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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2014  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Texas Health Resources % DAVID JACKSON Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 612 E Lamar Blvd City or town, state or province, country, and ZIP or foreign postal code Arlington, TX 76011	<b>D</b> Employer identification number 75-2702388 <b>E</b> Telephone number (682) 236-7900 <b>G</b> Gross receipts \$ 1,829,514,539
<b>F</b> Name and address of principal officer Barclay Berdan 612 E Lamar Blvd Arlington, TX 76011		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ texashealth.org		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1997 <b>M</b> State of legal domicile TX

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities Through its affiliates, THR operates an integrated healthcare system with services and facilities throughout north central texas to improve healthcare			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17	
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15	
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	3,363	
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	928,107	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,459,689	
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	329,765	1,114,693
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	503,688,986	596,809,071
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	210,272,366	266,958,695
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	4,037,672	3,731,780
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	718,328,789	868,614,239
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>	519,625	407,950
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	223,442,988	246,941,832
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>17</b>	208,644,688	257,486,019
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	432,607,301	504,835,801
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<b>19</b>	285,721,488	363,778,438
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	3,778,224,317	4,373,662,531
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	2,972,008,605	3,221,049,836
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	<b>22</b>	806,215,712	1,152,612,695

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2015-11-13 Date
	Rick McWhorter Assistant Secretary Type or print name and title	

<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name Diane L Bean	Preparer's signature Diane L Bean	Date	Check <input type="checkbox"/> if self-employed	PTIN P00104972
	Firm's name ▶ ERNST & YOUNG LLP US			Firm's EIN ▶	
	Firm's address ▶ 800 YARD STREET STE 200 GRANDVIEW HEIGHTS, OH 43212			Phone no (614) 224-5678	

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission  
THROUGH ITS AFFILIATES, THR OPERATES AN INTEGRATED HEALTHCARE SYSTEM WITH SERVICES AND FACILITIES THROUGHOUT NORTH CENTRAL TEXAS to improve the health of the people in the communities they serve

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 504,835,801 including grants of \$ 407,950 ) (Revenue \$ 598,562,205 )  
Founded in 1997, Texas Health Resources (THR) provides direction and oversight to its wholly-controlled affiliates. The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, business development, insurance, treasury, marketing, general accounting, and strategic planning. THR operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals. THR also operates, manages and coordinates physician services through Texas Health Physicians Group (THPG), a wholly owned affiliate of THR. THPG is a network of primary and specialty care physician practices providing the north Texas area community access to quality health care delivered either through an office setting or through a hospital program.

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

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

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

**4e Total program service expenses** 504,835,801

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a The governing body? . . . . .	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No


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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	b Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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 made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 DAVID JACKSON  
 612 E LAMAR BLVD  
 Arlington, TX 76011 (682) 236-7900

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

Check if Schedule O contains a response or note to any line in this Part VII  

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

<b>1b</b> Sub-Total . . . . .			
<b>c</b> Total from continuation sheets to Part VII, Section A . . . . .			
<b>d</b> Total (add lines 1b and 1c) . . . . .	27,797,213	1,817,925	3,591,849

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **398**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Ridgmont Company, 1520 W Walnut Hill Ln IRVING, TX 75038	Construction	10,820,289
One Southwest Media Group, 2100 Ross Ave 3000 DALLAS, TX 75201	Advertising	9,815,405
Microsoft Services, 1 Microsoft Way REDMOND, WA 98052	Software Services	7,410,587
Perficient Inc, 520 Maryville Center Drive 400 ST LOUIS, MO 63141	Staffing	6,208,571
Skiles Group, PO Box 743636 DALLAS, TX 75374	Construction	6,091,676

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **266**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	1,114,693				
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	1,114,693				
<b>Program Service Revenue</b>	<b>2a</b>	MANAGEMENT FEE	622110	438,613,163	438,423,167	189,996	
	<b>b</b>	JV ACTIVITY	622110	99,370,380	99,646,186	-275,806	
	<b>c</b>	RENTAL FEE	531310	58,712,851	58,712,851		
	<b>d</b>	EDUCATION REVENUE	611430	112,677	112,677		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		596,809,071			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		58,178,541		58,178,541	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		202,484		202,484	
	<b>6a</b>	Gross rents	(i) Real	848,013			
			(ii) Personal				
			<b>b</b> Less rental expenses	77,112			
			<b>c</b> Rental income or (loss)	770,901	0		
	<b>d</b>	Net rental income or (loss) . . . . .		770,901	10,206	760,695	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,169,593,185			
			(ii) Other		10,157		
			<b>b</b> Less cost or other basis and sales expenses	960,418,311	404,877		
			<b>c</b> Gain or (loss)	209,174,874	-394,720		
	<b>d</b>	Net gain or (loss) . . . . .		208,780,154		208,780,154	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue		Business Code					
<b>11a</b>	TELECOMMUNICATIONS	517919	1,490,249	486,538	1,003,711		
<b>b</b>	REBATE	900099	1,093,902	1,093,902			
<b>c</b>	FITNESS CENTER	713940	76,931	76,931			
<b>d</b>	All other revenue . . . . .		97,313	95,763		1,550	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,758,395				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		868,614,239	598,648,015	928,107	267,923,424	

**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)

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	397,950	397,950		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	10,000	10,000		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	27,788,801	27,788,801	0	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	181,815,214	181,815,214		
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,626,002	8,626,002		
<b>9</b>	Other employee benefits . . . . .	15,021,087	15,021,087		
<b>10</b>	Payroll taxes . . . . .	13,690,728	13,690,728		
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	5,616,769	5,616,769		
<b>b</b>	Legal . . . . .	2,206,391	2,206,391		
<b>c</b>	Accounting . . . . .	2,149,366	2,149,366		
<b>d</b>	Lobbying . . . . .	393,610	393,610		
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	10,107,739	10,107,739		
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	57,398,527	57,398,527		
<b>12</b>	Advertising and promotion . . . . .	14,071,133	14,071,133		
<b>13</b>	Office expenses . . . . .	7,881,582	7,881,582		
<b>14</b>	Information technology . . . . .	53,850,873	53,850,873		
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	26,029,224	26,029,224		
<b>17</b>	Travel . . . . .	1,760,585	1,760,585		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,951,862	1,951,862		
<b>20</b>	Interest . . . . .	13,514,992	13,514,992		
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	42,740,266	42,740,266		
<b>23</b>	Insurance . . . . .	311,962	311,962		
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	REPAIRS & MAINTENANCE	6,714,120	6,714,120		
<b>b</b>	UNEXPECTED EVENT RESPONSE	4,688,420	4,688,420		
<b>c</b>	LICENSE/DUES	3,031,891	3,031,891		
<b>d</b>	SUPPLIES	2,210,148	2,210,148		
<b>e</b>	All other expenses	856,559	856,559		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	504,835,801	504,835,801	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	19,169,864	<b>1</b>	11,669,929
	<b>2</b> Savings and temporary cash investments . . . . .	254,832,140	<b>2</b>	384,799,853
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	42,078,408	<b>4</b>	57,529,912
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	7,801,425	<b>5</b>	4,367,785
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	6,912,711	<b>7</b>	6,115,813
	<b>8</b> Inventories for sale or use . . . . .	4,466,627	<b>8</b>	4,923,112
	<b>9</b> Prepaid expenses and deferred charges . . . . .	37,401,837	<b>9</b>	39,765,603
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 865,827,408		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 432,262,577	423,276,701	<b>10c</b> 433,564,831
	<b>11</b> Investments—publicly traded securities . . . . .	2,695,860,111	<b>11</b>	3,116,799,259
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	139,660,365	<b>13</b>	194,646,932
	<b>14</b> Intangible assets . . . . .	67,760,549	<b>14</b>	71,071,336
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	79,003,579	<b>15</b>	48,408,166
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,778,224,317	<b>16</b>	4,373,662,531	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	191,199,275	<b>17</b>	191,592,315
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	616,248
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,297,496,174	<b>20</b>	1,269,388,697
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	185,893,558	<b>23</b>	174,185,466
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	24,305,180
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,297,419,598	<b>25</b>	1,560,961,930
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,972,008,605	<b>26</b>	3,221,049,836
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	806,215,712	<b>27</b>	1,152,612,695
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	806,215,712	<b>33</b>	1,152,612,695	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,778,224,317	<b>34</b>	4,373,662,531	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	868,614,239
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	504,835,801
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	363,778,438
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	806,215,712
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-15,132,241
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	50,690
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-2,299,904
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,152,612,695

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</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		

**Additional Data**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Bass Anne ..... Chairman	3 0 ..... 0 0	X						216	0	0
(1) Beavers DMin Jay ..... Trustee	3 0 ..... 0 0	X						0	0	0
(2) Bloemendal MD FACS Lee ..... Trustee	3 0 ..... 0 0	X						0	0	0
(3) Curnutt Mary ..... Trustee	3 0 ..... 0 0	X						0	0	0
(4) Ferguson III John ..... Vice Chairman	3 0 ..... 0 0	X						0	0	0
(5) Greene Richard ..... Trustee	3 0 ..... 0 0	X						0	0	0
(6) Hagar III Joseph ..... Trustee	3 0 ..... 0 0	X						0	0	0
(7) Hunt Hunter ..... Trustee	3 0 ..... 0 0	X						0	0	0
(8) Jarvis Feliz ..... Trustee	3 0 ..... 0 0	X						0	0	0
(9) Nunez MD Ignacio ..... Trustee	3 0 ..... 0 0	X						71,700	0	0
(10) Roberts Leonard ..... Immediate Past Chair	3 0 ..... 0 0	X						0	0	0
(11) Stripling MD Dennis ..... Trustee	3 0 ..... 0 0	X						0	0	0
(12) Tatum Stephen ..... Trustee	3 0 ..... 0 0	X						0	0	0
(13) Turner Wesley ..... Trustee	3 0 ..... 0 0	X						0	0	0
(14) Vigness MD Richard ..... Trustee	3 0 ..... 0 0	X						16,000	0	0
(15) Wilder Jr Charles ..... Trustee	3 0 ..... 0 0	X						0	0	0
(16) Wynne James ..... Trustee	3 0 ..... 0 0	X						0	0	0
(17) HawthorneDouglas D ..... FOUNDING CEO EMERITUS	40 0 ..... 2 0			X				2,470,273	0	70,486
(18) BerdanBarclay E ..... CHIEF EXECUTIVE OFFICER	40 0 ..... 2 0			X				1,755,695	0	120,756
(19) LongRonald R ..... EVP RSRC DEVL & DEPLOY & CFO	40 0 ..... 2 0			X				1,095,629	0	291,996
(20) AmparanOscar L ..... EVP ZONE OPERATIONS LEADER	40 0 ..... 2 0			X				1,050,594	0	34,639
(21) CanoseJeffrey L ..... EVP SR & COO THR	40 0 ..... 2 0			X				1,004,461	0	245,457
(22) VargaDaniel W ..... EVP SR & CHIEF CLINICAL OFFICE	40 0 ..... 2 0			X				960,300	0	100,232
(23) BellBonnie L ..... EVP PEOPLE & CULTURE	40 0 ..... 0 0			X				917,751	0	40,218
(24) SchollJonathan Wade ..... EVP CHIEF STRATEGY OFFICER	40 0 ..... 0 0			X				870,802	0	232,388

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) BoesCharles ..... EVP GENERAL COUNSEL/Secretary	40 0 ..... 2 0			X				829,540	0	65,269
(1) LesterMark C ..... EVP ZONE CLINICAL LEADER	40 0 ..... 2 0			X				775,331	0	61,416
(2) BerenzweigHarold K ..... EVP ZONE CLINICAL LEADER	40 0 ..... 2 0			X				771,155	0	67,236
(3) McClungBrett S ..... EVP ZONE OPERATIONS LEADER	40 0 ..... 2 0			X				759,316	0	185,299
(4) RansomElizabeth ..... EVP ZONE CLINICAL LEADER	40 0 ..... 2 0			X				757,119	0	68,380
(5) NguyenTricia H ..... EVP Popltn Hlth Mgmt/Pres Inst	20 0 ..... 20 0			X				604,114	0	77,797
(6) McWhorterRicky E ..... SVP FINANCE/ Asst Secretary	40 0 ..... 2 0			X				549,781	0	117,891
(7) KramerKenneth J ..... SVP ASSOC GEN COUNSEL/Asst Sec	40 0 ..... 2 0			X				489,232	0	125,927
(8) James Kirk King ..... THAM President/EVP	0 0 ..... 40 0			X				0	742,634	165,124
(9) MimsKrystal ..... SVP CARE CONTINUUM & COLLABORA	40 0 ..... 0 0				X			700,644	0	73,417
(10) MarxEdward ..... SVP CHIEF INFO OFFICER	40 0 ..... 0 0				X			682,015	0	41,529
(11) VelascoFerdinand T ..... SVP & CHIEF HLTH INFO OFFICER	40 0 ..... 0 0				X			625,516	0	159,916
(12) Shinkus ClarkJoan Frances ..... SVP CHIEF NURSING EXECUTIVE	40 0 ..... 0 0				X			565,318	0	43,889
(13) RoperJack R ..... SVP FINANCE	40 0 ..... 0 0				X			559,762	0	17,195
(14) GaidaJohn B ..... SVP SUPPLY CHAIN MGMT	40 0 ..... 0 0				X			558,002	0	54,045
(15) KirbyMichelle Riddle ..... SVP CHIEF PEOPLE OFFICER	40 0 ..... 0 0				X			536,586	0	52,667
(16) HarveyGayla Dawn ..... SVP FINAN / CHIEF REV OFFICER	40 0 ..... 0 0				X			516,595	0	30,127
(17) LogsdonJames D ..... VP REVENUE CYCLE OPERATIONS	40 0 ..... 0 0				X			508,549	0	108,131
(18) AndersonSusan Elaine ..... SVP & CHIEF COMPLIANCE OFFICER	40 0 ..... 0 0				X			504,105	0	34,824
(19) TesmerDavid J ..... SVP COMMUN ENGAG & ADVOCACY TH	40 0 ..... 0 0				X			502,171	0	53,140
(20) SaldanaLuis Eduardo ..... CMIO	40 0 ..... 0 0				X			479,851	0	36,905
(21) HolmesKevin B ..... SVP REAL ESTATE DEVL & DEPLOY	40 0 ..... 0 0				X			465,683	0	58,645
(22) BrowningDouglas ..... GRP FINAN OFFICER THPR	40 0 ..... 0 0				X			463,316	0	21,511
(23) JonesRobert Douglas ..... SVP TREASURER/CHIEF INVEST OFF	40 0 ..... 0 0				X			458,440	0	52,536
(24) PearsonGeorge ..... SVP MED STF AFFRS PHYS RLTHS	25 0 ..... 15 0				X			455,387	0	47,562

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(51) MitchellJohn D SVP BUSINESS DEVELOPMENT	40 0 0 0				X			451,214	0	52,482
(1) SzablowskiPaul A SVP COMMUNICATION & IMAGE	40 0 0 0				X			402,249	0	34,377
(2) HayDebra Ann CHIEF NURSING OFFICER THPR	40 0 0 0				X			390,991	0	22,885
(3) GerbigLinda Mary SVP PERF IMPROV & QUAL OUTCOME	40 0 0 0				X			388,569	0	33,820
(4) SchornickAmy C VP PAYOR RLTN & CONTRACTING	40 0 0 0					X		386,199	0	39,796
(5) EdwardsCarol Susan SVP HEART & VASCULAR SVC LINE	40 0 0 0					X		373,120	0	32,318
(6) JacksonDavid W VP CORPORATE CONTROLLER	40 0 0 0					X		368,103	0	26,132
(7) SullivanJon M VP REAL ESTATE OPS	40 0 0 0					X		363,756	0	44,867
(8) HaganPaula VP ASST GENERAL COUNSEL	40 0 0 0					X		342,063	0	24,984
(9) Berrett Britt Former Officer	0 0 40 0						X	0	636,361	286,585
(10) Peterson Lisa Kaye Former Officer	0 0 40 0						X	0	438,930	37,053



**SCHEDULE A**  
(Form 990 or 990EZ)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Texas Health Resources

**Employer identification number**  
75-2702388

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

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

- 1  A church, convention of churches, or association of churches described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . **1 8**
  - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
<b>Total 18</b>					0	

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	Yes	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . . _____			
<b>b</b> From 2010. . . . . _____			
<b>c</b> From 2011. . . . . _____			
<b>d</b> From 2012. . . . . _____			
<b>e</b> From 2013. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . . _____			
<b>b</b> From 2011. . . . . _____			
<b>c</b> From 2012. . . . . _____			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
Supported Organizations - Part IV, Section A, Line 1	The governing documents of Texas Health Resources (THR) do not list all
Working Relationship-Part IV, Section D, Lines 2&3	THR is the controlling "parent" organization of a large health care
Officer/Board Appointments-Part IV, Section E, Line 3a	THR must approve all board members and officers of each entity in the THR
Substantial Direction -Part IV, Section E, Line 3b	See Response to Schedule A, Part VI, Section D, Lines 2 & 3
Additional Support - Part IV, Section A, Line 6	Texas Health Resources (THR) provides minimal support to various national
Substantial Direction-Part IV, Section E, Line 3b	As discussed in detail in the explanation to Schedule A, Part IV, Section



**Additional Data**

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

**Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	750972805	03	Yes		0	26,598,781
(A) TEXAS HEALTH HARRIS METHODIST HOSPITAL ALLIANCE	451502252	03		No	0	9,256,191
(B) TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	751748586	03		No	0	3,549,646
(C) TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	751977850	03		No	0	7,681,976
(D) TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH	756001743	03	Yes		0	83,895,439
(E) TEXAS HEALTH HARRIS METHODIST HOSPITAL HEB	751438726	03		No	0	29,347,782
(F) TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST	752678857	03		No	0	28,913,775
(G) TEXA HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE	751752253	03		No	0	5,591,732
(H) TEXAS HEALTH PHYSICIANS GROUP	752613493	09		No	0	5,612,953
(I) TEXAS HEALTH RESOURCES FOUNDATION	752022128	07		No	0	275,310
(J) TEXAS HEALTH PRESBYTERIAN HOPSITAL ALLEN	752890358	03		No	0	9,052,553
(K) TEXAS HEALTH PRESBYTERIAN HOPSITAL DALLAS	751047527	03	Yes		0	70,315,796
(L) TEXAS HEALTH PRESBYTERIAN HOPSITAL DENTON	432008974	03		No	0	20,372,266
(M) TEXAS HEALTH PRESBYTERIAN HOPSITAL KAUFMAN	752771437	03		No	0	4,039,252
(N) TEXAS HEALTH PRESBYTERIAN HOPSITAL PLANO	752770738	03		No	0	44,552,509

**Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) TEXAS HEALTH RESEARCH & EDUCATION INSTITUTE	752562191	04		No	0	202,128
(A) TEXAS HEALTH HARRIS METHODIST SPECIALTY HOSPITAL	751648589	03		No	0	1,119,934
(B) TEXAS HEALTH OUTPATIENT SURGICAL CENTER ALLIANCE	800800294	03		No	0	484,012

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Texas Health Resources

Employer identification number

75-2702388

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		3,551
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		140,743
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,278,532
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			1,422,826
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Additional Information	Texas Health Resources (THR) is the parent organization for a healthcare system consisting of hospitals and other related healthcare organizations. The amount of expenses paid, or incurred in connection with lobbying activities reported on this return represent the expenses incurred on behalf of THR and all its affiliates. Total expenses for the system were \$3,751,163,350 for the year ended December 31, 2014. Of this amount \$1,421,455 (0.379%) is used in connection with lobbying activities. Officers and/or Board members of THR may, to an insubstantial degree, make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities that THR serves. In pursuing this activity, officers and/or Board members may engage in conversations and/or write letters to various federal, state, and local officials regarding such matters. A portion of the dues paid to the American Hospital Association and Texas Hospital Association are used by these organizations to support lobbying activities. The amount of time and money involved in the activities described above is negligible. In no case has either THR, or any person acting on behalf of THR, intervened in any political campaign.

**Part IV** Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Texas Health Resources

Employer identification number 75-2702388

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for art and historical treasures.

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

**3** Using the organization's acquisition, 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 XIII

**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 XIII and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		63,054,034		63,054,034
<b>b</b> Buildings . . . . .		224,163,504	152,149,992	72,013,512
<b>c</b> Leasehold improvements . . . . .		172,401,603	40,379,342	132,022,261
<b>d</b> Equipment . . . . .		360,054,417	239,733,243	120,321,174
<b>e</b> Other . . . . .		46,153,850		46,153,850
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				433,564,831



**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	1,323
See Additional Data Table	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	1,560,961,930

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

**Part XIII** Supplemental Information (*continued*)

Return Reference	Explanation

## Additional Data

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

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

1	(a) Description of Liability	(b) Book Value
	SECURITY DEPOSIT	25,832
	TRUSTEE FUNDS-SUPP RETIREMENT	3,235,233
	TRUSTEE FUNDS-CAA	376,774
	POST RETIREMENT BENEFITS	5,606,251
	UNAMORTIZED RENT	2,502,023
	OTHER LIABILITIES	7,022,914
	ASSET RETIREMENT OBLIGATION	1,574,072
	MALPRACTICE TRUST RESERVE	30,503,168
	INTERCOMPANY PAYABLE	1,461,814,542
	FMW SWAP AGREEMENT	3,847,368
	MINORITY INTEREST	44,452,430

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

**Employer identification number**

75-2702388

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**


**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Central America and the Caribbean			Investments		200,000
( 2 ) Central America and the Caribbean		9	Send agents to seminar	captive insurance	6,318
( 3 ) Central America and the Caribbean		9	Conduct board meetings	captive insurance	7,162
( 4 ) Sub-Saharan Africa		4	Program Services	Medical School	24,802
( 5 )					
<b>3a</b> Sub-total		22			238,282
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)		22			238,282

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

**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.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-2702388

**Name:** Texas Health Resources

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### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2014

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Texas Health Resources

Employer identification number 75-2702388

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
3b Did the organization use FPG as a factor in determining eligibility for providing discounted care?
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c 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?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Government Programs and Other Benefits.

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			39,371		39,371	0.020 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			353,700		353,700	0.170 %
<b>9</b> Other						
<b>10 Total</b>			393,071		393,071	0.190 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	Yes	
<b>2</b>	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .		
<b>3</b>	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	52,277,662
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	53,324,667
<b>7</b>	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-1,047,005
<b>8</b>	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

<b>9a</b>	Did the organization have a written debt collection policy during the tax year? . . . . .	Yes
<b>9b</b>	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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 %
<b>1</b> See Additional Data Table				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**7**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Rockwall Regional Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>texashealthrockwall.com/community-health</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

Rockwall Regional Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

Rockwall Regional Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Physicians Medical Center LLC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 2

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www thdcs com/about</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www texashealth org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www texashealth org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



**Part V Facility Information** *(continued)*

Physicians Medical Center LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

Physicians Medical Center LLC

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Southlake Specialty Hospital LLC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 3

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

Southlake Specialty Hospital LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

Southlake Specialty Hospital LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Flower Mound Hospital Partners

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 4

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.texashealthflowermound.com/community</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

Flower Mound Hospital Partners

**Name of hospital facility or letter of facility reporting group****Yes No****Financial Assistance Policy (FAP)**

Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

Flower Mound Hospital Partners

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No



**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 USMD Hospital at Arlington

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 5

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b>	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 USMD Hospital at Fort Worth

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 6

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b> Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b> <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** *(continued)*

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Sherman Grayson Health System

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 7

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	Yes	
<b>a</b>	If "Yes" (list url) <u>www.texashealth.org/chna</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

Sherman Grayson Health System

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		



**Part V Facility Information** *(continued)*

Sherman Grayson Health System

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 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 financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.)
- 6 Affiliated health care system.** 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
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Patient Eligibility	Part I, Line 3c The Schedule H for Texas Health Resources ("THR") is filed solely because it has an ownership interest in 7 taxable joint ventures operating as hospitals. THR is a functionally integrated supporting organization and does not operate its own hospital. THR supports a system of faith-based, non-profit hospitals, an employed physician organization and an organization for medical research and education. THR has adopted a charity care policy which covers all 14 non-profit hospitals it supports. Patients with family income above 200% of applicable FPG who have unpaid medical bills exceeding a specified percentage of the patient's annual gross income, as determined on a sliding scale based on FPG, may be deemed medically indigent and eligible for charity care. The patient may be eligible for a charity adjustment up to 100% of the unpaid balance of their hospital bill in excess of a specified "patient responsible amount" if the patient has insufficient funds/assets to pay his hospital bill without incurring an undue financial hardship. The patient responsible amount is based on a percentage of the patient's annual income in relation to FPG. A determination as to whether or not a patient has insufficient funds and/or assets to pay for purposes of determining both financial and medical indigence is made at the time a patient's charity care application is reviewed. Assets considered when determining eligibility include cash, stocks, bonds and other financial assets that can be readily converted to cash. An additional process to screen for charity patients using publicly available financial information is also in place for patients not submitting a charity care application.

Form and Line Reference	Explanation
Cost to Charge Ratio	Part I, Ln 7 A cost to charge ratio is used in computing the amounts reported in Lines 7a-7c. The amounts reported on Lines 7e-7i were obtained using direct costs, as determined by a cash outlay or, in the case of reporting employee volunteer hours, by using an average national volunteer wage rate.

Form and Line Reference	Explanation
Bad Debt Expense	Part III, Lines 2, 3 & 4 Bad debt expense is not included as a community benefit for purposes of reporting community benefits to Texas. We treat each patient qualifying for charity care as a charity patient and no charges related to that patient are included in bad debt expense. Each of the Joint Venture hospitals estimates bad debt expense utilizing various methods, analytical tools and benchmarks. Typically, bad debt expense is based upon a combination of factors including, but not limited to, aging of receivables, analyzing revenue trends in the healthcare industry and payor class, and assessing historical collection experience considering business and economic conditions.

Form and Line Reference	Explanation
Medicare Shortfall	Part III, Ln 8 The state of Texas treats any Medicare shortfall as a community benefit for meeting the state statutory requirements for charity care & community benefit For state purposes, the shortfall is computed by comparing actual Medicare reimbursements with the estimated cost the hospital incurs in providing these services to Medicare patients Cost is determined by applying a cost-to-charge ratio (with costs determined in accordance with generally accepted accounting principles) to billed charges THR is the parent company of a healthcare system filing a combined community benefit report in Texas THR is not a hospital and does not have Medicare data to report to Texas The data provided for Sch H is THR's share of operations from its taxable joint ventures which operate hospitals in Texas The taxable joint ventures are not required to file community benefit reports with or report Medicare Shortfalls to the State of Texas

Form and Line Reference	Explanation
Debt Collection	Part III, Line 9b During the year, standard collection procedures were in place and uniformly applicable to all patient accounts. Except to the extent a patient receives a recovery from any third party or other source, no attempts are made to collect unpaid charges from patient accounts approved for adjustment under the Charity Care Program.



Form and Line Reference	Explanation
Needs Assessment	<p>Part VI, Line 2 The organization is the parent of the Texas Health Resources (THR) healthcare system. In addition to the THR hospitals' community Health Needs Assessment (CHNA), THR developed and implemented, as a healthcare system, a Community Benefit Framework (CBF), based on the Public Health Institute's best practices ASACB program. The CBF systematically integrates internal practices into the community to improve the efficiency and effectiveness of THR's community health improvement (CHI) strategy, to address disproportionate unmet health needs (DUHN), to address primary prevention and to improve community capacity. CBF provides a quantitative approach to parallel the CHNA in identifying key communities within THR's service area, and the means to align them with a THR entity. The CBF contains five phases: assessment/profile, infrastructure, Community Health Council, programmatic review and strategy development. THR works with each entity's community health representative to examine its structure and programs for gaps, needs, strengths, and alignment with the CBF, CHNA and ASACB standards.</p>

Form and Line Reference	Explanation
Community Information	Part VI, Line 4 Texas Health Resources does not operate its own hospital, but has ownership in 7 joint ventures operating as hospitals. The joint ventures operate hospitals in various communities throughout North Texas. The communities served by the hospitals vary in age and race. The population of the communities range from 129,000 to 1.3 million and the percentage of the population in these communities who are uninsured varies from 13% to 22.5%. The median income of the communities served by the hospitals ranges from \$42,000 to \$84,000.

Form and Line Reference	Explanation
Promotion of Community Health	Part VI, Line 5 Each of the Joint Venture hospitals further THR's exempt purpose by promoting the health of the community by following THR's charity care policy, by conducting a CHNA along with adopting the implementation strategy set forth and by providing discounted healthcare to FAP-eligible individuals in the community

Form and Line Reference	Explanation
Affiliated Health Care System	Part VI, Line 6 The organization is the parent of the THR healthcare system THR is one of the largest faith-based, nonprofit healthcare delivery systems in the US and the largest in North TX in terms of patients served The system of 14 hospitals includes an organization for medical research and education The system also includes a foundation that fosters philanthropic relationships which support the programs and services of the hospitals it supports The mission of the hospitals in the THR system is to improve the health of the people in the communities we serve THR takes its responsibility to its communities seriously and invests charitable resources to promote good health and prevent disease Not only does THR provide health care to those who do not have the means to pay, its hospitals also conduct a variety of programs designed to improve health and prevent illness in the community The community health strategies of THR and its affiliated healthcare organizations are driven by community health needs, are community-based, include confronting health problems at the source and emphasize health promotion, disease prevention, and early treatment of illness

Form and Line Reference	Explanation
State Community Benefit Report	<p>Part VI, Line 7 The organization files a Texas Annual Statement of Community Benefit Standard Texas has established a minimum level of charity care and community benefit that must be provided by nonprofit hospitals in order to retain their Texas tax-exempt status The standard set by the state is met when charity care and community benefits are provided in a combined amount equal to at least five percent of the hospital's or hospital system's net patient revenue, of which charity care and government-sponsored indigent health care are provided in an amount equal to at least four percent of net patient revenue THR is the parent company of a healthcare system filing the combined community benefit report in Texas THR reported other community benefits in this report The data provided for Schedule H is THR's share of operations from its taxable joint ventures which operate hospitals in Texas The taxable joint ventures are not required to file community benefit reports with the state of Texas</p>

Form and Line Reference	Explanation
Patient Education	<p>Part VI, Line 3 A description of both the Charity Care program and application are available on the THR website at <a href="http://www.TexasHealth.org">www.TexasHealth.org</a> in English and Spanish. Signs alerting patients of charity care assistance and related contact information are posted in various areas of the hospital including admissions &amp; registration, the emergency room and other outpatient departments. Additionally, financial assistance information is provided verbally and in writing to self-pay patients by financial counselors. As part of the financial counseling meeting, patients are screened for potential eligibility in other governmental assistance programs. If it is determined that the patient is potentially eligible for governmental assistance, the counselor will assist the patient in completing forms necessary to apply for the assistance. At the same time, patients are provided with a Charity Care application and information flyer. The patient is informed that the hospital is a non-profit organization offering financial assistance to patients deemed medically or financially indigent. A Plain Language Summary titled "Getting Help Paying Your Bill" is included on the back of our patient statements. The plain language summary informs the patients of how to qualify for charity, how to apply for help, necessary documentation, and informs of THR's collection activities. The onsite financial counselors may assist the patient in completing the application and obtain available verification information. Once the patient is discharged, the counselors will continue to contact the patient to ensure all forms and verifications needed to file an application for governmental assistance and Charity Care have been provided. In certain cases, self-pay patients who are discharged before seeing a financial counselor receive both a phone call and a letter to alert them to the existence of the financial assistance program. Each bill sent for hospital services also contains contact information alerting patients that Texas Health has a charity care program.</p>

Form and Line Reference	Explanation
Community Building	Part II The organization participates in community building activities that aim to address the socio-economic factors that influence the overall health of individuals in the communities served As identified in the community health needs assessment, there are areas of need that are not in alignment with the operations of a hospital system Our volunteerism, collaborations and partnerships with various aid organizations and various area coalitions aid in addressing the socio-economic factors that are the backbone for many underlying health concerns The organization also partners with local universities to increase promotion and training of diverse candidates into the healthcare workforce which in turn increases access to healthcare for many in the community





# Additional Data

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

## Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(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 %
<b>1</b> Flower Mound Hosp	Hospital	54 580 %	0 200 %	29 290 %
<b>2</b> Greenville Surg Ctr	Ambulatory Surgery Center	80 300 %		17 850 %
<b>3</b> Physician Med Ctr	Hospital	6 060 %	0 710 %	37 700 %
<b>4</b> Rockwall Regional	Hospital	59 750 %	0 410 %	37 460 %
<b>5</b> Southlake Specialty	Hospital	6 080 %		45 080 %
<b>6</b> Surg Caregivers FW	Ambulatory Surgery Center	51 000 %		49 000 %
<b>7</b> TH Flower Mound Orth	Orthopedic Surgery Center	51 000 %		49 000 %
<b>8</b> THR-STT Rockwall ASC	Ambulatory Surgery Center	51 000 %		49 000 %
<b>9</b> THR-STT Southlake	Ambulatory Surgery Center	51 000 %		49 000 %
<b>10</b> USMD Arlington	Hospital	51 000 %		49 000 %
<b>11</b> USMD Fort Worth	Hospital	50 970 %		49 030 %
<b>12</b> Denton Surgery Ctr	Ambulatory Surgery Center	60 320 %		39 680 %
<b>13</b> TH Craig Ranch	Ambulatory Surgery Center	66 000 %		34 000 %
<b>14</b> N Dallas Surgical	Ambulatory Surgery Center	51 000 %		49 000 %
<b>15</b> TX Health Spine Ctr	Ambulatory Surgery Center	51 000 %		49 000 %
<b>16</b> Wilson Creek Surgery	Ambulatory Surgery Center	51 000 %		48 030 %
<b>17</b> North Texas ACO	Accountable Care Organization	50 000 %		50 000 %

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #1 - Rockwall Regional Hospital	<p>Part V Section B, Ln 5 - Facility #1 Rockwall Regional Hospital utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, Rockwall Regional Hospital conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to political leaders, faith community representatives, public health officials, lay community members, physicians, school officials and city administration. The information gathered from the community feedback sessions helped Rockwall Regional Hospital to understand the health needs from a community perspective and align this to the data analysis. Part V Section B-7d - Facility #1 Rockwall Regional Hospital produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets.</p> <p>Part V Section B, Ln 11 - Facility #1 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, Rockwall Regional Hospital categorized the community needs in alignment with the national objectives of Healthy People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined.</p> <p>1. Awareness, Literacy and Navigation (ALN) 1a. Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</p> <p>1b. Support/sponsorship of Community Health and Wellness activities. The hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</p> <p>1c. Texas Health Rockwall provided a range of health information on promoting healthy living, diabetes, nutrition, breast cancer, colon cancer, preventive services, preventive health, bike safety, CPR and many other topics addressing the health needs of different populations in the communities served. This was provided through various outreach efforts such as Health Fairs in the community and in settings such as local businesses, health clinics and chamber of commerce events. Through these efforts and with active involvement of about 230 hospital employees over 2,853 people were reached in the Rockwall Community.</p> <p>2. Chronic Disease - Community Health Improvement strategies include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic focus to address chronic diseases remains a top priority.</p> <p>2a. The hospital provided and facilitated Bariatric Surgery Support group to strengthen individual skills related to managing weight and reducing obesity through sessions that address actions such as journaling, using local park resources as a "gym" and learning to manage eating during the holiday season.</p> <p>2b. The hospital provided a Diabetes class focused on healthy nutrition and management of the disease. Rockwall Regional Hospital will not adopt new strategies for the following identified needs in the community for the reasons listed.</p> <p>1.) Access Provider Supply - resource constraint</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #1 -Rockwall Regional Hospital	<p>nts and lack of effective intervention The facility will continue to address the need at its current level of support 2) Injury and Violence - lack of expertise, low priority assigned, need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support 3) Maternal, Infant &amp; Child Health - This need is currently being addressed by multiple outside organizations in the community The facility will continue to address the need at its current level of support 4) Mental Health - resource constraints and lack of effective intervention The facility will continue to address the need at its current level of support 5) Oral Health - lack of expertise 6) Other Clinical/Preventive - the facility will continue to address the need at its current level of support 7) Social Determinants - resource constraints, low priority assigned and lack of effective intervention 8) Substance Abuse - resource constraints and the facility will continue to address the need at its current level of support 9) Transportation - lack of expertise Part V Section B-16A&amp;B - Facility #1 The website where FAP and FAP application was widely available <a href="http://www.texashealthrockwall.com/patient-visitors/insurance-billing.html">www.texashealthrockwall.com/patient-visitors/insurance-billing.html</a> Pt V, Sec B-20e - Facility #1 - Billing and Collections A Plain Language Summary (PLS) of the charity policy is provided on the back of all billing statements Pt V, Sec B-22d - - Facility #1 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage The 4 largest managed care plans were combined and averaged to calculate the AGB The AGB percentage is used to determine the discount taken from the patient's gross charges Initially, an uninsured patient is sent a bill with charges less than the AGB percentage If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill</p>

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Form and Line Reference	Explanation
Facility #2 - Physicians Medical Center, LLC	<p>Part V Section B, Ln 5 - Facility #2 Physicians Medical Center, LLC utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, Physicians Medical Center, LLC conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to faith community representatives, public health officials, lay community members, and school officials. The information gathered from the community feedback sessions helped Physicians Medical Center, LLC to understand the health needs from a community perspective and align this to the data analysis. Part V Section B-7d - Facility #2 Physicians Medical Center, LLC produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets. Part V Section B, Ln 11 - Facility #2 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, Physicians Medical Center, LLC categorized the community needs in alignment with the national objectives of Health People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined:</p> <ol style="list-style-type: none"> <li>1) Awareness, Literacy and Navigation (ALN)             <ol style="list-style-type: none"> <li>1a) Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</li> <li>1b) Support/Sponsorship of Community Health and Wellness activities. The Hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</li> <li>1c) PMC Plano provided sponsorship and/or donations for various community efforts such as Heart Walk and Food Drives. The hospital also addressed the health needs of women in the community by providing outreach through efforts such as Ladies Night Out events to provide health information on promoting healthy living, heart health and preventive health. Through these efforts and with active involvement of 12 employees, over 346 people were reached in the community.</li> <li>2) Chronic Disease - Community Health Improvement strategies include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority. Physicians Medical Center, LLC will not adopt new strategies for the following identified needs in the community for the reasons listed:                 <ol style="list-style-type: none"> <li>1) Access - Provider Supply - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>2) Mental Health - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>3) Nutrition, Physical activity and Obesity - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</li> <li>4) Oral Health - lack of expertise.</li> <li>5) Other Clinical/Preventive - the facility will continue to address th</li> </ol> </li> </ol> </li> </ol>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #2 - Physicians Medical Center, LLC	<p>e need at its current level of support 6) Social Determinants - resource constraints, low priority assigned and lack of effective intervention 7) Transportation - lack of expertise Part V Section B-16A&amp;B - Facility #2 The website where FAP and FAP application was widely available <a href="http://www.thcds.com/patient-visitors/billing-information/">www.thcds.com/patient-visitors/billing-information/</a> Pt V, Sec B-20e - Facility #2 - Billing and Collections A Plain Language Summary (PLS) of the charity policy is provided on the back of all billing statements Pt V, Sec B-22d - - Facility #2 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage The 4 largest managed care plans were combined and averaged to calculate the AGB The AGB percentage is used to determine the discount taken from the patient's gross charges Initially, an uninsured patient is sent a bill with charges less the AGB percentage If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill</p>

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Form and Line Reference	Explanation
Facility #3 - Southlake Specialty Hospital LLC	<p>Part V Section B, Ln 5 -Facility #3 Southlake Specialty Hospital, LLC utilized vast amount s of qualitative and quantitative data to assess the health needs of the persons in the co mmunities served As a means to further understand the needs from those engaged in the com munity, Southlake Specialty Hospital, LLC conducted a series of community feedback session s Participants of the community feedback interviews included, but were not limited to fa ith community representatives, public health officials, lay community members, and school officials The information gathered from the community feedback sessions helped Southlake Specialty Hospital, LLC to understand the health needs from a community perspective and al ign this to the data analysis Part V Section B-7a - Facility #3 The CHNA is available at the hospital's website at <a href="http://www.texashealthsouthlake.com/thrinthecommunity.php">www.texashealthsouthlake.com/thrinthecommunity.php</a> Part V Sec tion B-7d - Facility #3 Southlake Specialty Hospital, LLC produced executive summaries of the completed CHNAs along with other information that is of benefit to community members a s well as a comparison between the health needs of the community and the State of Texas st atistics This information is widely available throughout the facility and given out at va rious community coalition and partnership meetings in an effort to disseminate the informa tion through various community-based outlets Part V Section B, Ln 11 - Facility #3 CHNA 2013 revealed a vast number of community health issues that require collective action to i mprove the health of the community In order to assist the organization in determining whi ch health needs should be addressed, Southlake Specialty Hospital, LLC categorized the com munity needs in alignment with the national objectives of Healthy People 2020 categories By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan 2014 was the first year of implementa tion and the focus was to create the systems, structure and interventions that could be co nsistently deployed at the hospital and at other system hospitals for a consistent impact across the region The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease In addition, our efforts were to clearly align and c oordinate services and interventions with community partners for a collective impact to me et these two priority areas defined</p> <p>1 Awareness, Literacy and Navigation (ALN) 1a Commu nity Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners tha t address the social determinants of health Collation of this information began through t he community health councils and community partners during 2014 This "easy to understand and use" guide will provide key details including how to access the resource and/or servic e in the local community to meet the individual's needs This guide information collected in 2014 will be made available in an online and/or print format during 2015 1b Support/S ponsorship of Community Health and Wellness activities The Hospital provides community be nefit grants, sponsorships and other in-kind resources to improve the health status of the communities served Grants are provided to address health disparities, disease management , wellness, disease prevention and health promotion programs, and various community health events 1c Texas Health Southlake provided a range of health information on promoting he althy living, diabetes, nutrition, heart health, cancer, preventive health and other topic s addressing the health needs of different populations in the communities served This was provided through various outreach efforts such as Health Fairs in the community and in se ttings such as local businesses, city and chamber of commerce events Through these effort s and with active involvement of about 478 hospital employees over 105,520 people were rea ched in the community 2 Chronic Disease - Community Health Improvement strategies includ e maintaining existing chronic disease programs provided at the hospital with a focus on s elf-management programs Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority Southlake Specialty Hospital, LLC will not adopt new strategies for the following identified needs in the community for the reasons listed 1) Access Provider Supply - resource constraints and lack of effective in tervention The facility will continue to address the need at its current level of support 2) Injury and Violence - lack of expertise, low priority assigned, need is currently bei ng addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #3 -Southlake Specialty Hospital LLC	<p>3) Maternal, Infant &amp; Child Health - the facility will continue to address the need at its current level of support 4) Mental Health - resource constraints and lack of effective intervention The facility will continue to address the need at its current level of support 5) Preventive/Wellness - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support 6) Social Determinants - resource constraints, low priority assigned and lack of effective intervention 7) Substance Abuse - resource constraints and the facility will continue to address the need at its current level of support 8) Transportation - lack of expertise</p> <p>Part V Section B-16A&amp;B - Facility #3 The website where FAP and FAP application was widely available <a href="http://www.texashealthsouthlake.com/charitycare.php">www.texashealthsouthlake.com/charitycare.php</a> Pt V, Sec B-20e - Facility #3 - Billing and Collections A Plain Language Summary (PLS) of the charity policy is provided on the back of all billing statements Pt V, Sec B-22d - Facility #3 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage The 4 largest managed care plans were combined and averaged to calculate the AGB The AGB percentage is used to determine the discount taken from the patient's gross charges Initially, an uninsured patient is sent a bill with charges less the AGB percentage If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill</p>

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Form and Line Reference	Explanation
Facility #4 - Flower Mound Hospital Partners	<p>Part V Section B, Ln 5 -Facility #4 Flower Mound Hospital Partners utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, Flower Mound Hospital Partners conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to faith community representatives, public health officials, lay community members, physicians and school officials. The information gathered from the community feedback sessions helped Flower Mound Hospital Partners understand the health needs from a community perspective and align this to the data analysis.</p> <p>Part V Section B-7d - Facility #4 Flower Mound Hospital Partners produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets.</p> <p>Part V Section B, Ln 11 - Facility #4 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, Flower Mound Hospital Partners categorized the community needs in alignment with the national objectives of Healthy People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined:</p> <ol style="list-style-type: none"> <li>1) Awareness, Literacy and Navigation (ALN)             <ol style="list-style-type: none"> <li>1a) Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</li> <li>1b) Support/Sponsorship of Community Health and Wellness activities. The Hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</li> <li>1c) Texas Health Flower Mound provided health fairs targeted to different populations in the communities served such as the Woman's Health Fair, the YMCA Health Fair and Seniors in Motion. In addition, several sponsorships were provided to address the health needs of the community which included communities in schools of north Texas, Denton County Food Bank to supporting a community Baby shower. Through these efforts and with active involvement of about 94 hospital employees over 37,000 people were reached in the Flower Mound Community.</li> </ol> </li> <li>2) Chronic Disease - Community Health Improvement strategies include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority. Flower Mound Hospital Partners will not adopt new strategies for the following identified needs in the community for the reasons listed:             <ol style="list-style-type: none"> <li>1) Access - Provider Supply - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>2) Mental Health - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>3) Nutrition, Physical Activity and Obesity - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</li> <li>4) Reproductive and</li> </ol> </li> </ol>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #4 - Flower Mound Hospital Partners	<p>Sexual Health - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support</p> <p>5) Social Determinants - resource constraints, low priority assigned and lack of effective intervention</p> <p>Part V Section B-16A&amp;B - Facility #4 The website where FAP and FAP application was widely available <a href="http://www.texashealthflowermound.com/patient-visitor-info/charity-care/">www.texashealthflowermound.com/patient-visitor-info/charity-care/</a></p> <p>P t V, Sec B-20e - Facility #4 - Billing and Collections A Plain Language Summary (PLS) of the charity policy is provided on the back of all billing statements</p> <p>P t V, Sec B-22d - Facility #4 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage</p> <p>The 4 largest managed care plans were combined and averaged to calculate the AGB</p> <p>The AGB percentage is used to determine the discount taken from the patient's gross charges</p> <p>Initially, an uninsured patient is sent a bill with charges less the AGB percentage</p> <p>If a patient becomes FAP-eligible, then charity care is given for the patient balance due</p> <p>At no time will the patient pay more than the AGB percentage of their hospital bill</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #5 - USMD Hospital at Arlington	<p>Part V Section B, Ln 5 -Facility #5 USMD at Arlington utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, USMD at Arlington conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to public health officials, lay community members, school officials and city administration. The information gathered from the community feedback sessions helped USMD at Arlington understand the health needs from a community perspective and align this to the data analysis. Part V Section B-7a - Facility # 5 The CHNA can be found on the hospital's website at <a href="http://www.usmdarlington.com/patients-visitors/locations-directions">www.usmdarlington.com/patients-visitors/locations-directions</a>. Part V Section B-7d - Facility #5 USMD at Arlington produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets. Part V Section B, Ln 11 - Facility #5 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, USMD at Arlington categorized the community needs in alignment with the national objectives of Healthy People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined:</p> <ol style="list-style-type: none"> <li>1) Awareness, Literacy and Navigation (ALN)             <ol style="list-style-type: none"> <li>1a) Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</li> <li>1b) Support/Sponsorship of Community Health and Wellness activities. The Hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</li> </ol> </li> <li>2) Chronic Disease - Community Health Improvement programs include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority. USMD at Arlington will not adopt new strategies for the following identified needs in the community for the reasons listed:             <ol style="list-style-type: none"> <li>1) Access Provider Supply - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>2) Maternal, Infant &amp; Child Health - the facility will continue to address the need at its current level of support.</li> <li>3) Mental Health - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>4) Oral Health - lack of expertise.</li> <li>5) Other Clinical/Preventive - the facility will continue to address the need at its current level of support.</li> <li>6) Preventive/Wellness - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</li> <li>7) Social Determinants - resource constraints, low priority assigned and lack of effective intervention.</li> <li>8) Substance Abuse - resource constraints and the facility will continue to address the need at its current level of support.</li> <li>9) Transportation - lack of expertise.</li> </ol> </li> </ol> <p>Pt V, Se</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #5 - USMD Hospital at Arlington	c B-22d - - Facility #5 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage The 4 largest managed care plans were combined and averaged to calculate the AGB The AGB percentage is used to determine the discount taken from the patient's gross charges Initially, an uninsured patient is sent a bill with charges less the AGB percentage If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #6- USMD Hospital at Fort Worth	<p>Part V Section B, Ln 5 - Facility #6 USMD Hospital at Fort Worth utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, USMD Hospital at Fort Worth conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to public health officials, lay community members, and school officials. The information gathered from the community feedback sessions helped USMD Hospital at Fort Worth understand the health needs from a community perspective and align this to the data analysis.</p> <p>Part V Section B-7a - Facility #6 The CHNA can be found on the hospital's website at <a href="http://www.usmdfortworth.com/patients-visitors/locations-directions">www.usmdfortworth.com/patients-visitors/locations-directions</a>.</p> <p>Part V Section B-7d - Facility #6 USMD Hospital at Fort Worth produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets.</p> <p>Part V Section B, Ln 11 - Facility #6 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, USMD Hospital at Fort Worth categorized the community needs in alignment with the national objectives of Healthy People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined:</p> <ol style="list-style-type: none"> <li>1. Awareness, Literacy and Navigation (ALN)             <ol style="list-style-type: none"> <li>1a. Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</li> <li>1b. Support/Sponsorship of Community Health and Wellness activities. The Hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</li> <li>2. Chronic Disease - Community Health Improvement strategies include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority. USMD Hospital at Fort Worth will not adopt new strategies for the following identified needs in the community for the reasons listed:                 <ol style="list-style-type: none"> <li>1) Access - Provider Supply - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>2) Cancer - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</li> <li>3) Injury and Violence - lack of expertise, low priority assigned, need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</li> <li>4) Maternal, Infant &amp; Child Health - the facility will continue to address the need at its current level of support.</li> <li>5) Mental Health - resource constraints and lack of effective intervention. The facility will continue to address the need at its current level of support.</li> <li>6) Nutrition, Physical Activity and Obesity - need is currently being addressed by multiple organizations in the community and the facility will continue to address the</li> </ol> </li> </ol> </li> </ol>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #6-USMD Hospital at Fort Worth	<p>need at its current level of support 7) Oral Health - lack of expertise 8) Other Clinical/Preventive - the facility will continue to address the need at its current level of support 9) Social Determinants - resource constraints, low priority assigned and lack of effective intervention 10) Tobacco - low priority assigned 11) Transportation - lack of expertise Pt V, Sec B-22d - - Facility #6 Charges to Individuals Eligible for Assistance under the FAP The hospital used the Look-Back Method to compute its Amounts Generally Billed (AGB) percentage The 4 largest managed care plans were combined and averaged to calculate the AGB The AGB percentage is used to determine the discount taken from the patient's gross charges Initially, an uninsured patient is sent a bill with charges less the AGB percentage If a patient becomes FAP-eligible, then charity care is given for the patient balance due At no time will the patient pay more than the AGB percentage of their hospital bill</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #7 - Sherman Grayson Health System	<p>Part V Section B, Ln 5 -Facility #7 Sherman Grayson Health System (Sherman Grayson) utilized vast amounts of qualitative and quantitative data to assess the health needs of the persons in the communities served. As a means to further understand the needs from those engaged in the community, Sherman Grayson conducted a series of community feedback sessions. Participants of the community feedback interviews included, but were not limited to political leaders, lay community members, physicians, school officials and city administration. The information gathered from the community feedback sessions helped Sherman Grayson to understand the health needs from a community perspective and align this to the data analysis. Part V Section B, Line 7d - Facility #7 Sherman Grayson produced executive summaries of the completed CHNAs along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the State of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets. Part V Section B, Ln 11 - Facility #7 CHNA 2013 revealed a vast number of community health issues that require collective action to improve the health of the community. In order to assist the organization in determining which health needs should be addressed, Sherman Grayson categorized the community needs in alignment with the national objectives of Healthy People 2020 categories. By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the said issues, two areas were chosen and are being addressed through the 2014-2016 implementation plan. 2014 was the first year of implementation and the focus was to create the systems, structure and interventions that could be consistently deployed at the hospital and at other system hospitals for a consistent impact across the region. The two areas of priority are first, Awareness, Literacy and Navigation ("ALN") and second, Chronic Disease. In addition, our efforts were to clearly align and coordinate services and interventions with community partners for a collective impact to meet these two priority areas defined:</p> <p>1. Awareness, Literacy and Navigation (ALN)</p> <p>1a. Community Health Improvement Strategies include collaboration to develop an area resource guide of key services available to the local community, individuals and non-profit partners that address the social determinants of health. Collation of this information began through the community health councils and community partners during 2014. This "easy to understand and use" guide will provide key details including how to access the resource and/or service in the local community to meet the individual's needs. This guide information collected in 2014 will be made available in an online and/or print format during 2015.</p> <p>1b. Support/Sponsorship of Community Health and Wellness activities. The Hospital provides community benefit grants, sponsorships and other in-kind resources to improve the health status of the communities served. Grants are provided to address health disparities, disease management, wellness, disease prevention and health promotion programs, and various community health events.</p> <p>2. Chronic Disease - Community Health Improvement strategies include maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs. Active partnerships and sponsorships aligned with the strategic foci to address chronic diseases remains a top priority.</p> <p>2a. The hospital provided a range of health information on heart disease, weight management, and diabetes addressing the health needs of different populations in the communities served. This was provided through various outreach efforts such as health and community events at which both screenings and/or health information was provided. Through these efforts and with active involvement of about 36 hospital employees over 2,500 people were reached in the community. Sherman Grayson will not adopt new strategies for the following identified needs in the community for the reasons listed:</p> <p>1) Access - Provider Supply - resource constraints, lack of effective intervention and the facility will continue to address the need at its current level of support.</p> <p>2) Cancer - The need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</p> <p>3) Injury and Violence - lack of expertise, low priority assigned, need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</p> <p>4) Maternal, Infant &amp; Child Health - need is currently being addressed by multiple organizations in the community and the facility will continue to address the need at its current level of support.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility #7 - Sherman Grayson Health System	facility will continue to address the need at its current level of support 5) Mental Health - resource constraints, lack of effective intervention and the facility will continue to address the need at its current level of support 6) Oral Health - lack of expertise 7) Other Clinical/Preventive - the facility will continue to address the need at its current level of support 8) Social Determinants - resource constraints, low priority assigned and lack of effective intervention 9) Substance Abuse - resource constraints and the facility will continue to address the need at its current level of support 10) Tobacco - low priority assigned 11) Transportation - lack of expertise

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
Health Imaging Partners LLC 8610 Explorer Dr 300 Colorado Springs, CO 80920	Outpatient Diagnostic Imaging
Surgical Caregivers of Fort Worth LP 3000 Riverchase Galleria 500 Birmingham, AL 35244	Outpatient Diagnostic Imaging
THR-STT Southlake ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Outpatient Diagnostic Imaging
TX Health Flower Mound Orthopedic Surg 5000 Long Prairie Rd Flower Mound, TX 75028	Outpatient Diagnostic Imaging
THR-STT Rockwall ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Outpatient Diagnostic Imaging
Greenville Surgery Center LLC 3000 Riverchase Galleria 500 Birmingham, AL 35244	Outpatient Diagnostic Imaging
Denton Surgery Center LLC 3000 Riverchase Galleria Birmingham, AL 35244	Outpatient Diagnostic Imaging
Texas Health Craig Ranch Surgery Ctr LLC 8080 State Hwy 121 Ste 100 McKinney, TX 75070	Outpatient Diagnostic Imaging
Cleburne Surgical Center LLC 2010 W Katherine P Raines Blvd Ste Cleburne, TX 76033	Outpatient Diagnostic Imaging
Fort Worth Endoscopy Center LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209	Outpatient Diagnostic Imaging
North Dallas Surgery Center LLC 5141 Virginia Way Suite 420 Brentwood, TN 37027	Outpatient Diagnostic Imaging
Wilson Creek Surgery Center LLC 8855 Synergy Dr McKinney, TX 75070	Outpatient Diagnostic Imaging



**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2014**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

Employer identification number

75-2702388

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	▶	15
3 Enter total number of other organizations listed in the line 1 table . . . . .	▶	2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) Texas A&M University Scholarships	2	6,000			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Diabetes Association 4000 Alpha Road Dallas, TX 75244	13-1623888	501(c)(3)	44,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
March of Dimes Foundation 12660 Coit Rd Ste 200 Dallas, TX 75251	13-1846366	501(c)(3)	32,500				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Cancer Society 8900 John W Carpenter Freeway Dallas, TX 75247	13-1788491	501(c)(3)	30,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Texas Medical Association 401 W 15th Street Suite 100 Austin, TX 78701	74-1078510	501(c)(6)	30,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dallas US Conference of Mayors 400 South Record St Dallas, TX 75202	46-3073520	501(c)(6)	25,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Trinity University 1 Trinity PL San Antonio, TX 78212	74-1109633	501(c)(3)	25,000				General Purpose



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Salesmanship Club of Dallas 106 East Tenth Street Dallas, TX 75203	75-0717135	501(c)(3)	20,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cancer Support Community North Texas PO Box 601744 Dallas, TX 75360	75-2633654	501(c)(3)	13,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Austin College 900 N Grand Ave Ste 6F Sherman, TX 75090	75-0827409	501(c)(3)	10,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boy Scouts of America 8605 Harry Hines Blvd Dallas, TX 75235	75-0800615	501(c)(3)	7,500				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Texas Health Resources Foundation 612 E Lamar Blvd Arlington, TX 76011	75-2022128	501(c)(3)	8,800				Greer Garson Gala

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Susan G Komen Greater Fort Worth 2216 Green Oaks Rd Fort Worth, TX 76116	75-2445070	501(c)(3)	5,500				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dallas Holocaust Museum 211 N Record Street Dallas, TX 75202	75-2113723	501(c)(3)	5,500				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Crystal Charity Ball3838 Oaklawn Ave Dallas, TX 75219	75-6035893	501(c)(3)	12,500				General Purpose



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA of Metropolitan Dallas 601 N Akard St Dallas, TX 75201	75-0800696	501(c)(3)	12,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA of Metropolitan Fort Worth 512 Lamar St Fort Worth, TX 76102	75-0827471	501(C)(3)	7,000				General Purpose

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Youth Improved Inc 10255 west Higgins Rosemont, IL 60018	27-0988546	501(c)(3)	10,000				General Purpose

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2014**

**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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

Employer identification number

75-2702388

**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.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use            |
| <input checked="" type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account           | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** 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:
- a** The organization?
- b** 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 Regulations 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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Table with 2 columns: Return Reference and Explanation. Rows include: Schedule J, Part I, Line 1a - First Class Travel; Schedule J, Part I, Line 1a - Travel for Companions; Schedule J, Part I, Line 1a - Gross-Up Payments; Schedule J, Part I, Line 1a - Discretionary Spending Account; Schedule J, Part I, Line 1a - Social Club Dues; Schedule J, Part I, Line 1a - Personal Services; Schedule J, Part I, Line 4b - Nonqualified Retirement Plan; Schedule J, Part I, Line 4a - Severance.

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> HawthorneDouglas D, FOUNDDING CEO EMERITUS	(i) (ii)	1,147,329 0	672,196 0	650,748 0	54,681 0	15,805 0	2,540,759 0	403,402 0
<b>1</b> BerdanBarclay E, CHIEF EXECUTIVE OFFICER	(i) (ii)	757,467 0	575,693 0	422,535 0	99,214 0	21,542 0	1,876,451 0	201,768 0
<b>2</b> LongRonald R, EVP RSRC DEVL & DEPLOY & CFO	(i) (ii)	593,819 0	268,781 0	233,029 0	275,359 0	16,637 0	1,387,625 0	150,230 0
<b>3</b> AmparanOscar L, EVP ZONE OPERATIONS LEADER	(i) (ii)	555,905 0	262,042 0	232,647 0	19,500 0	15,139 0	1,085,233 0	146,127 0
<b>4</b> CanoseJeffrey L, EVP SR & COO THR	(i) (ii)	518,833 0	223,906 0	261,722 0	229,225 0	16,232 0	1,249,918 0	102,300 0
<b>5</b> VargaDaniel W, EVP SR & CHIEF CLINICAL OFFICE	(i) (ii)	644,021 0	210,253 0	106,026 0	77,444 0	22,788 0	1,060,532 0	13,345 0
<b>6</b> BellBonnie L, EVP PEOPLE & CULTURE	(i) (ii)	362,654 0	243,396 0	311,701 0	19,500 0	20,718 0	957,969 0	143,685 0
<b>7</b> SchollJonathan Wade, EVP CHIEF STRATEGY OFFICER	(i) (ii)	537,502 0	241,108 0	92,192 0	211,282 0	21,106 0	1,103,190 0	48,931 0
<b>8</b> BoesCharles, EVP GENERAL COUNSEL/Secretary	(i) (ii)	408,551 0	194,194 0	226,795 0	50,591 0	14,678 0	894,809 0	99,608 0
<b>9</b> LesterMark C, EVP ZONE CLINICAL LEADER	(i) (ii)	437,039 0	200,895 0	137,397 0	47,478 0	13,938 0	836,747 0	40,229 0
<b>10</b> BerenzweigHarold K, EVP ZONE CLINICAL LEADER	(i) (ii)	447,865 0	213,429 0	109,861 0	51,676 0	15,560 0	838,391 0	58,261 0
<b>11</b> McClungBrett S, EVP ZONE OPERATIONS LEADER	(i) (ii)	445,392 0	178,201 0	135,723 0	162,820 0	22,479 0	944,615 0	52,015 0
<b>12</b> RansomElizabeth, EVP ZONE CLINICAL LEADER	(i) (ii)	433,266 0	171,565 0	152,288 0	47,613 0	20,767 0	825,499 0	15,504 0
<b>13</b> NguyenTncia H, EVP Popltn Hlth Mgmt/Pres Inst	(i) (ii)	515,862 0	0 0	88,252 0	51,246 0	26,551 0	681,911 0	0 0
<b>14</b> McWhorterRicky E, SVP FINANCE/ Asst Secretary	(i) (ii)	307,285 0	114,754 0	127,742 0	110,053 0	7,838 0	667,672 0	54,952 0
<b>15</b> KramerKenneth J, SVP ASSOC GEN COUNSEL/Asst Sec	(i) (ii)	250,474 0	102,500 0	136,258 0	101,031 0	24,896 0	615,159 0	55,389 0
<b>16</b> MimsKrystal, SVP CARE CONTINUUM & COLLABORA	(i) (ii)	381,026 0	244,035 0	75,583 0	46,807 0	26,610 0	774,061 0	77,087 0
<b>17</b> MarxEdward, SVP CHIEF INFO OFFICER	(i) (ii)	393,704 0	153,739 0	134,572 0	15,600 0	25,929 0	723,544 0	62,282 0
<b>18</b> VelascoFerdinand T, SVP & CHIEF HLTH INFO OFFICER	(i) (ii)	375,731 0	124,272 0	125,513 0	137,109 0	22,807 0	785,432 0	49,518 0
<b>19</b> Shinkus ClarkJoan Frances, SVP CHIEF NURSING EXECUTIVE	(i) (ii)	352,778 0	127,826 0	84,714 0	28,624 0	15,265 0	609,207 0	49,466 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
21 RoperJack R, SVP FINANCE	(i) (ii)	138,011 0	318,970 0	102,781 0	12,944 0	4,251 0	576,957 0	298,206 0
1 GaidaJohn B, SVP SUPPLY CHAIN MGMT	(i) (ii)	319,295 0	125,606 0	113,101 0	35,618 0	18,427 0	612,047 0	14,421 0
2 KirbyMichelle Riddle, SVP CHIEF PEOPLE OFFICER	(i) (ii)	288,299 0	114,305 0	133,982 0	43,389 0	9,278 0	589,253 0	42,508 0
3 HarveyGayla Dawn, SVP FINAN / CHIEF REV OFFICER	(i) (ii)	384,873 0	60,062 0	71,660 0	13,609 0	16,518 0	546,722 0	2,949 0
4 LogsdonJames D, VP REVENUE CYCLE OPERATIONS	(i) (ii)	258,280 0	167,222 0	83,047 0	87,001 0	21,130 0	616,680 0	124,514 0
5 AndersonSusan Elaine, SVP & CHIEF COMPLIANCE OFFICER	(i) (ii)	276,194 0	103,582 0	124,329 0	33,274 0	1,550 0	538,929 0	47,298 0
6 TesmerDavid J, SVP COMMUN ENGAG & ADVOCACY TH	(i) (ii)	300,977 0	107,027 0	94,167 0	39,764 0	13,376 0	555,311 0	31,344 0
7 SaldanaLuis Eduardo, CMIO	(i) (ii)	428,523 0	0 0	51,328 0	15,600 0	21,305 0	516,756 0	0 0
8 HolmesKevin B, SVP REAL ESTATE DEVL & DEPLOY	(i) (ii)	243,832 0	96,050 0	125,801 0	32,275 0	26,370 0	524,328 0	53,756 0
9 BrowningDouglas, GRP FINAN OFFICER THPR	(i) (ii)	203,896 0	81,183 0	178,237 0	13,653 0	7,858 0	484,827 0	1,031 0
10 JonesRobert Douglas, SVP TREASURER/CHIEF INVEST OFF	(i) (ii)	304,789 0	108,616 0	45,035 0	28,144 0	24,392 0	510,976 0	15,419 0
11 PearsonGeorge, SVP MED STF AFFRS PHYS RLTN	(i) (ii)	230,851 0	87,797 0	136,739 0	31,322 0	16,240 0	502,949 0	61,400 0
12 MitchellJohn D, SVP BUSINESS DEVELOPMENT	(i) (ii)	235,009 0	89,024 0	127,181 0	31,658 0	20,824 0	503,696 0	39,581 0
13 SzablowskiPaul A, SVP COMMUNICATION & IMAGE	(i) (ii)	341,549 0	7,000 0	53,700 0	21,643 0	12,734 0	436,626 0	0 0
14 HayDebra Ann, CHIEF NURSING OFFICER THPR	(i) (ii)	245,079 0	115,629 0	30,283 0	21,418 0	1,467 0	413,876 0	36,667 0
15 GerbigLnda Mary, SVP PERF IMPROV & QUAL OUTCOME	(i) (ii)	245,043 0	77,059 0	66,467 0	19,781 0	14,039 0	422,389 0	20,556 0
16 SchornickAmy C, VP PAYOR RLTN & CONTRACTING	(i) (ii)	240,593 0	67,010 0	78,596 0	15,949 0	23,847 0	425,995 0	29,774 0
17 EdwardsCarol Susan, SVP HEART & VASCULAR SVC LINE	(i) (ii)	236,595 0	79,700 0	56,825 0	22,319 0	9,999 0	405,438 0	3,750 0
18 JacksonDavid W, VP CORPORATE CONTROLLER	(i) (ii)	198,062 0	53,077 0	116,964 0	19,305 0	6,827 0	394,235 0	37,514 0
19 SullivanJon M, VP REAL ESTATE OPS	(i) (ii)	223,988 0	60,638 0	79,130 0	19,352 0	25,515 0	408,623 0	20,868 0



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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>41</b> HaganPaula, VP ASST GENERAL COUNSEL	(i)	210,680	59,098	72,285	17,102	7,882	367,047	1,321
	(ii)	0	0	0	0	0	0	0
<b>1</b> James Kirk King, THAM President/EVP	(i)	371,247	182,853	188,534	143,016	22,108	907,758	89,807
	(ii)	0	0	0	0	0	0	0
<b>2</b> Berrett Britt, Former Officer	(i)	282,431	180,594	173,336	272,570	14,015	922,946	116,561
	(ii)	0	0	0	0	0	0	0
<b>3</b> Peterson Lisa Kaye, Former Officer	(i)	302,383	82,006	54,541	13,283	23,770	475,983	4,520
	(ii)	0	0	0	0	0	0	0

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

Employer identification number

75-2702388

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TAS2	05-31-2007	620,367,416	Refund 10/30/97 Issue Bonds		X		X		X
<b>B</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TBE2	05-31-2007	102,323,221	Construction & Equip for Facility		X		X		X
<b>C</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TCL5	10-30-2008	366,120,000	Refund 1/31/89 & Refund 5/14/03 Bo		X		X		X
<b>D</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TEE9	11-23-2010	151,950,525	Redeem 10/30/08 Series D, F & G		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired		0		0		190,065,000		0
<b>2</b> Amount of bonds legally defeased		0		0		0		0
<b>3</b> Total proceeds of issue		620,432,581		109,908,750		366,264,054		151,950,525
<b>4</b> Gross proceeds in reserve funds		0		0		0		0
<b>5</b> Capitalized interest from proceeds		0		0		0		0
<b>6</b> Proceeds in refunding escrows		617,372,104		0		327,900,000		150,425,000
<b>7</b> Issuance costs from proceeds		3,060,477		529,732		1,868,320		1,525,525
<b>8</b> Credit enhancement from proceeds		0		0		0		0
<b>9</b> Working capital expenditures from proceeds		0		0		0		0
<b>10</b> Capital expenditures from proceeds		0		109,379,018		36,495,734		0
<b>11</b> Other spent proceeds		0		0		0		0
<b>12</b> Other unspent proceeds		0		0		0		0
<b>13</b> Year of substantial completion	2007		2009		2009		2010	
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		X	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	X			X	X		X	

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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	1 660 %		0 540 %		0 580 %		1 020 %	
<b>5</b> 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	0 010 %		0 %		0 060 %		0 060 %	
<b>6</b> Total of lines 4 and 5	1 670 %		0 540 %		0 640 %		1 080 %	
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %		0 %	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?							X	
<b>b</b> Exception to rebate?								
<b>c</b> No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X		X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider	0		0		0		0	
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part IV, Line 2c, Column A & B	Rebate calculations for the 2007A and 2007B Series were completed 6/25/12

**Return Reference****Explanation**

Part IV, Line 2c, Column C

Rebate calculations for the the 2008 Series were completed 11/7/13

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

Employer identification number

75-2702388

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551		11-30-2010	135,000,000	Construction & Equip Health Facili		X		X		X
<b>B</b>	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TEH2	10-04-2012	50,000,000	Construction & Equipment Health Fa		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired	0	0		
<b>2</b> Amount of bonds legally defeased	0	0		
<b>3</b> Total proceeds of issue	135,000,000	50,037,844		
<b>4</b> Gross proceeds in reserve funds	0	0		
<b>5</b> Capitalized interest from proceeds	0	0		
<b>6</b> Proceeds in refunding escrows	0	0		
<b>7</b> Issuance costs from proceeds	444,565	0		
<b>8</b> Credit enhancement from proceeds	0	0		
<b>9</b> Working capital expenditures from proceeds	134,555,435	0		
<b>10</b> Capital expenditures from proceeds	0	50,037,844		
<b>11</b> Other spent proceeds	0	0		
<b>12</b> Other unspent proceeds	0	0		
<b>13</b> Year of substantial completion	2013			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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	0 330 %		0 %					
<b>5</b> 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 %					
<b>6</b> Total of lines 4 and 5	0 330 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test?		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %					
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X		X				
<b>b</b> Exception to rebate?								
<b>c</b> No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	X		X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider	0		0					
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider	0		0					
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Texas Health Resources

Employer identification number

75-2702388

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 4,367,785

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

# Additional Data

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Amparan Oscar	Officer	Split Dollar Life		X	385,718	385,718		No	Yes		Yes	
(2) Anderson Elaine	Key Employee	Split Dollar Life		X	132,286	132,286		No	Yes		Yes	
(3) Bell Bonnie	Officer	Split Dollar Life		X	87,418	87,418		No	Yes		Yes	
(4) Berdan Barclay	Officer	Split Dollar Life		X	427,883	427,883		No	Yes		Yes	
(5) Boes Charles	Officer	Split Dollar Life		X	338,786	338,786		No	Yes		Yes	
(6) Canose Jeffrey L	Officer	Split Dollar Life		X	251,136	251,136		No	Yes		Yes	
(7) Hawthorne Douglas	Officer	Split Dollar Life		X	679,621	679,621		No	Yes		Yes	
(8) Holmes Kevin B	Key Employee	Split Dollar Life		X	126,902	126,902		No	Yes		Yes	
(9) King James K	Officer	Split Dollar Life		X	125,226	125,226		No	Yes		Yes	
(10) Kirby Michelle R	Key Employee	Split Dollar Life		X	62,732	62,732		No	Yes		Yes	
(11) Kramer Kenneth Jr	Officer	Split Dollar Life		X	147,517	147,517		No	Yes		Yes	
(12) Long Ronald R	Officer	Split Dollar Life		X	617,032	617,032		No	Yes		Yes	
(13) Pearson George L	Key Employee	Split Dollar Life		X	329,731	329,731		No	Yes		Yes	
(14) Tesmer David J	Key Employee	Split Dollar Life		X	147,371	147,371		No	Yes		Yes	
(15) Giada John	Key Employee	Split Dollar Life		X	327,637	327,635		No	Yes		Yes	
(16) McClung Brett	Officer	Split Dollar Life		X	180,791	180,791		No	Yes		Yes	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization  
Texas Health Resources

**Employer identification number**

75-2702388

Return Reference	Explanation
Business Relationship-Part VI, Section A, Line 2	Texas Health Resources (THR) and its related organizations included in the THR healthcare system encourage employees to become involved in philanthropic endeavors in their communities. As a result, THR healthcare system employees who are serving as officers, board members, or key employees may, from time to time, also serve on the boards of various community organizations such as church boards, United Way, etc. There may be a business relationship as a result of multiple THR employees serving on the same community boards. THR employees serve as the corporate officers of each subsidiary organization. As THR system employees, all officers have a business relationship within the organizations of the THR healthcare system. THR also appoints system officers to the boards of various controlled joint ventures. As THR system employees, various officers of the organization may have a business relationship through serving on THR controlled joint venture boards.

Return Reference	Explanation
Form 990 Filing-Part VI, Section B, Line 11b	A full copy of the Form 990 is provided to members of the governing board before filing. In addition, the Audit & Compliance Committee of the Texas Health Resources (THR) Board of trustees is given the opportunity to review, comment, and ask questions regarding the Form 990s filed for THR and each of its wholly controlled affiliates.

Return Reference	Explanation
Conflict of Interest- Part VI, Section B, Line 12c	<p>Texas Health Resources (THR) has adopted a Conflict of Interest Policy that applies to THR and all of its wholly owned or wholly controlled affiliates. During the first quarter of each fiscal year, a Duality and Conflict Statement Form is distributed by the THR Chief Compliance Officer to all board members, officers, contracted medical directors, employees with a title of manager or above, employed physicians, and certain committee members and other employees based upon function. All disclosed conflicts are reviewed by the THR Chief Compliance Officer. A report, listing each reported Duality of Interest or Conflict of Interest is given to both the Chair of the Governing body and the President of the Corporation with which the reporting person is affiliated. The THR Board of Trustees receives a report when the Annual Disclosure process is complete. Progressive corrective action is taken for any identified noncompliance which may include removal from a board or committee or physician/employee counseling if the person fails to provide the disclosure. In addition, THR monitors through a public database recently implemented by CMS. Management plans are executed as needed based upon disclosures. THR also educates the Boards and workforce annually through either a web based or live compliance training.</p>

Return Reference	Explanation
Compensation Determination- Part VI, Section B, Line 15	<p>TEXAS HEALTH RESOURCES (THR) USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO * THR has the THR Governance Committee of the Board of Trustees (Compensation Committee) COMPRISED OF EXTERNAL BOARD MEMBERS THAT REVIEW COMPENSATION PHILOSOPHY AND DESIGN * THR BOARD HIRED INDEPENDENT COMPENSATION CONSULTANTS * THR &amp; THE INDEPENDENT COMPENSATION CONSULTANTS UTILIZE PUBLISHED THIRD-PARTY COMPENSATION SURVEYS * APPROVAL BY THE BOARD AND COMPENSATION COMMITTEE AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT IS HIRED BY THE THR BOARD OF TRUSTEES (BOARD) TO REVIEW BASE PAY ANNUALLY AS COMPARED TO A PEER GROUP OF EMPLOYERS SIMILAR IN SIZE AND SCOPE TO THR EVERY THREE YEARS THE INDEPENDENT COMPENSATION CONSULTANT REVIEWS ALL ASPECTS OF EXECUTIVE COMPENSATION (BASE, INCENTIVES, BENEFITS, ETC ) WHICH INCLUDES * REVIEW AND CONFIRMATION OF THE EXECUTIVE COMPENSATION PHILOSOPHY * MARKET REVIEW OF BASE AND INCENTIVE PAY FOR ALL POSITIONS NATIONAL, REGIONAL, AND LOCAL DATA IS REVIEWED WHEN AVAILABLE * MARKET REVIEW OF BENEFITS AND PERQUISITES * INTERVIEW OF SELECTED OFFICERS AND MEMBERS OF THE COMPENSATION COMMITTEE, AND * REVIEW OF FINANCIAL REPORTS, JOB DESCRIPTIONS, ORGANIZATIONAL CHARTS, CURRENT SALARIES, INCENTIVE OPPORTUNITIES, INCENTIVE PAYMENTS, BENEFITS, PERQUISITES AND PLAN DOCUMENTS THE INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT MEETS DIRECTLY WITH THE EXECUTIVE COMPENSATION &amp; BENEFITS SUB-COMMITTEE WHICH IS MADE UP OF FIVE INDEPENDENT BOARD MEMBERS AND THE Compensation Committee TO REPORT THE RESULTS OF THE TOTAL COMPENSATION STUDY AT THE BEGINNING OF EACH YEAR, THE COMPENSATION COMMITTEE REVIEWS THE RESULTS OF THE OUTSIDE CONSULTANT'S MARKET ANALYSIS FOR BASE SALARIES, AND MAKES RECOMMENDATIONS TO THE BOARD AND THE BOARD APPROVES THE FOLLOWING FOR THE CEO * BASE SALARY AND BENEFITS * PRIOR YEAR EXECUTIVE ANNUAL INCENTIVE AWARDS * CURRENT YEAR EXECUTIVE ANNUAL INCENTIVE PLAN TARGETS, KEY PERFORMANCE INDICATORS AND POTENTIAL PAYOUT AMOUNTS * LONG-TERM INCENTIVE AWARD IF CYCLE HAS ENDED * LONG-TERM INCENTIVE PLAN TARGETS, KEY PERFORMANCE INDICATORS AND POTENTIAL PAYOUT AMOUNT IF NEW CYCLE IS STARTING, AND * EMPLOYMENT AGREEMENT IN YEARS OF RENEWAL</p>

Return Reference	Explanation
Public Disclosure- Part VI, Section C, Line 19	The organization does not make its governing documents or conflict of interest policy available to the public. The consolidated financial statements of Texas Health Resources (THR) are made available to the public on the website <a href="http://www.dacbond.com">www.dacbond.com</a> . Consolidated financial statements are posted to this website quarterly and the audited financial statements are posted annually. The financial statements of the wholly controlled affiliates of THR are not posted to the website nor are they generally made available to the public in any other manner.



Return Reference	Explanation
Consolidated Financial Statements- Part XII, Line 2c	Texas Health Resources (THR) prepares consolidated financial statements with its related entities. The THR Board appoints an audit and compliance sub-committee that assumes responsibility for oversight of the consolidated audit for all related entities. The related entities do not have a separate audit committee, but abide by the THR committee's oversight. There has been no change during the year in the organizations oversight selection process.

**Return Reference**

**Explanation**

Other Changes in Fund Balance-Part XI, Line 9

Controlled Joint Venture Treasury Shares (\$2,299,904)

Return Reference	Explanation
Members-Part VI, Section A, Lines 6&7a	Two Founding Members, Presbyterian Healthcare Resources (PHR) and Harris Methodist Health System (HMHS), and one Sponsoring Member, Texas Health Arlington Memorial Hospital (THAM), are members of Texas Health Resources (THR) The Founding members and Sponsoring member have the authority to approve the election of THR board

Return Reference	Explanation
Governance Decisions Reserved-Part VI, Section A, Line 7b	<p>The following actions require the approval of the Founding Members, Presbyterian Healthcare Resources (PHR) and Harris Methodist Health System (HMHS) (a) Amendment, restatement or repeal of the Certificate or these Bylaws (b) Establishment of or change in the mission, vision or values of the Corporation (c) Any action by the Board of Trustees or the management of the Corporation which would adversely affect the religious or church practices or religious or church affiliation of the Corporation or an Affiliated Participant (d) Sale, exchange, lease or other transfer of all or substantially all of the assets of the Corporation (e) Merger or consolidation of the Corporation (f) Dissolution of the Corporation (g) Addition of a Founding Member of the Corporation (h) Any action related to the right to nominate a majority of the voting members (i) Transfer of a membership interest in the Corporation</p> <p>The following actions, if they would eliminate or adversely affect the rights of the Sponsoring Member shall require the approval of the Sponsoring Member, Texas Health Arlington Memorial Hospital (THAM) when an amendment, restatement or repeal of certain sections in the bylaws refer to (a) Items requiring the sponsoring member's approval (b) Events requiring termination of a member's rights (c) Effects of termination of a members interest (d) Distribution of remaining assets (e) Amendments to the bylaws</p>

**Return Reference**

**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION OTHER CONSULTING SERVICES TOTAL FEES 31420896

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 13122799

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 6323868

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUILDING SERVICES TOTAL FEES 3654733



Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RECRUITING SERVICES TOTAL FEES 1423063

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY SERVICES TOTAL FEES 556631

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMIN SERVICES TOTAL FEES 474263

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CBO SERVICES TOTAL FEES 230357

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIANS SERVICES TOTAL FEES 165688

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION IT SERVICES TOTAL FEES 25769

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL WASTE REMOVAL TOTAL FEES 460

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Texas Health Resources

**Employer identification number**  
75-2702388

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

(a) Name, address, and EIN (if applicable) 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
<b>(1)</b> Texas Health Partners LLC 612 E Lamar Blvd Arlington, TX 76011 02-0546958	Mgmt Co	TX	18,250,861	5,189,998	TH Resources
<b>(2)</b> Texas Health SingleSource Staffing LLC 612 E Lamar Blvd Arlington, TX 76011 27-0324828	Staffing	TX	0	0	TH Resources
<b>(3)</b> THR-SCA Holdings LLC 612 E Lamar Blvd Arlington, TX 76011 46-1096461	Holding Co	TX	9,655,373	60,808,498	TH Resources
<b>(4)</b> Texas Health Resources Trust 612 E Lamar Blvd Arlington, TX 76011 36-6406740	Investments	TX	0	294,143,687	TH Resources

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

**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, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Related Transaction-Part V, Line 2	Texas Health Resources (THR) is the parent organization in a large healthcare system made up of both wholly owned entities as well as related controlled joint ventures as listed on Schedule R. THR's role is to plan, manage and coordinate the activities of the affiliated healthcare system in order to maximize opportunities to deliver cost effective quality medical care to residents of north central Texas. THR provides direction and oversight to its wholly owned affiliates through centralized services. They also provide oversight for the controlled joint ventures. As an integral part of providing centralized services to the affiliates, THR maintains intercompany receivable/payable accounts, most of which do not fall within the scope of IRC Section 512(b)(13). The range of centralized services provided by THR include information services, managed care contracting, Human resources, revenue cycle, billing and collections, patient access/admissions, legal, tax, compliance, supply chain, quality, business development, insurance, treasury, marketing, general accounting, real estate services, coding, transcription and strategic planning. In addition, THR does daily cash sweeps of all controlled tax exempt entity cash accounts. As a result, THR has numerous daily transactions with controlled tax exempt entities, none of which fall within the scope of IRC Section 512(b)(13). A management fee is charged for the centralized services and reported on Form 990, Part VII, Section B as a professional services fee. Transactions with related tax exempt organizations falling within the meaning of centralized services as described above, are not listed on Schedule R, Part V, Line 2.

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Harris Methodist Health System 612 E Lamar Blvd Arlington, TX 76011 75-1823547	Support Org	TX	501(c)(3)	11a	NA		No
(1) Johnson County Community Care Corp 612 E Lamar Blvd Arlington, TX 76011 45-2793120	Support Org	TX	501(c)(3)	11a	TH Cleburne		No
(2) North Texas Healthy Communities 612 E Lamar Blvd Arlington, TX 76012 46-4513182	Comm Support	TX	501(c)(3)	7	TH Resources	Yes	
(3) Presbyterian Healthcare Resources 612 E Lamar Blvd Arlington, TX 76011 51-0190395	Support Org	TX	501(c)(3)	11c	NA		No
(4) Texas Health Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012 75-0972805	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(5) Texas Health Alliance 10864 Texas Health Trail Fort Worth, TX 76244 45-1502252	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(6) Texas Health Azle 108 Denver Trail Azle, TX 76020 75-1748586	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(7) Texas Health Cleburne 201 Walls Dr Cleburne, TX 76033 75-1977850	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(8) Texas Health Fort Worth 1301 Pennsylvania Ave Fort Worth, TX 76104 75-6001743	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(9) Texas Health Hurst-Euless-Bedford 1600 Hospital Parkway Bedford, TX 76022 75-1438726	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(10) Texas Health Southwest Fort Worth 6100 Harris Parkway Fort Worth, TX 76132 75-2678857	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(11) Texas Health Stephenville 411 Belknap Stephenville, TX 76401 75-1752253	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(12) Texas Health Huguley Inc 11801 S Freeway Burleson, TX 76028 45-2694620	Hospital	FL	501(c)(3)	3	TH Resources	Yes	
(13) TX Health Outpatient Surg Ctr Alliance 10840 Texas Health Trail Fort Worth, TX 76244 80-0800294	Hospital	TX	501(c)(3)	3	TH Alliance	Yes	
(14) Texas Health Physicians Group 9229 LBJ Freeway Dallas, TX 75243 75-2613493	Phys Clinic	TX	501(c)(3)	9	TH Resources	Yes	
(15) Texas Health Presbyterian Foundation 612 E Lamar Blvd Arlington, TX 76011 75-2022128	Fundraising	TX	501(c)(3)	7	TH Resources	Yes	
(16) Texas Health Allen 1105 Central Expressway N Allen, TX 75013 75-2890358	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(17) Texas Health Dallas 8200 Walnut Hill Ln Dallas, TX 75231 75-1047527	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(18) Texas Health Denton 3000 North Interstate 35 Denton, TX 76201 43-2008974	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(19) Texas Health Kaufman 850 Ed Hall Drive Kaufman, TX 75142 75-2771437	Hospital	TX	501(c)(3)	3	TH Resources	Yes	

**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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?  <b>Yes</b> <b>No</b>	
(21) Texas Health Plano  6200 W Parker Rd Plano, TX 75093 75-2770738	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(1) TX Health Research & Education Institute  612 E Lamar Blvd Arlington, TX 76011 75-2562191	Edu& Research	TX	501(c)(3)	4	TH Resources	Yes	
(2) TX Health Resources Self-Insurance Trust  612 E Lamar Blvd Arlington, TX 76011 75-6335902	Insur Trust	TX	501(c)(3)	11 c	TH Resources	Yes	
(3) TH Specialty Hospital Fort Worth  1301 Pennsylvania Ave Fort Worth, TX 76104 75-1648589	LT Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(4) WW Ward Endowment Fund Trust  612 E Lamar Blvd Arlington, TX 76011 75-6196065	Support Org	TX	501(c)(3)	11 a	TH Fndation		No
(5) Healthy Tarrant County Collaboration  PO Box 8040 Fort Worth, TX 76124 43-2087946	Support Org	TX	501(c)(3)	11 a	TH Resources	Yes	
(6) Tarrant County Indigent Care Corporation  612 E Lamar Blvd Arlington, TX 76011 26-0648532	Support Org	TX	501(c)(3)	11 a	NA		No
(7) Dallas County Indigent Care Corporation  PO Box 655999 Dallas, TX 75203 26-0610562	Support Org	TX	501(c)(3)	11 a	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMH Cath Labs LLC  811 Wright St Arlington, TX 76012 20-3003947	Hospital	TX	NA	N/A								
Cleburne Imaging LLC  PO Box 820519 Dallas, TX 75382 46-0767278	Outpatient Diagno	TX	NA	N/A								
Cleburne Surgical Center LLC  2010 W Katherine P Raines Blvd St Cleburne, TX 76033 20-3742012	Amb Surg Ctr	TX	TH Resources	Related	1,927,720	2,044,799		No	0	Yes		51 000 %
Denton Surgery Center LLC  569 Brookwood Village Ste 901 Birmingham, AL 35209 47-0926556	Amb Surg Ctr	TX	TH Resources	Related	4,031,667	4,028,602		No	0	Yes		60 320 %
Flower Mound Hospital Partners LLC  612 E Lamar Blvd Ste 600 Arlington, TX 76011 26-0684968	Hospital	TX	TH Resources	Related	13,601,268	67,443,895		No	0		No	54 600 %
Fort Worth Endoscopy Centers LLC  900 W Magnolia Ave 101 Fort Worth, TX 76104 77-0368346	Endocscopy Center	TX	TH Resources	Related	5,231,236	3,912,111		No	0	Yes		51 000 %
Greenville Surgery Center LLC  7150 Greenville Ave Ste 200 Dallas, TX 75231 74-2411643	Amb Surg Ctr	TX	TH Resources	Related	1,755,705	1,814,608		No	0	Yes		80 300 %
Health Imaging Partners LLC  8610 Explorer Drive Ste 300 Colorado Springs, CO 80920 27-1385885	Outpatient Diagno	TX	TH Resources	Related	7,698,499	44,907,263		No	0		No	51 000 %
North Dallas Surgical Center LLC  17980 Dallas Parkway Ste 100 Dallas, TX 75287 27-2248103	Amb Surg Ctr	TX	TH Resources	Related	-121,131	1,047,659		No	0	Yes		51 000 %
Physician Medical Center LLC  612 E Lamar Blvd 6th Flr Arlington, TX 76011 48-1281376	Hospital	TX	TH Plano	Related	1,584,468	1,939,330		No	0		No	6 060 %
Presbyterian Cancer Center- Dallas LLC  1220 Senlac Drive 2nd Flr Carrollton, TX 75006 26-0422749	Cancer Treatment	TX	NA	N/A								
Rockwall Regional Hospital LLC  612 E Lamar Blvd 6th Flr Arlington, TX 76011 20-2848116	Hospital	TX	TH Resources	Related	11,837,334	47,249,086		No	0	Yes		59 750 %
ShermanGrayson Healthcare System LLC  2400 Dallas Pkwy Plano, TX 75093 27-2025497	Hospital	TX	TH Resources	Related	8,772,573	0		No	0		No	50 100 %
Southlake Specialty Hospital LLC  612 E Lamar Blvd 6th Flr Arlington, TX 76011 02-0555370	Hospital	TX	TH HEB	Related	1,004,185	1,621,055		No	0	Yes		6 080 %
Surgical Caregivers of Fort Worth LLC  569 Brookwood Village Ste 901 Birmingham, AL 35209 75-1925497	Amb Surg Ctr	TX	TH Resources	Related	4,414,855	3,202,873		No	0	Yes		51 000 %





**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	(i) Section 512(b)(13) controlled entity?
Yes	No							
Grace Indemntiy Company Ltd 1159 Caribbean Plaza Grand Cayman KY1-1101 CJ 98-1209573	Captive Insurance	CJ	TH Resources	C Corp	0	200,000	100 000 %	Yes
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX 76028 75-2547668	Phys Clinics	TX	NA	C Corp				No
Texas Health Biomedical Advancement Cent 612 E Lamar Blvd Arlington, TX 76011 75-2636884	Research	TX	NA	C Corp				No
Texas Health Resources Casualty Company 612 E Lamar Blvd Arlington, TX 76011 03-0310676	Insurance	VT	TH Resources	C Corp	20,947	309,041	100 000 %	Yes
Texas Health Resources Cardiovascular Se 612 E Lamar Blvd Arlington, TX 76011 46-5588632	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes
Texas Health Resources Joint Services 612 E Lamar Blvd Arlington, TX 76011 46-5365421	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes
Texas Health Resources Spine Services 612 E Lamar Blvd Arlington, TX 76011 46-5347751	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes
Texas Health Resources Women's Services 612 E Lamar Blvd Arlington, TX 76011 46-5330487	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes
Charitable Remainder Trusts (4) 612 E Lamar Blvd Arlington, TX 76011	CR Trust	TX	TH Resources	Trust				

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Health Imaging Partners LLC	a	243,987	Contract
North Dallas Surgery Center LLC	a	16,170	Contract
Rockwall Regional Hospital LLC	a	209,771	Contract
Texas Health Huguley Inc	a	107,320	Contract
Texas Health Stephenville	a	72,783	Contract
Texas Health Fort Worth	a	3,005,161	Contract
Texas Health Hurst-Euless-Bedford	a	921,851	Contract
Texas Health Dallas	a	359,750	Contract
Texas Health Plano	a	2,339,887	Contract
Texas Health Research Foundation	a	396,359	Contract
Texas Health Specialty Hospital	a	135,501	Contract
Texas Health Allen	a	366,092	Contract
Texas Health Kaufman	a	99,458	Contract
Texas Health Physician Group	a	7,499,927	Contract
Texas Health Research & Education Inst	a	366,013	Contract
Texas Health Azle	a	232,348	Contract
Texas Health Denton	a	1,716,622	Contract
Texas Health Alliance	a	831,015	Contract
Texas Health Outpatient Surgery Ctr Alliance	a	710,793	Contract
Texas Health Southwest	a	745,155	Contract
Flower Mound Hospital Partners LLC	a	39,200	Contract
Fort Worth Endoscopy Center LLC	b	849,421	JV Agreement
Texas Health Spine Center Arlington LLC	b	306,000	JV Agreement
Wilson Creek Surgical Center LLC	b	502,315	JV Agreement
Cleburne Surgical Center LLC	s	524,610	JV Agreement

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Denton Surgery Center LLC	s	2,889,124	JV Agreement
Flower Mound Hospital Partners LLC	s	10,343,826	JV Agreement
Fort Worth Endoscopy Centers LLC	s	2,412,900	JV Agreement
Greenville Surgery Center LLC	s	1,631,860	JV Agreement
Health Imaging Partners LLC	S	6,018,000	JV Agreement
Physicians Medical Center LLC	s	1,533,821	JV Agreement
Rockwall Regional Hospital LLC	s	6,800,863	JV Agreement
Southlake Specialty Hospital LLC	s	1,002,934	JV Agreement
Surgical Caregivers of Fort Worth LLC	s	4,134,437	JV Agreement
Texas Health Craig Ranch Surgery Center LLC	s	1,174,943	JV Agreement
Tx Health Flower Mound Orthopedic Surgical	s	1,360,175	JV Agreement
THRSTT Rockwall ASC LLC	s	1,194,646	JV Agreement
THRSTT Southlake ASC LLC	s	2,980,303	JV Agreement
USMD Hospital at Arlington LP	s	10,391,054	JV Agreement
USMD Hospital at Fort Worth LP	s	6,129,792	JV Agreement
Health Imaging Partners LLC	l	1,187,754	Contract
Flower Mound Hospital Parnters LLC	l	100,000	Contract
Physician Medical Center LLC	l	100,000	Contract
Rockwall Regional Hospital LLC	l	100,000	Contract
Southlake Specialty Hospital LLC	l	100,000	Contract
THRSTT Southlake ASC LLC	l	100,000	Contract
USMD Hospital at Arlington LP	l	100,000	Contract
USMD Hospital at Fort Worth LP	l	100,000	Contract
ShermanGrayson Healthcare System	l	83,333	Contract
Southlake Specialty Hospital LLC	l	4,676,428	Contract

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Physicians Medical Center LLC	I	5,901,850	Contract
Flower Mound Specialty Hosptial LLC	I	11,478,528	Contract
Rockwall Regional Hospital LLC	I	10,540,468	Contract
Flower Mound Hospital Partners LLC	a	63,055	Contract