | 25b |     | No |
| 26  | 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>                                                             | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>                                                                                                                                         | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                   | 35  | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                                                     |     |  | 1c  | Yes   |
| 1a                                                                                                                                                                                                                                                                                | 272 |  |     |       |
| 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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                                                  |     |  | 2a  | 1,878 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> 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 <br>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 | 11  |    |
| b  | Enter the number of voting members that are independent . . . . .                                                                                                                                                             | 1b | 8   |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2  | Yes |    |
| 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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶<br>Jack Roper<br>612 E Lamar Blvd<br>Arlington, TX 76011<br>(682) 236-7900                                                                                                                                                           |



|           |                        |           |           |           |
|-----------|------------------------|-----------|-----------|-----------|
| <b>1b</b> | <b>Total</b> . . . . . | 2,270,503 | 3,390,042 | 1,034,952 |
|-----------|------------------------|-----------|-----------|-----------|

**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 **47**

|          |                                                                                                                                                                                                                                               |            |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|          |                                                                                                                                                                                                                                               | <b>Yes</b> | <b>No</b> |
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b>   | No        |
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b>   | Yes       |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                     | <b>5</b>   | 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)<br>Name and business address                                                     | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Empath Consulting Inc<br>1160 Brckyard Cove Rd 110<br>Point Richmond, CA 94801       | Consulting                     | 2,775,023           |
| MD Pathology<br>6124 W Parker Rd Ste G36<br>Plano, TX 75093                          | Laboratory Services            | 1,404,264           |
| Environmental Cost Control<br>17260 Bear Vallley Rd Ste 106<br>Victorville, CA 92395 | Housekeeping                   | 1,249,879           |
| Vanguard Resources Inc<br>17300 Henderson Pass 200<br>San Antonio, TX 78232          | Housekeeping                   | 1,137,210           |
| Acute Surgical Care Specialists LLP<br>6124 W Parker Rd Ste 534<br>Plano, TX 75093   | Physician Fees                 | 1,112,250           |

**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 **37**

Part VIII

Statement of Revenue

|                                                           |                                           |                                                                                                                                             |                                                  | (A)<br>Total revenue                             | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                        | Federated campaigns . . .                                                                                                                   | 1a                                               |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                   | 1b                                               |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                                | 1c                                               |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | d                                         | Related organizations . . . .                                                                                                               | 1d                                               | 296,397                                          |                                                    |                                         |                                                                                 |  |
|                                                           | e                                         | Government grants (contributions)                                                                                                           | 1e                                               |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                           | 1f                                               |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | g                                         | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                                   |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                            |                                                  |                                                  | 296,397                                            |                                         |                                                                                 |  |
| Program Service Revenue                                   |                                           |                                                                                                                                             | Business Code                                    |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | 2a                                        | Patient Svc Revenue                                                                                                                         |                                                  | 299,311,470                                      | 299,311,470                                        |                                         |                                                                                 |  |
|                                                           | b                                         | Joint Venture Income                                                                                                                        |                                                  | 10,784,047                                       | 10,784,047                                         |                                         |                                                                                 |  |
|                                                           | c                                         | Medicare/Medicaid Adjustment                                                                                                                |                                                  | 296,758                                          | 296,758                                            |                                         |                                                                                 |  |
|                                                           | d                                         | Education                                                                                                                                   |                                                  | 113,712                                          | 113,712                                            |                                         |                                                                                 |  |
|                                                           | e                                         |                                                                                                                                             |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | f                                         | All other program service revenue                                                                                                           |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                            |                                                  |                                                  | 310,505,987                                        |                                         |                                                                                 |  |
| Other Revenue                                             | 3                                         | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                    |                                                  |                                                  | 72,752                                             |                                         | 72,752                                                                          |  |
|                                                           | 4                                         | Income from investment of tax-exempt bond proceeds . .                                                                                      |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | 5                                         | Royalties . . . . .                                                                                                                         |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           | 6a                                        | Gross Rents                                                                                                                                 | (i) Real                                         | (ii) Personal                                    |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 122,043                                          |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 20,165                                           |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 101,878                                          |                                                    |                                         |                                                                                 |  |
|                                                           | d                                         | Net rental income or (loss) . . . . .                                                                                                       |                                                  |                                                  | 101,878                                            | 101,878                                 |                                                                                 |  |
|                                                           | 7a                                        | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                             | (i) Securities                                   | (ii) Other                                       |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 168,447                                          |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 57,668                                           |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             |                                                  | 110,759                                          |                                                    |                                         |                                                                                 |  |
|                                                           | d                                         | Net gain or (loss) . . . . .                                                                                                                |                                                  |                                                  | 110,759                                            |                                         | 110,759                                                                         |  |
|                                                           | 8a                                        | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . | a                                                |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             | b                                                |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             | c                                                | Net income or (loss) from fundraising events . . |                                                    |                                         |                                                                                 |  |
|                                                           | 9a                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . .                                                                         | a                                                |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             | b                                                |                                                  |                                                    |                                         |                                                                                 |  |
|                                                           |                                           |                                                                                                                                             | c                                                | Net income or (loss) from gaming activities . .  |                                                    |                                         |                                                                                 |  |
|                                                           | 10a                                       | Gross sales of inventory, less<br>returns and allowances . . . .                                                                            | a                                                |                                                  |                                                    |                                         |                                                                                 |  |
| b                                                         |                                           |                                                                                                                                             |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
| c                                                         |                                           |                                                                                                                                             | Net income or (loss) from sales of inventory . . |                                                  |                                                    |                                         |                                                                                 |  |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                               |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
| 11a                                                       | Retail Pharmacy                           | 446,110                                                                                                                                     | 1,666,566                                        |                                                  | 436,536                                            | 1,230,030                               |                                                                                 |  |
| b                                                         | Childcare                                 |                                                                                                                                             | 1,135,831                                        |                                                  |                                                    | 1,135,831                               |                                                                                 |  |
| c                                                         | Cafeteria                                 | 541,610                                                                                                                                     | 710,691                                          |                                                  | 64,035                                             | 646,656                                 |                                                                                 |  |
| d                                                         | All other revenue . . . . .               |                                                                                                                                             |                                                  |                                                  |                                                    |                                         |                                                                                 |  |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                             |                                                  | 4,833,116                                        |                                                    |                                         |                                                                                 |  |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                             |                                                  | 315,920,889                                      | 310,706,928                                        | 1,131,098                               | 3,786,466                                                                       |  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                            | 25,720                | 25,720                          |                                        |                             |
| 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 . . . . .                                                                                                                                      | 1,116,353             |                                 | 1,116,353                              |                             |
| 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                                                                                                                                                                                                | 88,159,558            | 86,641,800                      | 1,517,758                              |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                 | 3,369,797             | 3,320,691                       | 49,106                                 |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                       | 12,641,259            | 12,545,797                      | 95,462                                 |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                 | 6,359,751             | 6,281,077                       | 78,674                                 |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                    | 31,659,037            |                                 | 31,659,037                             |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                         | 22,453                | 22,453                          |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                    | 6,000                 | 6,000                           |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                 |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                    | 366,733               | 498                             | 366,235                                |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                         | 16,186,866            | 14,121,176                      | 2,065,690                              |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                     | 537,855               | 472,184                         | 65,671                                 |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                               | 3,782,793             | 3,758,378                       | 24,415                                 |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                        | 943,994               | 943,994                         |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                     | 5,900,120             | 5,900,120                       |                                        |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                        | 303,803               | 300,435                         | 3,368                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                        | 133,756               | 133,756                         |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                      | 5,694,182             | 5,694,182                       |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                     | 17,035,388            | 16,730,263                      | 305,125                                |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                     | 886,538               | 886,538                         |                                        |                             |
| 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                                                                              | Supplies                                                                                                                                                                                                                | 55,492,944            | 55,435,579                      | 57,365                                 |                             |
| b                                                                              | Bad Debt Expense                                                                                                                                                                                                        | 17,322,991            | 17,322,991                      |                                        |                             |
| c                                                                              | Repairs & Maintenance                                                                                                                                                                                                   | 4,966,584             | 4,966,000                       | 584                                    |                             |
| d                                                                              | Patient Services                                                                                                                                                                                                        | 3,158,561             | 3,158,561                       |                                        |                             |
| e                                                                              | Furniture & Equipment                                                                                                                                                                                                   | 938,687               | 896,881                         | 41,806                                 |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                      | 604,334               | 457,218                         | 147,116                                |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                      | 277,616,057           | 240,022,292                     | 37,593,765                             | 0                           |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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)               |     | (B)         |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-----|-------------|
|                             |                                                                                                                                                         |                                                                                                                                                                                |     |             | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                       | Cash—non-interest-bearing . . . . .                                                                                                                                            |     |             | -639,321          | 1   | 74,265      |
|                             | 2                                                                                                                                                       | Savings and temporary cash investments . . . . .                                                                                                                               |     |             |                   | 2   |             |
|                             | 3                                                                                                                                                       | Pledges and grants receivable, net . . . . .                                                                                                                                   |     |             |                   | 3   |             |
|                             | 4                                                                                                                                                       | Accounts receivable, net . . . . .                                                                                                                                             |     |             | 32,225,063        | 4   | 31,505,092  |
|                             | 5                                                                                                                                                       | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                  |     |             |                   | 5   |             |
|                             | 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 . . . . .                                                                                                                                      |     |             | 1,456,045         | 7   | 753,035     |
|                             | 8                                                                                                                                                       | Inventories for sale or use . . . . .                                                                                                                                          |     |             | 4,669,018         | 8   | 4,496,285   |
|                             | 9                                                                                                                                                       | Prepaid expenses and deferred charges . . . . .                                                                                                                                |     |             | 1,564,008         | 9   | 1,904,961   |
|                             | 10a                                                                                                                                                     | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                  | 10a | 292,068,612 |                   |     |             |
|                             | b                                                                                                                                                       | Less accumulated depreciation . . . . .                                                                                                                                        | 10b | 128,111,224 | 169,242,540       | 10c | 163,957,388 |
|                             | 11                                                                                                                                                      | Investments—publicly traded securities . . . . .                                                                                                                               |     |             |                   | 11  |             |
|                             | 12                                                                                                                                                      | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                   |     |             | 9,325,199         | 12  | 8,816,691   |
|                             | 13                                                                                                                                                      | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                    |     |             |                   | 13  |             |
|                             | 14                                                                                                                                                      | Intangible assets . . . . .                                                                                                                                                    |     |             |                   | 14  |             |
|                             | 15                                                                                                                                                      | Other assets. See Part IV, line 11 . . . . .                                                                                                                                   |     |             | 59,312,016        | 15  | 111,430,909 |
|                             | 16                                                                                                                                                      | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                     |     |             | 277,154,568       | 16  | 322,938,626 |
| Liabilities                 | 17                                                                                                                                                      | Accounts payable and accrued expenses . . . . .                                                                                                                                |     |             | 16,617,204        | 17  | 19,592,233  |
|                             | 18                                                                                                                                                      | Grants payable . . . . .                                                                                                                                                       |     |             |                   | 18  |             |
|                             | 19                                                                                                                                                      | Deferred revenue . . . . .                                                                                                                                                     |     |             |                   | 19  |             |
|                             | 20                                                                                                                                                      | Tax-exempt bond liabilities . . . . .                                                                                                                                          |     |             |                   | 20  |             |
|                             | 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 . . . . .                                                                                                       |     |             |                   | 23  | 4,296,901   |
|                             | 24                                                                                                                                                      | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                         |     |             |                   | 24  |             |
|                             | 25                                                                                                                                                      | Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                     |     |             | 611,337           | 25  | 818,613     |
|                             | 26                                                                                                                                                      | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                    |     |             | 17,228,541        | 26  | 24,707,747  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                |     |             |                   |     |             |
|                             | 27                                                                                                                                                      | Unrestricted net assets . . . . .                                                                                                                                              |     |             | 259,790,664       | 27  | 298,097,222 |
|                             | 28                                                                                                                                                      | Temporarily restricted net assets . . . . .                                                                                                                                    |     |             | 135,363           | 28  | 133,657     |
|                             | 29                                                                                                                                                      | Permanently restricted net assets . . . . .                                                                                                                                    |     |             |                   | 29  |             |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                |     |             |                   |     |             |
|                             | 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                                                                                                                                                      | <b>Total net assets or fund balances</b> . . . . .                                                                                                                             |     |             | 259,926,027       | 33  | 298,230,879 |
|                             | 34                                                                                                                                                      | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                |     |             | 277,154,568       | 34  | 322,938,626 |

**Part XI**    **Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                            |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?   .   .                                                                                                                                                                                                                                                     |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?   .   .   .   .   .   .   .                                                                                                                                                                                                                                               | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   .   .   . | Yes |    |
| <b>d</b> 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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                         |     |    |
| <b>3a</b> 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?   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .                                                                                                                                    |     | No |
| <b>b</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   .   .                                                                                                                                 |     | No |

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 Presbyterian Hospital Plano

Employer identification number  
75-2770738

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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 IIISupport 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| bAmounts 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           |          |          |          |          |          |           |
| cAdd lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8Public 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 |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| 13Total support (Add lines 9, 10c, 11 and 12.)                                                                                    |          |          |          |          |          |           |

14First 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

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

Section D. Computation of Investment Income Percentage

|                                                                                                    |    |  |
|----------------------------------------------------------------------------------------------------|----|--|
| 17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f)) | 17 |  |
| 18Investment income percentage from <b>2008</b> 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

Additional Data

Software ID:

Software Version:

EIN: 75-2770738

Name: Texas Health Presbyterian Hospital Plano

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

| (A)<br>Name and Title                 | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                       |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| Nancy Donachie MD<br>Trustee          | 2 00                                   | X                                         |                       |         |              |                                 |        | 18,000                                                                            | 0                                                                                          | 0                                                                                                               |
| Michael Deck MD<br>Trustee            | 2 00                                   | X                                         |                       |         |              |                                 |        | 656                                                                               | 0                                                                                          | 0                                                                                                               |
| Ruthledge Haggard<br>Trustee          | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Kenneth Jarvis<br>Trustee             | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Betty Muns PhD<br>Trustee             | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Charles O'Reilley<br>Secretary        | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| John Robert Ray<br>Chair              | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Bernice Washington<br>Vice Chairman   | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Cynthia Webb MD<br>Trustee            | 2 00                                   | X                                         |                       |         |              |                                 |        | 27,000                                                                            | 0                                                                                          | 0                                                                                                               |
| Patrick McCoy<br>Trustee              | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Ted Wen MD<br>Trustee                 | 2 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Charles Boes<br>Assistant Secretary   | 2 00                                   |                                           |                       | X       |              |                                 |        | 0                                                                                 | 1,100,890                                                                                  | 162,825                                                                                                         |
| Fred Carroll<br>Assistant Secretary   | 2 00                                   |                                           |                       | X       |              |                                 |        | 0                                                                                 | 154,252                                                                                    | 10,184                                                                                                          |
| Stephen Hanson<br>Corporate Officer   | 2 00                                   |                                           |                       | X       |              |                                 |        | 0                                                                                 | 829,696                                                                                    | 254,676                                                                                                         |
| Kenneth Kramer<br>Assistant Secretary | 2 00                                   |                                           |                       | X       |              |                                 |        | 0                                                                                 | 352,488                                                                                    | 148,956                                                                                                         |
| John Mitchell<br>Assistant Secretary  | 2 00                                   |                                           |                       | X       |              |                                 |        | 0                                                                                 | 277,623                                                                                    | 42,832                                                                                                          |
| Philip Wentworth<br>President         |                                        |                                           |                       |         |              |                                 | X      | 0                                                                                 | 675,093                                                                                    | 20,015                                                                                                          |
| William Brock<br>Vice President       | 40 00                                  |                                           |                       | X       |              |                                 |        | 326,529                                                                           | 0                                                                                          | 41,374                                                                                                          |
| Michael Evans<br>Vice President       | 40 00                                  |                                           |                       | X       |              |                                 |        | 307,646                                                                           | 0                                                                                          | 79,782                                                                                                          |
| Ray Cassens<br>Vice President         | 40 00                                  |                                           |                       | X       |              |                                 |        | 220,931                                                                           | 0                                                                                          | 29,596                                                                                                          |
| Jeffrey Canose<br>President           | 40 00                                  |                                           |                       | X       |              |                                 |        | 368,187                                                                           | 0                                                                                          | 140,159                                                                                                         |
| Eileen Hoffman<br>Vice President      | 40 00                                  |                                           |                       | X       |              |                                 |        | 138,709                                                                           | 0                                                                                          | 23,488                                                                                                          |
| Melissa Fortner<br>Dosimetrist        | 40 00                                  |                                           |                       |         |              | X                               |        | 248,247                                                                           | 0                                                                                          | 17,174                                                                                                          |
| Diane Hammitt<br>Director ARTS        | 40 00                                  |                                           |                       |         |              | X                               |        | 223,307                                                                           | 0                                                                                          | 22,242                                                                                                          |
| Julia Janich<br>Director              | 40 00                                  |                                           |                       |         |              | X                               |        | 134,161                                                                           | 0                                                                                          | 15,522                                                                                                          |

| (A)<br>Name and Title      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                            |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Lauren Hamilton<br>Manager | 40 00                         |                                        |                       |         |              | X                            |        | 133,927                                                              | 0                                                                         | 8,502                                                                                         |
| Scott Siemer<br>Director   | 40 00                         |                                        |                       |         |              | X                            |        | 123,203                                                              | 0                                                                         | 17,625                                                                                        |

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

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Supplies                                                                         | 55,492,944            | 55,435,579                      | 57,365                                 |                             |
| Bad Debt Expense                                                                 | 17,322,991            | 17,322,991                      |                                        |                             |
| Repairs & Maintenance                                                            | 4,966,584             | 4,966,000                       | 584                                    |                             |
| Patient Services                                                                 | 3,158,561             | 3,158,561                       |                                        |                             |
| Furniture & Equipment                                                            | 938,687               | 896,881                         | 41,806                                 |                             |

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<br>Texas Health Presbyterian Hospital Plano | Employer identification number<br>75-2770738 |
|----------------------------------------------------------------------|----------------------------------------------|

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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                 |                                        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | 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 |  |  |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes                    | <input checked="" type="checkbox"/> 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<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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) |    | (b)    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1                                                                                              | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
|                                                                                                | a Volunteers?                                                                                                                                                                                                                | Yes |    |        |
|                                                                                                | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                               |     | No |        |
|                                                                                                | c Media advertisements?                                                                                                                                                                                                      |     | No |        |
|                                                                                                | d Mailings to members, legislators, or the public?                                                                                                                                                                           | Yes |    | 100    |
|                                                                                                | e Publications, or published or broadcast statements?                                                                                                                                                                        |     | No |        |
|                                                                                                | f Grants to other organizations for lobbying purposes?                                                                                                                                                                       |     | No |        |
|                                                                                                | g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                |     | No |        |
|                                                                                                | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                  |     | No |        |
|                                                                                                | i Other activities? If "Yes," describe in Part IV                                                                                                                                                                            |     | No |        |
|                                                                                                | j Total lines 1c through 1i                                                                                                                                                                                                  |     |    | 100    |
|                                                                                                | 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).                                                                                |    |  |
|   |                                                                                                                                                                                                                                            | 2a |  |
|   |                                                                                                                                                                                                                                            | 2b |  |
|   |                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                  | Officers and/or Board Members of the corporation may, to an insubstantial degree, make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities the Corporation serves. In pursuing this activity, Officers and/or Board Members may engage in conversations and/or write letters to various federal, state, and local officials regarding such matters. The amount of time and money involved in these activities is negligible. In no case has either the Corporation, or any person acting on behalf of the Corporation, intervened in any political campaign. |

SCHEDULE D  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

|                                                                             |                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>Texas Health Presbyterian Hospital Plano | <b>Employer identification number</b><br>75-2770738 |
|-----------------------------------------------------------------------------|-----------------------------------------------------|

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?                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<br><input type="checkbox"/> Protection of natural habitat<br><input type="checkbox"/> Preservation of open space<br><input type="checkbox"/> Preservation of an historically importantly land area<br><input type="checkbox"/> Preservation of a certified historic structure |
| 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                                                                                                                                                                                                                                                                                                        |
| a | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                            |
| b | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                |
| c | Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                                                |
| d | Number of conservation easements included in (c) acquired after 8/17/06                                                                                                                                                                                                                                                                                                                                                                                           |
| 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

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 . . . . .                                                                                    |                                      | 10,554,981                     |                              | 10,554,981     |
| b Buildings . . . . .                                                                                |                                      | 155,687,612                    | 51,502,834                   | 104,184,778    |
| c Leasehold improvements . . . . .                                                                   |                                      | 7,862,978                      | 2,512,064                    | 5,350,914      |
| d Equipment . . . . .                                                                                |                                      | 117,485,002                    | 74,096,326                   | 43,388,676     |
| e Other . . . . .                                                                                    |                                      | 478,039                        |                              | 478,039        |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 163,957,388    |



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  | 315,920,889 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 277,616,057 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 38,304,832  |
| 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 | 38,304,832  |

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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

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 Presbyterian Hospital Plano

**Employer identification number**  
75-2770738

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<br><div><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br/><input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |
| 3                                                                                                                                            | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients<br><br>a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care<br><div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div><br>b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .<br><div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div><br>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<br><br>4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . | 3a  | 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  |     | No |
| c                                                                                                                                            | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5c  |     | No |
| 6a                                                                                                                                           | Does the organization prepare an annual community benefit report? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6a  | Yes |    |
| 6b                                                                                                                                           | If "Yes," does the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6b  | Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |

| 7 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) . . . .                                               |                                                 | 2,462                         | 6,542,112                           | 182,971                       | 6,359,141                         | 2 450 %                      |
| b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .                                           |                                                 | 1,905                         | 9,653,789                           | 6,309,428                     | 3,344,361                         | 1 200 %                      |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .     |                                                 |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .                             |                                                 | 4,367                         | 16,195,901                          | 6,492,399                     | 9,703,502                         | 3 740 %                      |
| <b>Other Benefits</b>                                                                                  |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from (Worksheet 4) . . . . . | 24                                              | 8,630                         | 1,294,748                           |                               | 1,294,748                         | 0 500 %                      |
| 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) . . . .                        |                                                 |                               | 2,095,947                           |                               | 2,095,947                         | 0 810 %                      |
| j <b>Total</b> Other Benefits . . . .                                                                  | 24                                              | 8,630                         | 3,390,695                           |                               | 3,390,695                         | 1 310 %                      |
| k <b>Total.</b> Add lines 7d and 7j . . . .                                                            | 24                                              | 12,997                        | 19,586,596                          | 6,492,399                     | 13,094,197                        | 0                            |

Part IICommunity 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 IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

|   |                                                                                                                                                                                                                                                                                                           | Yes        | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| 1 | Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .                                                                                                                                                                  | 1Yes       |    |
| 2 | Enter the amount of the organization's bad debt expense (at cost) . . . . .                                                                                                                                                                                                                               | 28,936,189 |    |
| 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 . . . . .                                                                                                                                      | 32,234,047 |    |
| 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) . . . . .                                                                                                                                                                                                                                                                                                                               | 538,221,258   |  |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .                                                                                                                                                                                                                                                                                                                            | 6234,461,301  |  |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .                                                                                                                                                                                                                                                                                                                                  | 7-196,240,043 |  |
| 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:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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 IVManagement 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 Physician Medical Cntr | Hospital                                      | 47.000 %                                         |                                                                                   | 46.000 %                                      |
| 2                        |                                               |                                                  |                                                                                   |                                               |
| 3                        |                                               |                                                  |                                                                                   |                                               |
| 4                        |                                               |                                                  |                                                                                   |                                               |
| 5                        |                                               |                                                  |                                                                                   |                                               |
| 6                        |                                               |                                                  |                                                                                   |                                               |
| 7                        |                                               |                                                  |                                                                                   |                                               |
| 8                        |                                               |                                                  |                                                                                   |                                               |
| 9                        |                                               |                                                  |                                                                                   |                                               |
| 10                       |                                               |                                                  |                                                                                   |                                               |
| 11                       |                                               |                                                  |                                                                                   |                                               |
| 12                       |                                               |                                                  |                                                                                   |                                               |
| 13                       |                                               |                                                  |                                                                                   |                                               |
| 14                       |                                               |                                                  |                                                                                   |                                               |

**Part V Facility Information**

| Name and address  | Other<br>(Describe) |             |                   |                          |                   |                     |                            |
|-------------------|---------------------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|
|                   | ER-other            | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical |
| Licensed hospital |                     |             |                   |                          |                   |                     |                            |

Texas Health Presbyterian  
Hospital Plano  
6200 W Parker Rd  
Plano, TX 75093  
Physicians Medical Center  
LLC  
6200 W Parker Rd  
Plano, TX 75093

|   |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| X | X | X |  |  |  |  |  |
| X | 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 All self pay patients who do not qualify for the hospitals charity program regardless of income are eligible for a discount of 30% off the hospitals gross charges for general hospital services Certain implanted device charges billed under specific revenue codes will be discounted by 60% off the hospitals gross charges

Part I Line 7 Column f The Total Expenses reported on Form 990 Part IX line 25 column A was reduced by Bad Debt Expense of 17322991 in the calculation of Percent of Total Expenses for Sch H Part I line 7 column e

Part III Line 4 - Bad Debts Bad debt expense is not included as a community benefit for the state of Texas statutory threshold for charity care & community benefit Regarding line 3 above we treat each patient qualifying for charity care as a charity patient and no charges related to that patient are included in bad debt expense The amount shown on line 3 is an estimate since we have no data to show which patients who fail to provide the documentation necessary to qualify for charity care have all or a portion of their bill written off as bad debt The hospital is part of a consolidated group Texas Health Resources THR that conducts a financial audit on a system-wide basis The audited financial statements of THR which include the activity of the hospital contain a footnote regarding Accounts Receivable and Allowance for Doubtful Accounts which reads Patient accounts receivable are reported net of estimated allowances for doubtful accounts and contractual adjustments in the consolidated balance sheets The provision for bad debts is based upon a combination of the aging of receivables and managements assessment of historical and expected net collections considering business and economic conditions trends in health care coverage and other collection indicators Management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience and payment trends by payor category Patient accounts are also monitored and if necessary past due accounts are placed with collection agencies in accordance with guidelines established by management

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 community benefit for meeting statutory requirements for charity care & community benefit The shortfall amount reported to the state of Texas for 2009 is 40709224 significantly lower than the amount calculated using cost report data as shown above

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

Part VI Line 2-Needs Assessment Texas Health community health profiles provide a snapshot of 13 suburban urban and rural service areas within North Texas using key health indicators which facilitate comparisons locally regionally and over time Community Health profiles are intended to assist internal stakeholders entity community health council members and the Texas Health Community Health Improvement Department in deciding where to allocate resources and address health inequalities All entity advocates use national state and local secondary and primary data sources to provide a current overview of local health needs factors impacting disease and injury burden socioeconomic status access to health care age distribution indicators and lifestyle behaviors This data is used to galvanize joint community health efforts between each Texas Health entity and Texas Health System Services to improve health and reduce health inequalities and to empower the greater community For example THP partnered with Safe Kids Collin County to raise awareness and to educate parents and caregivers on preventing unintentional injury to kids 0-14 years of age due to the high number of cases in this area

**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

Part VI Line 3-Patient Education of Eligibility for Assistance The hospitals financial assistance policy and contact information is posted in various areas of the hospital including admissions & registration emergency and outpatient departments Additionally financial assistance information is provided verbally and in written brochures to all self pay patients by financial counselors Financial assistance information is also included in every patient bill Patients who discharge prior to meeting with a financial counselor are advised of financial assistance through phone calls and letters in both English and Spanish The hospitals financial assistance policy is communicated to the patient by financial counselors who also screen self pay patients for potential eligibility for other governmental assistance programs If it is determined that the patient is potentially eligible for governmental assistance the financial counselor will assist the patient in completing any forms necessary to apply for the assistance At the same time the patients are provided with a Texas Health Charity Care application and informational flyer The patient is informed that the Texas Health hospital is a non-profit charitable organization offering financial assistance to patients who are deemed medically or financially indigent The financial counselors will then assist the patient in completing the Charity Care application and obtain any available verifications Once the patient is discharged the financial counselors will continue to contact the patient to ensure all needed forms and verifications needed to file an application for governmental assistance and Charity Care have been provided A description of the Charity Care program and the application are available on the Texas Health Resources Website at [wwwTexasHealthorg](#) The application is available in both English and Spanish

**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 Presbyterian Hospital Plano THP is located in a metropolitan area with a population of over 12 million The average household income of the population in the hospitals service area is 99162 In 2009 8% of THPs patients were uninsured and 5% were Medicaid recipients The hospitals service area has an uninsured rate of 11% of the population There are 10 other acute care hospitals in THPs service area five of which are for-profit companies

**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 The board of trustees is comprised of community members including medical and business professionals Many of these trustees reside in the hospitals service area and volunteer their time to the organization Medical staff privileges are offered to all qualified physicians in the community The hospital utilizes surplus funds to maintain access to patient services to expand access to healthcare services to provide community benefit programs and to fund capital improvements to the healthcare facilities of the hospital Of the 2095947 in contributions to community groups reported on Sch H Part I line 7i 2011575 was contributed to Dallas County Indigent Care Corporation a charitable organization that provides various local charities with funds to cover healthcare provided to indigent patients at Dallas Countys public hospital

**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 communities served

Part VI Line 7-Healthcare System The hospital is part of Texas Health Resources Texas Health 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 Healths 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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Presbyterian Hospital Plano

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

Employer identification number  
75-2770738

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 |
|---------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Collin County Adult Clinic<br>2521 K Ave Ste 100<br>Plano, TX 75074 |         |                                    | 10,000                   |                                   |                                                       |                                        | General Pupose                     |

2

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

1

3

Enter total number of other organizations . . . . .



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization

Texas Health Presbyterian Hospital Plano

Employer identification number

75-2770738

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                 |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                 | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |     |     |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>                                                                 |     |     |
|    | <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>                                                              |     |     |
|    | <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>                                             |     |     |
|    | <div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>                                                     |     |     |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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                                                                  |     |     |
|    | <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>                                                                                            |     |     |
|    | <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div>                                                                              |     |     |
|    | <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                               |     |     |
| 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 accrued 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 |                                                |                         |                                 |                                                            |
| Charles Boes     | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| Fred Carroll     | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| Stephen Hanson   | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| Kenneth Kramer   | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| John Mitchell    | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| Philip Wentworth | (i)<br>(ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| William Brock    | (i)<br>(ii) | 276,895                                            | 23,473                              | 26,160                              | 35,972                                         | 5,403                   | 367,903                         | 14,635                                                     |
| Michael Evans    | (i)<br>(ii) | 222,185                                            |                                     | 85,461                              | 73,513                                         | 6,269                   | 387,428                         | 71,055                                                     |
| Ray Cassens      | (i)<br>(ii) | 161,079                                            |                                     | 59,852                              | 24,246                                         | 5,350                   | 250,527                         | 46,065                                                     |
| Jeffrey Canose   | (i)<br>(ii) | 296,319                                            | 7,586                               | 64,282                              | 130,929                                        | 9,230                   | 508,346                         | 55,808                                                     |
| Eileen Hoffman   | (i)<br>(ii) | 129,423                                            |                                     | 9,287                               | 19,287                                         | 4,200                   | 162,197                         |                                                            |
| Melissa Fortner  | (i)<br>(ii) | 75,188                                             | 4,348                               | 168,710                             | 6,330                                          | 10,844                  | 265,420                         |                                                            |
| Diane Hammitt    | (i)<br>(ii) | 222,369                                            | 50                                  | 889                                 | 8,614                                          | 13,628                  | 245,550                         |                                                            |
|                  |             |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                  |             |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                  |             |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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|            |                  | <p>Sch J, Part I, Line 1 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.</p> <p>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.</p> <p>Sch J, Part I, Question 3 The organization relied on Texas Health Resources (THR), a related 501(c)(3) organization, with centralized compensation professionals to use the following methods to establish compensation of the organization's President:</p> <ul style="list-style-type: none"><li>- The compensation committee of THR</li><li>- THR Board hired independent compensation consultants</li><li>- THR &amp; the independent compensation consultants used compensation surveys</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>- Review and confirmation of the executive compensation philosophy,</li><li>- Market review of base and incentive pay for all positions</li><li>- National, regional, and local data is reviewed when available</li><li>- Market review of benefits and perquisites,</li><li>- Survey of selected officers and members of the Governance Committee of the THR Board of Trustees, and</li><li>- Review of financial reports, job descriptions, organizational charts, current salaries, incentive opportunities, incentive payments, benefits, perquisites and plan documents.</li></ul> <p>The independent compensation consultant meets directly with the executive compensation &amp; 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 &amp; benefits sub-committee reviews, the governance committee reviews and recommends for approval by the Board, and the Board approves the following:</p> <ul style="list-style-type: none"><li>- Market analysis recommendation based on the results of the outside consultant's review</li><li>- Officer market/equity base salary adjustments</li><li>- Prior year executive annual incentive awards</li><li>- Current year executive annual incentive plan targets, key performance indicators and potential payout amounts.</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>- Fortner, Melissa A. \$165,017</li><li>- Hamilton, Lauren A. \$58,968</li></ul> <p>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.</p> <ul style="list-style-type: none"><li>- Benefits are calculated for eligible employees when base pay and incentives exceed the IRS qualified plan compensation limit.</li><li>- The calculated SERP amount is allocated to the executives account mid-plan year, however, credits are earned 1/12th each month.</li><li>- 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.</li><li>- 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%.</li></ul> <p>Income and FICA taxes are due when the participant becomes entitled to the benefit.</p> <ul style="list-style-type: none"><li>- THR owns any investments purchased in connection with its obligations under the SERP Plan.</li><li>- If THR becomes insolvent, executives are unsecured creditors and will have no preferred claim to any assets.</li><li>- 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):</li></ul> <ul style="list-style-type: none"><li>Barclay Berdan - \$147,028</li><li>Charles Boes - \$186,633</li><li>Kenneth Kramer - \$19,729</li></ul> |

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

**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? |      | (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 |

**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 |
|-------------------------------|-----------------------------------------------------------------|-------------------------------------------|
|-------------------------------|-----------------------------------------------------------------|-------------------------------------------|

| (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 |
| MD Pathology                             | Entity Coowned by Michael Deck, M D                             | 1,404,264                 | Laboratory Services            |                                         | No |
| North Texas Healthcare Laundry Coop Assn | Ray Cassens - Board Member of Entity                            | 713,501                   | Laundry Services               |                                         | No |
| North Texas Healthcare Laundry Coop Assn | Jeffrey Canose - Board Member of Entity                         | 713,501                   | Laundry Services               |                                         | No |

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Texas Health Presbyterian Hospital Plano

Employer identification number  
75-2770738

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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|            |                  | <p>Part VI, Line 2, Officer Relationship Jeffrey Canose &amp; Ray Cassens have a business relationship 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 &amp; Compliance Committee of the Texa 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 w holly 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 w holly ow ned or w holly 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 w ho are covered by this policy All disclosed conflicts are review ed by the THR Chief Compliance Officer, THR General Counsel and the THR Audit &amp; Compliance Committee A report listing each reported Duality of Interest or Conflict of Interest is given to both the Chair of the Governing Body and the President of the Corporation w ith w hich the reporting person is affiliated The THR Board of Trustees receives a report w hen the Annual Disclosure process is complete Part VI, Section B, Line 15 a&amp; 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 review s 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 review ed w hen 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 w ith the executive compensation &amp; benefits sub-committee w hich 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 &amp; benefits sub-committee review s, the governance committee review s and recommends for approval by the Board, and the Board approves the follow ing - Market analysis recommendation based on the results of the outside consultant's review - Officer Market/equity base salary adjustmetns - Prior year executive annual incentive aw ards - Current year executive annual incentive plan targets, key performance indicators, and potential payout amounts 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 w ebsite w w w dacbond com Consolidated financial statements are posted to this w ebsite quarterly and the audited financial statements are posted annually The financial statements of the w holly controlled affiliates of THR are not posted to the w ebsite 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 w ith 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 commttee Schedule R, Part III, Identification of Related Organizations Taxable as a Partnership Texas Health Resources (THR) ow ns 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 ow ns an interest in TTHR Ltd, Ptr Since THR does not ow n 50% of this partnership, it is not required to be reported on Schedule R, Part III as a related organizations, how ever, 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 pow ers Schedule R Part V, Transactions with Related Organizations Founded in 1997, Texas Health Resources (THR) through its controlled affiliates 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 maximze opportunities to deliver cost effective quality medical care to residents of north central Texas THR provides direction and oversight to its w holly-controlled affiliates providing centralized services THR also operates professional office buildings leased primarily to physicians w ho 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 w ith each entity Daily transactions are run thru these intercompany accounts, most of w hich do not fall w ithin the scope of IRC Section 512(b)(13) The transactions not falling w ithin this scope are not reported on Form 990 Schedule R, Part V, Line 2 Examples of these types of transactions are as follow s Daily cash sw eeps 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</p> |



## Related Organizations and Unrelated Partnerships

# 2009

**Open to Public Inspection**

▶ **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.**

Employer identification number

75-2770738

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

(f)  
Direct controlling  
entity

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

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

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

Yes

Yes

Yes

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)<br>Name of other organization    | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved |
|-----|--------------------------------------|---------------------------------|------------------------|
| (1) | Texas Health Resouces                | J                               | 2,027,572              |
| (2) | Texas Health Resources               | I                               | 31,659,037             |
| (3) | Texas Health Presbyterian Foundation | c                               | 296,397                |
| (4) | See Schedule O                       |                                 |                        |
| (5) |                                      |                                 |                        |
| (6) |                                      |                                 |                        |

Schedule R (Form 990) 2009

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

Software ID:

Software Version:

EIN: 75-2770738

Name: Texas Health Presbyterian Hospital Plano

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization                                                      | (b)<br>Primary activity         | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) |                                                | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total income<br>(\$) | (g)<br>Share of end-of-year<br>assets<br>(\$) | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount on<br>Box 20 of K-1<br>(\$) | (j)<br>General<br>or<br>Managing<br>Partner? |    |
|---------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-----------------------------------------|----|---------------------------------------------------------|----------------------------------------------|----|
|                                                                                                               |                                 |                                                                 |                                                |                                        |                                                                                                               |                                      |                                               | Yes                                     | No |                                                         | Yes                                          | No |
| AMH Cath Labs LLP<br><br>800 W Randol Mill Rd<br>Arlington, TX76012<br>20-3003947                             | Heart Catherization<br>Services | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Denton Surgery Center LLC<br><br>14131 Midway Rd Ste<br>1050<br>Addison, TX75001<br>47-0926556                | Ambulatory Surgery<br>Center    | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Flower Mound Hospital<br>Partners LLC<br><br>14131 Midway Rd<br>Addison, TX75001<br>26-0684968                | Hospital                        | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Harris HEB Radiology Ltd<br><br>1601 Hospital Parkway<br>Bedford, TX76022<br>75-2825710                       | Outpatient MRI                  | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Harris Oncology LLC<br><br>1600 Hospital Parkway<br>Bedford, TX76022<br>75-2927939                            | Rental Real Estate              | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| HEB Oncology LP<br><br>1601 Hospital Parkway<br>Bedford, TX76022<br>75-2927940                                | Rental Real Estate              | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Physician Medical Center<br>LLC<br><br>6200 W Parker<br>Plano, TX75093<br>48-1281376                          | Hospital                        | TX                                                              | Texas Health<br>Presbyterian<br>Hospital Plano | related                                |                                                                                                               | 10,677,867                           | 10,748,899                                    |                                         | No |                                                         |                                              | No |
| Presbyterian Cancer<br>Center-Dallas LLC<br><br>12221 Merit Dr<br>Dallas, TX75251<br>26-0422749               | Medical Mgmt                    | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Radiology Management LLC<br><br>1601 Hospital Parkway<br>Bedford, TX76022<br>75-2825708                       | MRI Services                    | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Rockwall Regional Hospital<br>LLC<br><br>14131 Midway Rd<br>Addison, TX75001<br>20-2848116                    | Hospital                        | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Southlake Specialty<br>Hospital LLC<br><br>14131 Midway Rd<br>Addison, TX75001<br>02-0555370                  | Hospital                        | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Texas Health<br>MedSynergies LLC<br><br>12550 Corporate Drive Flr<br>3<br>Irving, TX75038<br>80-0272951       | Management Services             | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Texas Health Partners<br>formerly TpHR LLP<br><br>14131 Midway Rd<br>Addison, TX75001<br>02-0546958           | Management Company              | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Texas Health SingleSource<br>Staffing LLC<br><br>524 E Lamar Blvd Ste 300<br>Arlington, TX76011<br>27-0324828 | Contract/Temporary<br>Nursing   | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Womens Specialty Surgery<br>Center<br><br>1300 Post Oak<br>Houston, TX77056<br>26-2310072                     | Ambulatory Surgery<br>Center    | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |
| Texas Institute for Surgery<br>LLP<br><br>7715 Greenville Ave Ste<br>100<br>Dallas, TX77056<br>26-2310072     | Hospital                        | TX                                                              | N/A                                            |                                        |                                                                                                               |                                      |                                               |                                         | No |                                                         |                                              | No |