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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Texas Health Harris Methodist Hospital Fort Worth		D Employer identification number 75-6001743
		Doing Business As Texas Health Fort Worth		E Telephone number (817) 250-2000
		Number and street (or P O box if mail is not delivered to street address) 1301 Pennsylvania Ave	Room/suite	G Gross receipts \$ 605,254,721
		City or town, state or country, and ZIP + 4 Fort Worth, TX 76104		
	F Name and address of principal officer Oscar Amparan 1301 Pennsylvania Ave Fort Worth, TX 76104		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ► www.texashealth.org		H(c) Group exemption number ►		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation 1930	M State of legal domicile TX

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities 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	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 4,60	
	6	Total number of volunteers (estimate if necessary)	6 33	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 477,20	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -193,71	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,753,930	Current Year 1,585,679
	9	Program service revenue (Part VIII, line 2g)	566,905,387	595,448,392
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	327,957,471	-194,947
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,271,751	7,665,568
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	904,888,539	604,504,692
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	693,418	417,672
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	255,543,794	262,487,234
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	327,957,471	344,142,955
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	584,194,683	607,047,861
	19	Revenue less expenses Subtract line 18 from line 12	320,693,856	-2,543,169
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	680,002,789	683,870,920
	21	Total liabilities (Part X, line 26)	48,939,887	55,024,847
	22	Net assets or fund balances Subtract line 21 from line 20	631,062,902	628,846,073

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-11</div> <div>Date</div> </div>
	<div> <div>John Mitchell Assistant Secretary</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>2010-11-12</div> <div>Check if self-employed</div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Texas Health Resources</div> <div>612 E Lamar Blvd Ste 1400</div> <div>Arlington, TX 76011</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no</div> </div>

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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 533,620,450 including grants of \$ 417,672) (Revenue \$ 595,448,392)
	Texas Health Harris Methodist Hospital Fort Worth (THFW) is a 731 bed acute care hospital providing health care for residents in Tarrant County and surrounding counties in North Texas In 1930, the hospital opened under the leadership of Charles Harris, MD and the Methodist Church For nearly 80 years, THFW has provided quality health care services to the North Texas area Today, the hospital offers a full range of advanced clinical services such as cardiology, gastroenterology, neurosciences, occupational health radiology and respiratory care THFW also provides services through the Ben Hogan Sports Therapy Institute, the Breastfeeding Resource Center, the Dons Kupferle Breast Center, the Kidney Transplant Program, the Mobile Health Unit and the Center for Women and Infant's Health ***** During the year, THFW had 177,363 patient days, 31,927 discharges, 127,940 outpatient encounters, 94,069 emergency room visits and 3,145 births ***** THFW provides quality medical healthcare regardless of 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 ***** Community benefit is provided through many reduced price services and free programs to the community These services are essential to provide complete healthcare to the communities served Some of these programs include * THFW provides the resources and support to nurses participating in the Faith Community Nursing (FCN) program With special attention to congregations in underserved areas, the FCN program has covenants with 39 congregations touching over 26,000 families through health screenings, health education and support for families of their congregations * THFW has instituted the Harris Employees Advocating for Reducing Total Cardiovascular Risk (H E A R T) program focusing on the hospital's employees and their families The program provides health screenings, health education, a weight loss support group, fitness center memberships and case management to help participants reduce their risk assessment * Wellness for Life is a prevention and early detection program available the community through the mobile health-screening unit The goals of the program are to increase awareness of cancer prevention, promote the benefits of cancer screening and offer the community easy accessibility to many types of screening and early detection services

[illegible][illegible]

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

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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	Yes	
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	305	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	4,606	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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: <input type="text"/> 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	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <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 ▶ Jack Roper 612 E Lamar Blvd Arlington, TX 76011 (682) 236-7900	

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

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

Form 990 (2009)

1b	Total	3,223,384	2,808,069	1,146,012
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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 **124**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	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>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pinnacle Anesthesia Consultants PA 13601 Preston Rd Ste 900W Dallas, TX 75240	Professional Svcs	4,774,320
GE Medical Information Techhologies PO Box 23181 8200 W Tower Ave Milwaukee, WI 53223	Training Services	1,971,832
Methodist Medical Center PO Box 911875 Dallas, TX 75391	Professional Svcs	1,957,839
North Texas Healthcare Laundry Coop Assn 1080 Post and Paddock Rd Grand Praine, TX 75050	Laundry Services	1,902,696
Consultants in Cardiology PA 1300 W Terrell Ave Ste 500 Fort Worth, TX 76104	Professional Svcs	1,789,958
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 84		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,578,027				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,652				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			1,585,679			
Program Service Revenue			Business Code					
	2a	Patient Serv Revenue		594,355,216	594,355,216			
	b	Joint Venture Revenue		1,093,176	1,093,176			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			595,448,392			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			117,508		117,508	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties			431,390		431,390	
	6a	(i) Real		(ii) Personal				
				57,176				
				57,176				
	d	Net rental income or (loss)			57,176		57,176	
	7a	(i) Securities		(ii) Other				
				161,956				
				474,411				
				-312,455				
	d	Net gain or (loss)			-312,455		-312,455	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
				a	381,677			
				b	275,618			
	c	Net income or (loss) from fundraising events . .			106,059		106,059	
	9a	Gross income from gaming activities See Part IV, line 19						
				a				
				b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
			a					
			b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Cafeteria Revenue			3,684,996		3,684,996		
b	Parking Revenue			975,281		975,281		
c	Gift Shop			745,405		745,405		
d	All other revenue							
e	Total. Add lines 11a-11d			7,070,943				
12	Total revenue. See Instructions			604,504,692	595,448,392	477,204	6,993,417	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	417,672	417,672		
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	1,744,385		1,744,385	
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	204,684,447	203,269,361	1,415,086	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,211,766	8,186,681	25,085	
9	Other employee benefits	32,892,020	32,376,899	515,121	
10	Payroll taxes	14,954,616	14,904,813	49,803	
11	Fees for services (non-employees)				
a	Management	64,593,511		64,593,511	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	250,822	5,773	245,049	
g	Other	39,037,807	35,140,329	3,897,478	
12	Advertising and promotion	884,368	884,368		
13	Office expenses	11,802,643	11,767,853	34,790	
14	Information technology	2,027,810	2,025,060	2,750	
15	Royalties				
16	Occupancy	10,468,672	10,389,645	79,027	
17	Travel	331,654	326,965	4,689	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	388,541	381,895	6,646	
20	Interest	6,633,089	6,633,089		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,224,673	20,512,376	712,297	
23	Insurance	1,864,930	1,864,930		
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	122,146,370	122,136,655	9,715	
b	Bad Debt Expense	49,568,653	49,568,653		
c	Repairs & Maintenance	7,317,999	7,317,446	553	
d	Furniture & Fixtures	3,313,217	3,285,842	27,375	
e	Patient Care Expenses	1,671,735	1,671,735		
f	All other expenses	616,461	552,410	64,051	
25	Total functional expenses. Add lines 1 through 24f	607,047,861	533,620,450	73,427,411	0
26	Joint costs. Check here <input checked="" 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			-1,647,177	1	-1,510,958
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			72,102,929	4	76,900,147
	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			1,359,803	7	2,127,995
	8	Inventories for sale or use			7,635,865	8	7,833,952
	9	Prepaid expenses and deferred charges			3,506,063	9	4,361,878
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	466,389,826	224,895,977	10c	238,775,815
	b	Less accumulated depreciation	10b	227,614,011			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			4,134,529	12	5,146,010
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			368,014,800	15	350,236,081
16	Total assets. Add lines 1 through 15 (must equal line 34)			680,002,789	16	683,870,920	
Liabilities	17	Accounts payable and accrued expenses			47,940,294	17	54,072,475
	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	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			999,593	25	952,372
	26	Total liabilities. Add lines 17 through 25			48,939,887	26	55,024,847
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			630,711,015	27	628,524,175
	28	Temporarily restricted net assets			351,887	28	321,898
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			631,062,902	33	628,846,073
	34	Total liabilities and net assets/fund balances			680,002,789	34	683,870,920

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		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 Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
---	--

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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) 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 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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: 75-6001743

Name: Texas Health Harris Methodist Hospital Fort Worth

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Avila Jr Trustee	2 00	X						0	0	0
Jay L Beavers Vice Chair	2 00	X		X				923	0	0
Gary Cumbie Trustee	2 00	X						951	0	0
Leonardo de la Garza PhD Trustee	2 00	X						600	0	0
Michael Guyton Secretary	2 00	X		X				942	0	0
Kenneth C Hancock MD Trustee	2 00	X						0	0	0
F H Trey Moore III MD Trustee	2 00	X						600	0	0
Stephen Tatum Chair	2 00	X		X				600	0	0
Richard M Vigness MD Trustee	2 00	X						2,057	0	0
Jennifer Giddings Brooks Trustee	2 00	X						0	0	0
Virginia I PuenteBrancato Trustee	2 00	X						0	0	0
Oscar L Amparan President	40 00			X				845,569	0	202,174
Terrence B Akin VP	40 00			X				265,217	0	32,722
Joseph S Prosser VP	40 00			X				339,360	0	50,821
Harold K Berenzweig VP	40 00			X				301,392	0	43,292
Lillie M Biggins VP	40 00			X				245,530	0	39,426
Joseph C DeLeon VP	40 00			X				221,055	0	36,427
Karen C Robeano VP	40 00			X				224,652	0	32,655
Barclay Berdan Corporate Officer	2 00			X				0	918,540	249,126
Charles W Boes Asst Secretary	2 00			X				0	1,100,890	162,825
Kenneth Kramer Asst Secretary	2 00			X				0	352,488	148,956
John D Mitchell Asst Secretary	2 00			X				0	277,623	42,832
Terri DeSio Asst Secretary	2 00			X				0	158,528	8,988
Judith Coberly Director	40 00					X		159,431	0	16,510
Randall Ball Director	40 00					X		157,597	0	24,749

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Brewer RN	40 00					X		156,979	0	9,736
Wing Cheung Poon Clinical Pharmacist	40 00					X		151,616	0	25,138
Terry Atwood Nursing Supervisor	40 00					X		148,313	0	19,635

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	122,146,370	122,136,655	9,715	
Bad Debt Expense	49,568,653	49,568,653		
Repairs & Maintenance	7,317,999	7,317,446	553	
Furniture & Fixtures	3,313,217	3,285,842	27,375	
Patient Care Expenses	1,671,735	1,671,735		

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 Texas Health Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes☒ No
- 4a

Was a correction made?

☐ Yes☒ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes☒ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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 (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Name of the organization Texas Health Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
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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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <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? <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)? <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

d ☐ Loan or exchange programs
- b** ☐ Scholarly research

e ☐ Other
- c** ☐ Preservation for future generations

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

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

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

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

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

	Amount
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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,706,869		21,706,869
b Buildings		277,093,689	112,669,972	164,423,717
c Leasehold improvements		1,311,430	1,234,874	76,556
d Equipment		160,487,853	113,709,165	46,778,688
e Other		5,789,986		5,789,986
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				238,775,816

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	604,504,692
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	607,047,861
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,543,169
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,543,169

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
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Texas Health Harris Methodist Hospital Fort Worth

Employer identification number
75-6001743

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶				381,677		381,677

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Uniform Sale</u>	<u>Jewelry Sale</u>	<u>6</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	134,155	94,356	153,166	381,677	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	134,155	94,356	153,166	381,677	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	112,644	80,024	82,950	275,618
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					275,618
	11	Net income summary Combine lines 3, column d, and line 10. ▶					106,059

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

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 Harris Methodist Hospital Fort Worth

Employer identification number
75-6001743

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 <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <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 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 <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> 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 <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> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was 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)		10,309	29,056,506	1,301,426	27,755,080	4 980 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		7,904	54,303,522	44,302,123	10,001,399	1 790 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		18,213	83,360,028	45,603,549	37,756,479	6 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	110	123,917	10,484,364		10,484,364	1 880 %
f Health professions education (from Worksheet 5)	3		1,702,985		1,702,985	0 880 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	3		302,701		302,701	0 160 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			3,436,739		3,436,739	0 620 %
j Total Other Benefits	116	123,917	15,926,789		15,926,789	3 540 %
k Total. Add lines 7d and 7j	116	142,130	99,286,817	45,603,549	53,683,268	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 Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	222,327,138	
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	35,581,784	
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)	5136,187,136	
6	Enter Medicare allowable costs of care relating to payments on line 5	6519,789,752	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7-383,602,616	
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: <input checked="" 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	Ft Worth Inst Cardiac	Cardiac Cath Lab	5 000 %	94 000 %
2	HMFV Surgery Ctr LP	Ambulatory Surgery Center	23 000 %	43 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

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

Texas Health Fort Worth 1301 Pennsylvania Ave Fort Worth, TX 76104	X	X					X		
FT Worth Institute of Cardiac Care 1300 W Terrell Ste 500 Fort Worth, TX 76104		X							Cardiac Cath Lab
HMFW Surgery Center LP 1325 Pennsylvania Ave Ste 800 Fort Worth, TX 76104		X							Ambulatory Surg Ctr

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 49568653 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 89045541 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 through local partners and agencies data THFW has created a community benefit plan based on input from key stakeholders and community needs assessments that created the Faith Community Nursing program and Wellness for Life Mobile Health program to provide health education programs screening and follow-up to reduce chronic disease disparity among seniors uninsured/underinsured minority populations culturally and/or geographically isolated

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 www.TexasHealth.org 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 Harris Methodist Hospital Fort Worth THFW is located in the heart of a large metropolitan area with a population of over 12 million The average household income in the hospitals service area is 64134 In 2009 184% of THFWs patients were uninsured and 143% were Medicaid recipients THFW is designated as a Medicaid Disproportionate Share hospital The hospitals service area has a rate of uninsured of 195% of the population There are eight other acute care hospitals in THFWs service area of which one is a Community hospital and three 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 3436739 in contributions to community groups reported on Sch H Part I line 7i 2607644 was contributed to Tarrant County Indigent Care Corporation a charitable organization that provides various local charities with funds to cover healthcare provided to indigent patients at Tarrant 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

Name of the organization
Texas Health Harris Methodist Hospital Fort Worth

Employer identification number
75-6001743

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
Univ of North Texas Health Science Center3500 Camp Bowie Fort Worth,TX 76107			280,000				Nurse Midwife Program
Internatl Sister Cities Assn of Fort Worth711 Houston St Fort Worth,TX 76102			6,500				General Donation
Tarrant County College828 Harwood Rd Hurst,TX 76054			14,000				Scholarships
Texas Womens University PO Box 425439 Denton,TX 76204			7,000				Scholarships
University of Texas-ArlingtonPO Box 19199 Arlington,TX 76019			24,500				Scholarships
University of Texas Medical Branch Galveston301 University Blvd Galveston,TX 77555			7,000				Scholarships
Texas Health Harris Methodist Foundation6000 Western Place Suite 1001 Fort Worth,TX 76107			16,200				General Donation
Texas Health Harris Methodist Foundation6000 Western Place Suite 1001 Fort Worth,TX 76107			30,000				Ladders in Nursing Careers Program

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 Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</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><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><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</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	No
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	

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

[illegible]

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
		<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 presence 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 Sch J, Part I, Q uestion 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 - The compensation committee of THR - THR Board hired independent compensation consultants - THR & the independent compensation consultants used compensation surveys An independent third party compensation consultant is hired by the THR Board of Trustees (Board) to review base pay annually as compared to a peer group of employers similar in size and scope to THR Every three years the independent compensation consultant reviews all aspects of executive compensation (base, incentives, benefits, etc) which includes - Review and confirmation of the executive compensation philosophy, - Market review of base and incentive pay for all positions National, regional, and local data is reviewed when available - Market review of benefits and perquisites, - Survey of selected officers and members of the Governance Committee of the THR Board of Trustees, and - Review of financial reports, job descriptions, organizational charts, current salaries, incentive opportunities, incentive payments, benefits, perquisites and plan documents The independent compensation consultant meets directly with the executive compensation & benefits sub-committee which is made up of five independent Board members and the governance committee to report the results of the total compensation study At the beginning of each year, the executive compensation & benefits sub-committee reviews, the governance committee reviews and recommends for approval by the Board, and the Board approves the following - Market analysis recommendation based on the results of the outside consultant's review - Officer market/equity base salary adjustments - Prior year executive annual incentive awards - Current year executive annual incentive plan targets, key performance indicators and potential payout amounts Sch J, Part I, Q uestion 4b Participation in the plan is made available to a select group of management and highly compensated employees, as determined by the THR Board of Trustees, who are providing services to an employer in key positions of management and responsibility - Benefits are calculated for eligible employees when base pay and incentives exceed the IRS qualified plan compensation limit - The calculated SERP amount is allocated to the executives account mid-plan year, however, credits are earned 1/12th each month - The participant shall be entitled to his or her vested SERP benefit upon the earliest of remaining employed by THR to age 68, termination of employment for disability, involuntary termination of employment without reasonable cause, or satisfying a 24 month non-compete period following his or her termination of employment - SERP benefits vest as follows less than 2 years of service - 0%, 2 years - 25%, 3 years - 50%, 4 years - 75%, and 5 or more - 100% Income and FICA taxes are due when the participant becomes entitled to the benefit - THR owns any investments purchased in connection with its obligations under the SERP Plan If THR becomes insolvent, executives are unsecured creditors and will have no preferred claim to any assets - Payments to the following employees were made during the year The amounts below are included in the amount reported in Sch J, Part II, Column B(III) and Column (F) Oscar Amparan - \$121,446 Terrence Akin - \$11,508 Joseph Prosser - \$9,306 Harold Berenzweig - \$9,499 Barclay Berdan - \$147,028 Charles Boes - \$186,633 Kenneth Kramer - \$19,729</p>

Software ID:

Software Version:

EIN: 75-6001743

Name: Texas Health Harris Methodist Hospital Fort Worth

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Oscar L Amparan	(i) (ii)415,939	97,356	332,274	192,557	9,617	1,047,743	412,358
Terrence B Akin	(i) (ii)139,656		125,561	26,813	5,909	297,939	86,982
Joseph S Prosser	(i) (ii)295,620		43,741	42,054	8,766	390,181	30,579
Harold K Berenzweig	(i) (ii)261,694		39,698	37,735	5,557	344,684	26,505
Lillie M Biggins	(i) (ii)192,814		52,716	31,409	8,017	284,956	23,946
Joseph C DeLeon	(i) (ii)171,247	7,750	42,508	23,531	12,897	257,933	24,309
Karen C Robeano	(i) (ii)211,207		13,445	27,210	5,445	257,307	
Barclay Berdan	(i) (ii)						
Charles W Boes	(i) (ii)						
Kenneth Kramer	(i) (ii)						
John D Mitchell	(i) (ii)						
Terri DeSio	(i) (ii)						
Judith Coberly	(i) (ii)123,034	50	36,347	11,268	5,242	175,941	
Randall Ball	(i) (ii)152,076	50	5,471	12,531	12,218	182,346	
Gary Brewer	(i) (ii)152,260	398	4,321		9,736	166,715	
Wing Cheung Poon	(i) (ii)150,173	343	1,100	11,748	13,390	176,754	
Terry Atwood	(i) (ii)137,909	378	10,026	11,347	8,289	167,949	

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

Name of the organization Texas Health Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____			

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(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
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
Texas Oncology PA	Kenneth Hancock, MD member of entity	203,781	Equipment Lease	Yes	No
					No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Texas Health Harris Methodist Hospital Fort Worth	Employer identification number 75-6001743
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Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
		<p>Part VI, Section A, Line 11a A full copy of the Form990 is provided to members of the governing board before filing In addition, the Audit & Compliance Commttee of the Texas Health Resources Board of Trustees is given the opportunity to review , comment, and ask questions regarding the Form990s 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 reviewed by the THR Chief Compliance Officer, THR General Counsel and the THR Audit & 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& 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) w hich includes - Review and confirmation of the executive compensation philosophy, - Market review of base and incentive pay for all positions National, regional, and local data is reviewed 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 & 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 & 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 committee 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 pow er to elect 50% of the governing board of the partnership and other reserved powers Schedule R Part V, Transactions w ith 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 maximize 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 Form990 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

75-6001743

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

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AMH Health Ventures Inc 800 W Randol Mill Road Arlington, TX76012 75-2141114	Inactive	TX	Arlington Memorial Hospital	C			
Texas Health Biomedical Advancement Center Inc 612 E Lamar Blvd Arlington, TX76012 75-2636884	Inactive	TX	Texas Health Research Education Institute	C			
Texas Health Resources Casualty Company 76 St Paul 5th Floor Burlington, VT05401 03-0310676	Insurance	VT	Texas Health Resources	C			
PH Denton Physician Inc 3000N Interstate 35 Denton, TX76201 26-1696945	Physician Services	TX	TTHR LLC	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		Yes	No
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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Texas Health Resources	J	1,203,852
(2) Texas Health Resources	I	64,593,511
(3) Texas Health Harris Methodist Foundation	c	1,578,027
(4) See Schedule O		
(5)		
(6)		

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

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

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

Software ID:

Software Version:

EIN: 75-6001743

Name: Texas Health Harris Methodist Hospital Fort Worth

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

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

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

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