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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
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 MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER		D Employer identification number 75-0818167
		Doing Business As		E Telephone number (903) 531-5764
		Number and street (or P O box if mail is not delivered to street address) 1021 IDEL STREET	Room/suite	G Gross receipts \$ 472,340,702
		City or town, state or country, and ZIP + 4 TYLER, TX 75701		
		F Name and address of principal officer LINDSEY BRADLEY 910 E HOUSTON TYLER, TX 75701		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.TMFHS.ORG				
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 1958	M State of legal domicile TX	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES WITHOUT REGARD TO THE PATIENT'S RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR 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	
	5	Total number of employees (Part V, line 2a)	5 3,32	
	6	Total number of volunteers (estimate if necessary)	6 76	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 1,259,82	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -1,911,11	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,154,694	1,219,304
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	381,200,168	427,441,900
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	796,088	4,212,240
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,576,154	6,178,439
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	389,727,104	439,051,883
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	552,453	1,970,800
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	142,946,571	156,876,520
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	233,343,055	241,797,567
	19	Revenue less expenses Subtract line 18 from line 12	376,842,079	400,644,887
			12,885,025	38,406,996
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	583,799,781	601,401,573
	22	Net assets or fund balances Subtract line 21 from line 20	295,079,712	300,564,444
			288,720,069	300,837,129

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			
	***** Signature of officer		2011-05-16 Date	
	JOYCE HESTER VP OF FINANCIAL OPERATIONS Type or print name and title			
Paid Preparer's Use Only	Preparer's signature  M Paige Gench	Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  BKD LLP 2800 Post Oak Blvd Ste 3200 HOUSTON, TX 77056			EIN  Phone no  (713) 499-4600

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

1 Briefly describe the organization's mission

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 \$ 351,087,843 including grants of \$ 1,970,800) (Revenue \$ 427,441,900)
	THE HOSPITAL'S OPERATING PLAN INCORPORATES PROVISIONS FOR INDIVIDUALS WHO DO NOT POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. OUR COMMITMENT TO OUR COMMUNITY EXTENDS TO FREE OR SUBSIDIZED INDIVIDUAL CARE, SUBSIDIZED EDUCATION OF HEALTHCARE PROFESSIONALS, DISCOUNTED FEES FOR PARTICIPANTS IN GOVERNMENT PROGRAMS, COMMUNITY HEALTH EDUCATION, AND DONATIONS TO OTHER COMMUNITY AGENCIES. SPECIFIC COMMUNITY SERVICES AND PROGRAMS INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SENIOR CITIZEN HEALTH AWARENESS PROGRAMS, AWARENESS PROGRAMS FOR YOUTH AT RISK, AND AWARENESS PROGRAMS FOR PERSONS WITH SPECIAL PHYSICAL OR MENTAL NEEDS.

[illegible][illegible]

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

4e	Total program service expenses	\$ 351,087,843
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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		No
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	Yes	

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	286		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	2a	3,329		
	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				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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		
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	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, 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		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
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		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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	12	
b	Enter the number of voting members that are independent . . .	1b	6	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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		
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 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 ▶ MOTHER FRANCES HOSP ACCTG DEPT 1315 DOCTORS DRIVE TYLER, TX 75701 (903) 531-5764

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	7,716,229	4,930,757	4,067,694
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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▶70

		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>		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>	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>		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
MEDTRONIC USA INC PO BOX 84086 DALLAS, TX 75284	MED TECHNOLOGY SVCS	8,834,473
BOSWORTH AND ASSOCIATES PO BOX 6620 TYLER, TX 75711	INSURANCE PROVIDER	2,931,996
CARDIAC IMAGING MANAGEMENT SPECIALI 1357 DOMINION PLAZA TYLER, TX 75703	MANAGEMENT SERVICES	2,410,665
ARAMARK MANAGEMENT SERVICES 101 MARKET ST 19TH FLOOR PHILADELPHIA, PA 19107	MGMT AND FOOD SVCS	2,491,024
AIR METHODS PO BOX 172892 DENVER, CO 80217	AIR TRANSPORTATION	1,464,460

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 ▶235

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	597,274				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	622,030				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			1,219,304			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621,110	414,236,693	414,236,693			
	b	OTHER OPERATING REVENUE	900,099	13,205,207	13,205,207			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			427,441,900			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			3,921,483		3,921,483	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		4,485,457						
		4,485,457						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			4,485,457	-433,159	4,918,616	
	7a	(i) Securities		(ii) Other				
		33,212,636		366,940				
		33,126,691		162,128				
		85,945		204,812				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			290,757		290,757	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b						
b	Less direct expenses							
c	Net income or (loss) from fundraising events . . .			0				
9a	Gross income from gaming activities See Part IV, line 19							
	a							
	b							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances							
	a							
	b							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	LABORATORY TESTING		621,500	39,926		39,926		
b	FITNESS CENTERS		713,940	1,653,056		1,653,056		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,692,982				
12	Total revenue. See Instructions			439,051,883	427,441,900	1,259,823	9,130,856	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,970,800	1,970,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,942,346	6,212,859	729,487	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	121,337,014	108,450,522	12,886,492	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,643,920	2,352,164	291,756	
9	Other employee benefits	13,996,627	13,146,615	850,012	
10	Payroll taxes	11,956,613	10,637,232	1,319,381	
11	Fees for services (non-employees)				
a	Management	4,349,591	243,772	4,105,819	
b	Legal	0			
c	Accounting	33,665		33,665	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	199,320	199,320		
g	Other	74,059,314	51,312,279	22,747,035	
12	Advertising and promotion	13,235	13,235		
13	Office expenses	2,886,868	2,495,562	391,306	
14	Information technology	1,136,302	710,640	425,662	
15	Royalties	0			
16	Occupancy	7,227,649	6,210,264	1,017,385	
17	Travel	76,922	71,805	5,117	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	236,394	192,491	43,903	
20	Interest	6,299,114	6,299,114		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,937,422	23,936,258	1,164	
23	Insurance	2,756,441	1,039	2,755,402	
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	MEDICAL SUPPLIES	84,264,552	84,264,552		
b	BAD DEBT EXPENSE	21,367,653	21,367,653		
c	REPAIRS & MAINTENANCE	5,098,714	5,060,147	38,567	
d	FOOD	3,079,287	3,073,725	5,562	
e	COLLECTION FEES	1,657,037	209	1,656,828	
f	All other expenses	3,118,087	2,865,586	252,501	
25	Total functional expenses. Add lines 1 through 24f	400,644,887	351,087,843	49,557,044	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			45,447,028	1	44,730,695
	2	Savings and temporary cash investments			1,890,485	2	7,196,153
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			44,362,350	4	47,645,527
	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				7	
	8	Inventories for sale or use			5,344,509	8	5,614,401
	9	Prepaid expenses and deferred charges			3,498,754	9	6,194,852
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	607,122,288			
	b	Less accumulated depreciation	10b	355,514,579	249,668,431	10c	251,607,709
	11	Investments—publicly traded securities			125,185,816	11	130,892,341
	12	Investments—other securities. See Part IV, line 11			5,370,986	12	4,534,475
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			103,031,422	15	102,985,420
	16	Total assets. Add lines 1 through 15 (must equal line 34)			583,799,781	16	601,401,573
Liabilities	17	Accounts payable and accrued expenses			46,258,889	17	49,895,158
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			179,753,056	20	179,830,366
	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			69,067,767	25	70,838,920
	26	Total liabilities. Add lines 17 through 25			295,079,712	26	300,564,444
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			288,699,991	27	300,817,051
	28	Temporarily restricted net assets			20,078	28	20,078
	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			288,720,069	33	300,837,129
	34	Total liabilities and net assets/fund balances			583,799,781	34	601,401,573

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 . . .		

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 MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER	Employer identification number 75-0818167
--	--

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: 75-0818167

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

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				
RAY THOMPSON CEO	20 0	X		X				760,512	507,008	405,024	
LAURA OWEN SR VP	40 0	X		X				285,415	0	18,569	
BEN FITZGERALD CHAIR	1 0	X		X				0	0	0	
FAGG SANFORD MD DIRECTOR	20 0	X						86,425	0	0	
SISTER TERESA MIKA DIRECTOR	1 0	X						0	0	0	
SISTER LORETTA ROSE TALLAS DIRECTOR	1 0	X						0	0	0	
SISTER MALGORZATA MAJSZCZYK DIRECTOR	1 0	X						0	0	0	
SISTER EDYTA KRAWCZYK DIRECTOR	1 0	X						0	0	0	
ROYAL BECKER MD DIRECTOR	10 0	X						0	721,461	18,062	
ANDY KIRKPATRICK MD DIRECTOR	10 0	X						0	744,102	21,320	
PAT THOMAS MD DIRECTOR	10 0	X						49,596	0	0	
C C BAKER DIRECTOR	1 0	X						0	0	0	
LINDSEY BRADLEY PRESIDENT	10 0			X				1,755,847	1,170,564	18,106	
BILL BELLENFANT SR VP & CFO	10 0			X				505,761	337,174	317,999	
LEE PORTWOOD VP CIO	40 0			X				249,388	0	18,867	
JOHN WEBB VP STRATEGIC BUS DEVELOPMENT	40 0			X				214,289	0	18,139	
JEAN COLEMAN VP NURSING	40 0			X				430,239	0	8,853	
ANDY NAVARRO VP AND LEGAL COUNSEL	40 0			X				306,149	0	19,809	
JOYCE HESTER VP FINANCIAL OPERATIONS	40 0			X				207,046	0	15,057	
M E JACKSON VP	40 0			X				210,333	0	10,220	
MARY DODD VP MARKETING	40 0			X				140,021	0	16,808	
JEFF HYDE VP INTEGRATED SERVICES	40 0			X				187,132	0	17,706	
CHRIS GLENNEY VP OPERATIONS	40 0			X				190,447	0	17,802	
WENDELL ROBERTS VP AMBULATORY SERVICES	40 0			X				286,477	0	17,746	
RHONDA LONG VP CARDIOLOGY & NEUROLOGY	40 0			X				211,673	0	18,169	

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			
STEVEN KEUER MD EXECUTIVE VP	10 0			X				0	595,715	2,999,546
DAVID TEEGARDEN MD PRESIDENT & CMO	10 0			X				0	854,733	15,850
NORMAN HANCOCK VP	40 0			X				220,090	0	17,916
TAWONDA FELTON CRNA	40 0					X		334,642	0	9,685
WILLIAM SANDBERG PHYSICIAN	40 0					X		266,210	0	9,101
ROSALYN GOOCH CRNA	40 0					X		265,814	0	9,638
NEILL KERR JR CRNA	40 0					X		281,688	0	13,846
MARTIN URBAN CRNA	40 0					X		271,035	0	13,856

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
MEDICAL SUPPLIES	84,264,552	84,264,552		
BAD DEBT EXPENSE	21,367,653	21,367,653		
REPAIRS & MAINTENANCE	5,098,714	5,060,147	38,567	
FOOD	3,079,287	3,073,725	5,562	
COLLECTION FEES	1,657,037	209	1,656,828	

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 MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER	Employer identification number 75-0818167
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		16,182
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				16,182
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

Employer identification number
75-0818167

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the 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
	Held at the End of the 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	414,414	413,932		
b	Contributions	1,790,794	239		
c	Investment earnings or losses	4,305	243		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	500			
f	Administrative expenses				
g	End of year balance	2,209,013	414,414		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4.858 %

b

Permanent endowment ▶ 95.142 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐

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		25,560,447		25,560,447
b Buildings		186,838,627	69,321,019	117,517,608
c Leasehold improvements		111,993,519	69,187,411	42,806,108
d Equipment		277,605,342	217,006,149	60,599,193
e Other		5,124,353		5,124,353
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				251,607,709

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	439,051,883
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	400,644,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	38,406,996
4	Net unrealized gains (losses) on investments	4	3,369,453
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,319,161
9	Total adjustments (net) Add lines 4 - 8	9	8,688,614
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,095,610

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	445,728,845
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,369,453
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	6,018,503
e	Add lines 2a through 2d	2e	9,387,956
3	Subtract line 2e from line 1	3	436,340,889
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	2,710,994
c	Add lines 4a and 4b	4c	2,710,994
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	439,051,883

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	398,633,235
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	19,300
e	Add lines 2a through 2d	2e	19,300
3	Subtract line 2e from line 1	3	398,613,935
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	2,030,952
c	Add lines 4a and 4b	4c	2,030,952
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	400,644,887

Part XIVSupplemental 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
RECONCILIATION OF CHANGES IN NET ASSETS	SCH D, PART XI, LINE 8	EQUITY IN EARNINGS OF AFFILIATE 5,429,724 EQUITY IN INCOME OF CONSOLIDATED SUBSIDIARY (82,768) CHANGE IN FAIR VALUE INTEREST RATE SWAP 178,752 CONTRIBUTIONS RECEIVED RECORDED TO NET ASSETS (597,274) TYLER RADIATION K-1 BOOK/TAX DIFFERENCE 390,727 ----- 5,319,161
RECONCILIATION OF AUDITED FINANCIAL STATEMENTS TO FORM 990	SCH D, PARTS XII AND XIII	REVENUE ON BOOKS, NOT ON RETURN CHANGE IN FAIR VALUE INTEREST RATE SWAP 178,752 MISC REVENUE INCLUDED IN EXPENSE 19,300 EQUITY IN EARNINGS OF AFFILIATE 5,429,724 TYLER RADIATION K-1 BOOK/TAX DIFFERENCE 390,727 ----- 6,018,503 REVENUE ON RETURN, NOT ON BOOKS INVESTMENT FEES INCLUDED IN REVENUE 199,320 DONATION INCOME INCLUDED IN EXPENSE 122,000 CONTRIBUTION EXPENSE INCLUDED IN INCOME 1,709,632 EQUITY IN INCOME OF CONSOLIDATED SUBSIDIARY 82,768 DONATION INCOME NOT INCLUDED ON AUDIT 597,274 ----- 2,710,994 EXPENSE ON BOOKS, NOT ON RETURN MISCELLANEOUS REVENUE IN EXPENSE 19,300 EXPENSE ON RETURN, NOT ON BOOKS INVESTMENT FEES INCLUDED IN REVENUE 199,320 DONATION INCOME INCLUDED IN EXPENSE 122,000 CONTRIBUTION EXPENSE INCLUDED IN INCOME 1,709,632 ----- 2,030,952
FIN 48 DISCLOSURE		MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
INTENDED USES OF THE ORGANIZATIN'S ENDOWMENT FUNDS	SCH D, PART V, QUESTION 4	THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND ITEMS SUPPORTED BY THE ENDOWMENT WHILE SEEKING TO MAINTAIN ITS PURCHASING POWER.

Employer identification number
75-0818167

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

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
MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

Employer identification number
75-0818167

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>	3a Yes	
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 checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was 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)			19,429,710		19,429,710	4 850 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			40,605,938	37,684,381	2,921,557	0 730 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			763,847	724,106	39,741	0 010 %
d Total Charity Care and Means-Tested Government Programs			60,799,495	38,408,487	22,391,008	5 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			89,023		89,023	0 020 %
g Subsidized health services (from Worksheet 6)			18,602,091		18,602,091	4 640 %
h Research (from Worksheet 7)			103,276		103,276	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,709,602		1,709,602	0 430 %
j Total Other Benefits			20,503,992		20,503,992	5 120 %
k Total. Add lines 7d and 7j			81,303,487	38,408,487	42,895,000	10 710 %

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
1Physical improvements and housing						
2Economic development						
3Community support			702,084		702,084	0 180 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other			36,337		36,337	0 010 %
10Total			738,421		738,421	0 190 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	3,803,578	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	142,214,876	
6Enter Medicare allowable costs of care relating to payments on line 5	6	130,834,889	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	11,379,987	
8Describe 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 type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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	Yes	

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

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

See additional data

- 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

See additional data

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

THE HOSPITAL OWNS AND OPERATES A 404 LICENSED BED GENERAL ACUTE CARE HOSPITAL AND RELATED HEALTHCARE FACILITIES IN TYLER, TEXAS THE HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF SMITH, COUNTY WITH A POPULATION OF APPROXIMATELY 200,000 THE SECONDARY SERVICE AREA OF THE HOSPITAL CONSISTS OF ANDERSON, CHEROKEE, GREGG, HENDERSON, RAINS, RUSK, UPSHUR, WOOD, AND VAN ZANDT COUNTIES WITH A TOTAL POPULATION OF APPROXIMATELY 500,000

- 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

See additional data

- 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)

- 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

MOTHER FRANCES HOSPITAL-TYLER IS PART OF AN AFFILIATED HEALTH CARE SYSTEM CALLED TRINITY MOTHER FRANCES HEALTH SYSTEM TRINITY MOTHER FRANCES IS A FAITH-BASED ORGANIZATION DEDICATED TO CREATING HEALTHY LIVES FOR PEOPLE AND COMMUNITIES MFH-TYLER AND ITS AFFILIATES PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY PROVIDING ACUTE CARE FACILITIES AND CRITICAL ACCESS FACILITIES, WHOSE OPERATIONS CONSIST PRIMARILY OF PROVIDING INPATIENT AND OUTPATIENT ACUTE CARE AND MEDICAL SERVICES TO PATIENTS RESIDING IN EAST TEXAS

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

TX

Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS. THE HOSPITAL, THE CLINIC, JACKSONVILLE AND WINNSBORO PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THIRD-PARTY PAYERS ARE BILLED DIRECTLY AND BILLS ARE SENT TO THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT. AMOUNT REPORTED ON LINE 2 IS BASED ON BAD DEBTS PER THE AUDITED FINANCIAL STATEMENTS AFTER APPLYING THE COST TO CHARGE RATIO. THE ORGANIZATION IS UNABLE TO ESTIMATE THE AMOUNT FOR LINE 3 AND HAS ELECTED TO LEAVE IT BLANK.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE MEDICAL CENTER USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICAID OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE ORGANIZATION HAS A WRITTEN POLICY COVERING PROCEDURES FOR COLLECTING AND WRITING OFF BAD DEBTS
ACCORDING TO THE POLICY, IF A PATIENT APPEARS TO BE INDIGENT, ACCOUNTS SHOULD BE REVIEWED, AT ANY TIME
DURING THE COLLECTION PROCESS, FOR POSSIBLE CONSIDERATION AS A CHARITY CASE IN ACCORDANCE WITH THE
ORGANIZATION'S CHARITY CARE POLICY

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

THE HOSPITAL'S COMMUNITY HEALTH PROFILES PROVIDE A SNAPSHOT OF SUBURBAN, URBAN, AND RURAL SERVICE AREAS WITHIN TEXAS USING KEY HEALTH INDICATORS, WHICH FACILITATE COMPARISONS LOCALLY, REGIONALLY, AND OVER TIME. COMMUNITY HEALTH PROFILES ARE INTENDED TO ASSIST INTERNAL STAKEHOLDERS, COMMUNITY HEALTH COUNCIL MEMBERS, AND THE 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 TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES AND TO EMPOWER THE GREATER COMMUNITY.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

THE HOSPITAL'S 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. THE HOSPITAL'S 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 CHARITY CARE APPLICATION AND INFORMATIONAL FLYER. THE PATIENT IS INFORMED THAT MOTHER FRANCES HOSPITAL-TYLER 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.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5
Form 990 Schedule H, Part VI - Supplemental Information, Line 5

MOTHER FRANCES HOSPITAL-TYLER PROMOTES HEALTHCARE AND WELLNESS EDUCATION BY OFFERING OUTREACH PROGRAMS AND SPECIAL INITIATIVES THAT IMPROVE THE QUALITY OF LIFE AND HEALTH IN THE COMMUNITIES SERVED. 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 THE FOLLOWING: FAMILYCARE CENTER /WOMEN'S SERVICES PROVIDES PRENATAL SERVICES TO ALL MEDICAID PATIENTS, TITLE V RECIPIENTS, MANY SELF-PAY, UNDERINSURED, AND ANYONE WHO NEEDS PRENATAL SERVICES. CLASSES IN ENGLISH & SPANISH ARE OFFERED ON PRENATAL & CAR SEAT EDUCATION. FREE CAR SEATS ARE GIVEN TO THOSE WHO CAN NOT AFFORD TO PURCHASE. PATIENT VISITS FOR FY 2010 WAS 19,488 SERVING 10,675 PATIENTS. FAMILYCARE CENTER/CHILDREN'S SERVICES: THE CHILDREN'S SERVICES CENTER EXPERIENCED 31,800 VISITS IN FY 2010 SERVING OVER 21,438 CHILDREN. THIS PATIENT POPULATION HAS A HIGH PERCENTAGE OF AT-RISK ETHNIC GROUPS. IT IS THE LARGEST PROVIDER OF SERVICES TO MEDICAID, CHIP S, AND FREE CLINIC SERVICES FOR CHILDREN IN EAST TEXAS. SICKLE CELL CLINIC PROVIDES THE FACILITY AND SUPPORT FOR PATIENTS WITH SICKLE CELL JOINING FORCES WITH CHILDREN'S MEDICAL CENTER THROUGH A GRANT, A REGISTERED NURSE WORKS AS THE LIAISON BETWEEN PEDIATRICIANS AND THE SICKLE CELL CLINIC IN DALLAS TO COORDINATE THE CARE OF PATIENTS. ADDITIONALLY, A HEMATOLOGIST SPECIALIZING IN THE CARE OF SICKLE CELL PATIENTS CONDUCTS A CLINIC FOUR TIMES A YEAR ON SITE. TELECARE PLUS-YOUR HEALTH INFORMATION RESOURCE: TELECARE PLUS IS A MEDICAL CALL CENTER AVAILABLE FOR FREE TO THE PUBLIC 24 HOURS A DAY. REGISTERED NURSES PROVIDE CALLERS WITH ANSWERS TO HEALTH QUESTIONS OVER THE TELEPHONE, CAN SEND HEALTH INFORMATION VIA THE MAIL, PROVIDE PHYSICIAN REFERRALS, GIVE INFORMATION ON COMMUNITY AND HOSPITAL RESOURCES AND DO SYMPTOM BASED TRIAGE. BETHESDA CLINIC SUPPORT: BETHESDA CLINIC IS A "FREE" MEDICAL CLINIC, WHICH IS SUPPORTED FINANCIALLY WITH STAFFING, INCLUDING PHYSICIANS, AND BY SUPPORT SERVICES FROM THE COMMUNITY. MOTHER FRANCES HOSPITAL PROVIDES SUPPORT IN ALL AREAS AND ON SPECIAL PROJECTS AS REQUESTED. ONE KEY PROJECT IS PROVIDING AFTER HOURS CALL FOR THE PHYSICIANS. GYN AND OB SERVICES ARE PROVIDED BY THE FAMILYCARE CENTER. LIFELINE-PERSONAL EMERGENCY RESPONSE SYSTEM: LIFELINE PROVIDES INDEPENDENCE TO PATIENTS NEEDING QUICK ACCESS TO EMERGENCY ASSISTANCE IN THEIR HOME. CUSTOMERS WEAR A WATERPROOF BUTTON ON THEIR WRIST OR AROUND THEIR NECK THAT THEY CAN PRESS TO ACTIVATE THE LIFELINE CALL CENTER IN CASE OF INCAPACITATING EVENT SUCH AS A FALL OR STROKE. THE LIFELINE CALL CENTER WILL ATTEMPT TO SPEAK TO THE PATIENT VIA THE LIFELINE SPEAKERPHONE OR SEND OUT A PREDETERMINED CONTACT SUCH AS A FRIEND OR NEIGHBOR OR ACTIVATE EMERGENCY PERSONNEL TO ASSIST THE CALLER. COMMUNITY PARTNERSHIPS: ASSISTANCE WAS PROVIDED BOTH FINANCIALLY AND WITH STAFFING FOR GROUPS AND ORGANIZATIONS TO PROVIDE COLLABORATIVE PROGRAMS, SERVICES, TENTS, AND HEALTH INFORMATION. PROJECTS INCLUDED OVER 75 OPPORTUNITIES, INCLUDING SCHOOL-BASED PROGRAMS, YOUTH PROGRAMS, AND GENERAL PUBLIC EVENTS. UNITED WAY TMF AND EMPLOYEES PROVIDED FINANCIAL SUPPORT OF OVER \$100,000 AND ASSISTED WITH SPECIAL PROJECTS SHARE THE SPIRIT. THIS IS AN ANNUAL FUNDRAISING CAMPAIGN WITHIN THE HEALTH SYSTEM FOR EMPLOYEES. IT IS ORGANIZED AND IMPLEMENTED BY EMPLOYEES WITH ALL PROCEEDS GOING TO HELP WITH HEALTH RELATED PROGRAMS. OVER \$100,000 WAS RAISED IN 2010. CHILDREN'S MIRACLE NETWORK: THIS IS A DESIGNATION FOR HOSPITALS THAT FOCUS ON CHILDREN'S CARE AND THEIR NEEDS. IT PROVIDES A SUPPORT SYSTEM FOR FUNDRAISING BENEFITTING CHILDREN'S SERVICES. MOTHER FRANCES HOSPITAL IS THE ONLY HOSPITAL BETWEEN DALLAS AND HOUSTON SO DESIGNATED. HEALTH SCREENINGS: COMMUNITY SCREENINGS FOR CHRONIC DISEASES WERE OFFERED THROUGHOUT THE REGION FOR A VARIETY OF CONDITIONS INCLUDING CANCER, CHOLESTEROL, DIABETES, AND IMMUNIZATIONS. AN EXAMPLE OF A PROGRAM WOULD BE THE JOINT PROJECT WITH THE KOMEN FOUNDATION TO SCREEN AND GIVE INFORMATION ON BREAST CANCER TO AT-RISK WOMEN AND WOMEN WHO HAVE NO ACCESS TO A PRIMARY CARE PHYSICIAN. OVER 1,000 PEOPLE WERE REACHED FROM 50 PUBLIC SCREENING PROGRAMS. SCHOOL ASSISTANCE: OVER 1,500 HIGH SCHOOL PHYSICALS AND PRE-PARTICIPATION EXAMS WERE DONE AT NO COST TO THE SCHOOLS. ADDITIONALLY, OVER 350 STUDENT ATHLETES WERE SEEN FOR FREE IN SATURDAY SPORTS CLINICS. ALL PROGRAMS ARE OPEN TO ANYONE TO PARTICIPATE PROVIDED THEY HAVE PARENTAL APPROVAL. SUPPORT FOR ON-SITE TRAINERS IS ALSO PROVIDED ON AN AS NEEDED BASIS. YOUTH FITNESS: SPORTS TRAINING PROGRAMS, INJURY PREVENTION AND HEALING, RUNNING CLASSES, WALKING PROGRAMS, AND NUTRITIONAL PROGRAMS WERE OFFERED TO EDUCATE YOUTHS AND YOUNG ADULTS ON THE POTENTIALS FOR INJURIES AND THE LONG TERM EFFECTS OF NOT CARING FOR THE BODY. EXAMPLES WOULD INCLUDE HAWK KIDS ONLY TRIATHLON, TYLER SOCCER ASSOCIATION AND EAST TEXAS SPIRIT SOCCER, CHANDLER 5K, AND SUMMER FOOTBALL.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

OTHER PROGRAMS WOULD INCLUDE ASSISTANCE WITH LOCAL BASKETBALL, VOLLEYBALL, FOOTBALL, AND OTHER TRADITIONAL GROUP PROGRAMS WITH NON PROFITS AND SCHOOL DISTRICTS CHILDREN AND LEARNING SKILLS TMF MADE A DECISION TO PARTICIPATE AND LEAD THE WAY ON HELPING TO DEVELOP SKILLS CHILDREN NEED TO LEARN THESE PARTNERSHIPS TOOK THE EMPLOYEES ON SITE TO EDUCATIONAL LOCATIONS AS WELL AS OPTIMIZING PATIENT VISITS AS AN AVENUE TO LEARNING PARTNERS INCLUDED RESPITE CARE PROGRAM, TJC HEALTH PROFESSIONALS, LEADERSHIP TYLER, CHAMBER OF COMMERCE, UTT PRE-NURSING STUDENTS, CHAMPIONS FOR CHILDREN, AND OTHERS EMS SUPPORT TMFHC PROVIDES AT NO COST OR REDUCE RATES TO SCHOOLS, COMMUNITY EVENTS, FESTIVALS, SCHOOL EDUCATION PROGRAMS , SENIOR PROGRAMS, NON-PROFIT FUND RAISING EVENTS, AND SPORTING EVENTS ON SITE EMERGENCY MEDICAL SERVICE INCLUDING BUT NOT LIMITED TO AMBULANCES ON SITE THIS CONTRIBUTION SAVES THE SPONSORING ORGANIZATIONS HUNDREDS IF NOT THOUSANDS OF DOLLARS DEPENDING ON THE LENGTH OF THE EVENT AND THE NUMBER OF PEOPLE WHO REQUEST ASSISTANCE MEDICAL AND FIRST AID COVERAGE TMF PROVIDES AT NO COST TO NON PROFIT ORGANIZATIONS, SCHOOL DISTRICTS, CITIES, COUNTIES, AND OTHER ORGANIZATIONS MEDICAL AND FIRST AID COVERAGE FOR SPECIAL EVENTS THIS CONTRIBUTION SAVES THE SPONSORING ORGANIZATION THE COSTS OF MEDICAL COVERAGE FEES AND PROVIDES ON SITE CARE AT A MUCH LOWER COST FOR MINOR EMERGENCIES AND THE ABILITY TO TRIAGE A PATIENT WITHOUT SENDING THEM TO THE EMERGENCY ROOM FIRST CARE MANAGEMENT FOR DISCHARGED PATIENTS FUNDS ARE UTILIZED AS DESIGNATED BY THE CARE MANAGEMENT DEPARTMENT TO ASSIST PATIENTS WITH CONTINUITY OF CARE NEEDS FROM THE HOSPITAL DISCHARGE TIME THESE FUNDS ARE USED FOR TRANSPORTATION COSTS TO HOME, HOME HEALTH VISITS, DURABLE MEDICAL EQUIPMENT, WALKERS, CRUTCHES, MEDICATIONS, AS WELL AS MINIMAL DAYS IN A SKILLED NURSING HOME RESPITE CARE PROGRAM THE RESPITE CARE PROGRAM PROVIDES SERVICES TO FAMILIES OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS BY HELPING PARENTS CARE FOR THEIR CHILDREN BY EMPOWERING AND SUPPORTING BOTH PARENTS AND SIBLINGS IN BEING THE BEST CAREGIVERS POSSIBLE ROSS BREAST CENTER A MOBILE UNIT COVERS THE SPECIAL EVENTS AND RURAL COMMUNITIES IN A 10 COUNTY AREA THE UNIT PROVIDES SCREENING OPPORTUNITIES, RURAL CLINIC VISITS, AND PUBLIC SITES SUCH AS COMMUNITY, RELIGIOUS, AND BUSINESS EVENTS COMMUNITY NON PROFITS TMF PROVIDES DIRECT FINANCIAL SUPPORT TO NON PROFIT ORGANIZATIONS WITHIN THE REGION TO HELP PROVIDE NEEDED SERVICES TO THE COMMUNITY PRIORITY IS GIVEN TO AGENCIES OR ORGANIZATIONS THAT PROVIDE SUPPORT OR DIRECT HEALTH RELATED SERVICES OR BENEFITS

Name of the organization
MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

Employer identification number
75-0818167

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
SERVICE ORGANIZATION OF NORTH AND EAST TEXAS2950 50TH ST LUBBOCK,TX 79314	260468622	501(C)(3)	1,399,410				CONTRIBUTION
SISTERS OF THE HOLY FAMILY OF NAZARETH800 E DAWSON TYLER,TX 75701	751974678	501(C)(3)	291,472				CONTRIBUTION
TRINITY MOTHER FRANCES HEALTH SYSTEM FOUNDATION1021 E IDEL ST TYLER,TX 75701	752028241	501(C)(3)	79,169				CONTRIBUTION
AMERICAN CANCER SOCIETY INC250 WILLIAMS STREET ATLANTA,GA 30303	131788491	501(C)(3)	14,600				CONTRIBUTION
AMERICAN HEART ASSOCIATION INC777 PENN CENTER BLVD STE 200 PITTSBURGH,PA 15235	135613797	501(C)(3)	15,000				CONTRIBUTION
CANCER FOUNDATION FOR LIFE INCPO BOX 130849 TYLER,TX 75713	752957440	501(C)(3)	25,000				CONTRIBUTION
CATHOLIC CHARITIES-DIOCESE OF TYLERPO BOX 2046 TYLER,TX 75710	202766724	501(C)(3)	60,000				CONTRIBUTION
TYLER JUNIOR COLLEGE 1327 SOUTH BAXTER AVENUE TYLER,TX 75701	756002676	501(C)(3)	18,750				CONTRIBUTION

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

[illegible]

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

[illegible]

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

Employer identification number

75-0818167

Part I

Questions Regarding Compensation

- 1a

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e g , maid, chauffeur, chef)
- 1b

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.
- 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?
- 3

Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee
- 4

During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

4a

Receive a severance payment or change-of-control payment?

4b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- 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:

5a

The organization?

5b

Any related organization?

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:

6a

The organization?

6b

Any related organization?

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.
- 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.
- 9

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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
PARTICIPATION IN OR PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCH J, PART 1, QUESTION 4B	PARTICIPANTS IN SERP REPORTED IN W-2 DEFERRED COMPENSATION ----- LINDSEY BRADLEY 1,275,904 NONE RAY THOMPSON 418,686 386,918 BILL BELLENFANT 279,313 298,127 STEVEN KEUER MD NONE 2,983,696 DAVID TEEGARDEN MD NONE NONE PARTICIPANTS IN 457(F) REPORTED IN W-2 ----- DAVID TEEGARDEN MD NONE STEVEN KEUER MD NONE ROYAL BECKER MD NONE ANDY KIRKPATRICK MD NONE

Software ID:

Software Version:

EIN: 75-0818167

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

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				
RAY THOMPSON	(i)	362,328	133,706	264,478	235,091	7,924	1,003,527	251,212
	(ii)	241,552	89,137	176,319	156,727	5,282	669,017	167,474
LAURA OWEN	(i)	285,415	0	0	4,900	13,669	303,984	
	(ii)	0	0	0	0	0	0	
ROYAL BECKER MD	(i)	0	0	0	0	0	0	
	(ii)	721,461	0	0	4,900	13,162	739,523	
ANDY KIRKPATRICK MD	(i)	0	0	0	0	0	0	
	(ii)	744,102	0	0	4,900	16,420	765,422	
LINDSEY BRADLEY	(i)	359,481	619,757	776,608	2,940	7,924	1,766,711	765,542
	(ii)	239,653	413,172	517,739	1,960	5,282	1,177,806	510,362
BILL BELLENFANT	(i)	239,601	67,276	198,885	181,816	8,983	696,560	167,588
	(ii)	159,734	44,850	132,590	121,211	5,989	464,374	111,725
LEE PORTWOOD	(i)	219,224	30,164	0	4,202	14,665	268,255	
	(ii)	0	0	0	0	0	0	
JOHN WEBB	(i)	188,284	26,005	0	3,622	14,517	232,428	
	(ii)	0	0	0	0	0	0	
JEAN COLEMAN	(i)	430,239	0	0	2,203	6,650	439,092	
	(ii)	0	0	0	0	0	0	
ANDY NAVARRO	(i)	268,341	37,808	0	4,870	14,939	325,958	
	(ii)	0	0	0	0	0	0	
JOYCE HESTER	(i)	180,804	26,242	0	3,667	11,391	222,104	
	(ii)	0	0	0	0	0	0	
M E JACKSON	(i)	185,610	24,723	0	3,444	6,776	220,553	
	(ii)	0	0	0	0	0	0	
MARY DODD	(i)	121,616	18,405	0	2,564	14,245	156,830	
	(ii)	0	0	0	0	0	0	
JEFF HYDE	(i)	163,663	23,469	0	3,279	14,427	204,838	
	(ii)	0	0	0	0	0	0	
CHRIS GLENNEY	(i)	166,364	24,083	0	3,355	14,447	208,249	
	(ii)	0	0	0	0	0	0	
WENDELL ROBERTS	(i)	251,371	35,106	0	0	17,746	304,223	
	(ii)	0	0	0	0	0	0	
RHONDA LONG	(i)	184,641	27,032	0	709	17,460	229,842	
	(ii)	0	0	0	0	0	0	
STEVEN KEUER MD	(i)	0	0	0	0	0	0	
	(ii)	443,927	137,366	14,422	2,988,596	10,950	3,595,261	
DAVID TEEGARDEN MD	(i)	0	0	0	0	0	0	
	(ii)	596,295	244,336	14,102	4,900	10,950	870,583	
TAWONDA FELTON	(i)	334,642	0	0	4,118	5,567	344,327	
	(ii)	0	0	0	0	0	0	
WILLIAM SANDBERG	(i)	266,210	0	0	4,055	5,046	275,311	
	(ii)	0	0	0	0	0	0	
ROSALYN GOOCH	(i)	265,814	0	0	4,077	5,560	275,451	
	(ii)	0	0	0	0	0	0	
NEILL KERR JR	(i)	281,688	0	0	3,773	10,073	295,534	
	(ii)	0	0	0	0	0	0	
NORMAN HANCOCK	(i)	193,077	27,013	0	860	17,056	238,006	
	(ii)	0	0	0	0	0	0	
MARTIN URBAN	(i)	271,035	0	0	3,760	10,096	284,891	
	(ii)	0	0	0	0	0	0	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

Employer identification number
75-0818167

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	TYLER HEALTH FACILITIES DEVELOPMENT CORPORATION	75-0818167	902261GN0	05-16-2007	65,550,000	CAPITAL DEVELOPMENT		X		X
B	TYLER HEALTH FACILITIES DEVELOPMENT CORPORATION	75-0818167	902261GP5	05-16-2007	23,000,000	CAPITAL DEVELOPMENT		X		X
C	TYLER HEALTH FACILITIES DEVELOPMENT CORPORATION	75-0818167	902261FJ0	05-08-2003	59,550,000	CAPITAL DEVELOPMENT		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	73,645,127		25,294,551		68,922,000					
2	Gross proceeds in reserve funds	6,520,505		2,465,500		6,039,000					
3	Proceeds in refunding or defeasance escrows	65,322,821				43,715,000					
4	Other unspent proceeds										
5	Issuance costs from proceeds	722,848		291,306		640,000					
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion	2006		2006							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X	X					
10	Were the bonds issued as part of an advance refunding issue?	X			X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV

Arbitrage

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

Employer identification number

75-0818167

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?	
				Yes	No
CATHERINE BRADLEY	OFFICER BRADLEY IS FAMILY	64,494	SALARIES/WAGES		No
TYLER CARDIOVASCULAR CONSULTANTS	DIR SANFORD IS PARTNER	325,953	RENT & CONSULTING SERVICES		No

Additional Data

Software ID:

Software Version:

EIN: 75-0818167

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133005241

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER	Employer identification number 75-0818167
---	--

Identifier	Return Reference	Explanation
DESCRIBE REVIEW PROCESS OF FORM 990	FORM 990, PART VI, QUESTION 11A	THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE FORM 990 ONCE PREPARED, THE FORM IS REVIEWED BY THE ORGANIZATION'S INTERNAL ACCOUNTANTS PRIOR TO FILING

Identifier	Return Reference	Explanation
DESCRIBE THE ORGANIZATION'S MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	TRINITY MOTHER FRANCES HEALTH SYSTEM IS THE SOLE MEMBER OF MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

Identifier	Return Reference	Explanation
MEMBERS WITH AUTHORITY TO ELECT MEMBERS OF GOVERNING BOARD	FORM 990, PART VI, QUESTION 7A	THE MEMBER HAS THE AUTHORITY TO APPOINT ALL DIRECTORS OF THE GOVERNING BOARD

Identifier	Return Reference	Explanation
DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY MEMBER	FORM 990, PART VI, QUESTION 7B	THE MEMBER HAS THE RIGHT TO APPROVE OR DISAPPROVE CERTAIN ACTIONS THAT HAVE BEEN PREVIOUSLY APPROVED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
HOW DOES THE ORGANIZATION MONITOR AND ENFORCE COMPLIANCE WITH POLICY	FORM 990, PART VI, QUESTION 12C	THE BOARD REVIEWS AND RESOLVES, IF NECESSARY , ANY TRANSACTIONS AS THEY ARISE THROUGHOUT THE YEAR IN ACCORDANCE WITH PRESCRIBED STANDARDS

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF CEO, OFFICERS, OR KEY EMPLOYEES	FORM 990, PART VI, QUESTIONS 15A & 15B	THE ORGANIZATION USES COMPENSATION CONSULTANTS AND NATIONAL COMPENSATION SURVEYS TO DETERMINE COMPENSATION OF EMPLOYEES COMPENSATION IS APPROVED BY THE ORGANIZATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
DESCRIBE WHETHER THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO PUBLIC	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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

Identifier	Return Reference	Explanation
AVERAGE HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII	AVG HOURS WORKED FOR RELATED ORG LINDSEY BRADLEY 31 RAY THOMPSON 22 BILL BELLEFANT 32 STEVEN KEUER MD 31 DAVID TEEGARDEN MD 31 ROYAL BECKER MD 31 ANDY KIRKPATRICK MD 30

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER	
Employer identification number 75-0818167	

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHAMPION EMERGENCY SERVICES LLC 2201 S MOBBERLY AVE LONGVIEW, TX 75602 75-2747708	AMBULANCE SVC	TX	501(C)(3)	11	NA
MOTHER FRANCES HOSPITAL- JACKSONVILLE 1021 E IDEL TYLER, TX 75701 75-1976930	HOSPITAL	TX	501(C)(3)	3	NA
TRINITY MOTHER FRANCES HEALTH SYSTEM FDN 1021 E IDEL TYLER, TX 75701 75-2028241	SUPPORT	TX	501(C)(3)	11	NA
REGIONAL MEDICAL SERVICES ASSOCIATION 1021 E IDEL TYLER, TX 75701 75-2511459	HEALTHCARE	TX	501(C)(3)	3	NA
TRINITY MOTHER FRANCES HEALTH SYSTEM 1021 E IDEL TYLER, TX 75701 75-2616975	HEALTHCARE	TX	501(C)(3)	11	NA
TRINITY CLINIC 1021 E IDEL TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	NA
MOTHER FRANCES HOSPITAL- WINNSBORO 1021 E IDEL TYLER, TX 75701 75-2771569	HOSPITAL	TX	501(C)(3)	3	NA

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
TYLER RADIATION EQUIP LEASING LLC											
10101 WOODLOCH FOREST DRIVE THE WOODLANDS, TX77380 26-2554738	EQUIP LEASING	TX	NA	INVESTMENT	-433,159	1,789,345		No	-433,159		No
HEALTHSOUTH REHAB HOSPITAL											
3660 GRANDVIEW PKWY SUITE 200 BIRMINGHAM, AL35243 25-1675784	REHABILITATION	AL	NA	INVESTMENT	5,204,135	1,641,571		No			No

Part IV

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

(a) 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
See Additional Data Table							

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

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)		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

Software ID:

Software Version:

EIN: 75-0818167

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CHAMPION EMERGENCY SERVICES LLC 2201 S MOBBERLY AVE LONGVIEW, TX75602 75-2747708	AMBULANCE SVC	TX	501(C)(3)	11	NA
MOTHER FRANCES HOSPITAL- JACKSONVILLE 1021 E IDEL TYLER, TX75701 75-1976930	HOSPITAL	TX	501(C)(3)	3	NA
TRINITY MOTHER FRANCES HEALTH SYSTEM FDN 1021 E IDEL TYLER, TX75701 75-2028241	SUPPORT	TX	501(C)(3)	11	NA
REGIONAL MEDICAL SERVICES ASSOCIATION 1021 E IDEL TYLER, TX75701 75-2511459	HEALTHCARE	TX	501(C)(3)	3	NA
TRINITY MOTHER FRANCES HEALTH SYSTEM 1021 E IDEL TYLER, TX75701 75-2616975	HEALTHCARE	TX	501(C)(3)	11	NA
TRINITY CLINIC 1021 E IDEL TYLER, TX75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	NA
MOTHER FRANCES HOSPITAL- WINNSBORO 1021 E IDEL TYLER, TX75701 75-2771569	HOSPITAL	TX	501(C)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
TRI-STATE FINANCIAL LLC 1021 E IDEL TYLER, TX75701 75-2728318	COLLECTION AGENCY	TX	NA	C-CORPORATION	0	0	0 %
TRINCARE INC 1021 E IDEL TYLER, TX75701 75-2161369	MANAGEMENT SVCS	TX	NA	C-CORPORATION	0	0	0 %
HEALTHPLAN OF TEXAS INC 514 S BECKHAM TYLER, TX75701 75-2636832	THIRD PARTY ADMIN	TX	NA	C-CORPORATION	0	0	0 %
THE REGIONAL HEALTHCARE ALLIANCE 1021 E IDEL TYLER, TX75701 75-2484109	PREFER PROVIDER	TX	NA	C-CORPORATION	0	0	0 %
TEXAS HEALTH FACILITIES INSUR CORP LTD PO Box 1109 BWI GRAND CAYMAN CJ 98-0136025	INSURANCE	CJ	NA	C-CORPORATION	142,750	189,972	100 000 %
CONCORDIUM SERVICES INC 1021 E IDEL TYLER, TX75701 70-2811022	INACTIVE	TX	NA	C-CORPORATION	0	0	0 %
EMPLOYERS SERVICES INC 1021 E IDEL TYLER, TX75701 75-2602556	INACTIVE	TX	NA	C-CORPORATION	0	0	0 %
HERITAGE HEALTH PLANS OF TX INC 1021 E IDEL TYLER, TX75701 75-2622622	INACTIVE	TX	NA	C-CORPORATION	0	0	0 %
QUALITY CARE ALLIANCE 1021 E IDEL TYLER, TX75701 75-2662965	INACTIVE	TX	NA	C-CORPORATION	0	0	0 %

TY 2009 Itemized Other Current Assets
Schedule

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

EIN: 75-0818167

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Prepaid Expenses	5,726	6,482

TY 2009 Other Deductions Schedule

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER

EIN: 75-0818167

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT FEES		26,469
BANK CHARGES		70
GOVERNMENT & LICENSE FEES		10,707
DIRECTORS FEES		75,000
REGISTERED OFFICE FEES		1,500
TELEPHONE, FAX, PRINT, & COURIER		926

TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: MOTHER FRANCES HOSPITAL REGIONAL HEALTH
CARE CENTER
EIN: 75-0818167

Description	Beginning Amount	Ending Amount
CONTRIBUTED SURPLUS	289,712	432,462

MOTHER FRANCES HOSPITAL REGIONAL HEALTH
EIN: 75-0818167
TAX YEAR: 2009

ATTACHMENT TO FORM 5471
EXPLANATION OF EARNINGS & PROFITS RESTATEMENT

EARNINGS & PROFITS HAVE BEEN RESTATED ON THIS YEAR'S 5471 IN ORDER TO CORRECT AN ERROR MADE ON PRIOR YEAR FILINGS. SHARES PREMIUM AND CONTRIBUTED SURPLUS WERE MISTAKENLY REPORTED AS RETAINED EARNINGS AND E&P. THE MISTAKE WAS FOUND THIS YEAR AND THE PRESENTATION OF THE BALANCE SHEET AND SCHEDULE J HAS BEEN CORRECTED.