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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>Form <b>990</b></div> <div></div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div><b>Return of Organization Exempt From Income Tax</b></div> <div><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></div> <div><div>▶ Do not enter social security numbers on this form as it may be made public</div><div>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div></div> | <div>OMB No 1545-0047</div> <div><b>2014</b></div> <div><b>Open to Public Inspection</b></div> |
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|                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                  |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>A</b> For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015                                                                                                                                                                                                             |                                                                                                        |                                                                                                                                                                                                                                                                                  |                                                           |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Mother Frances Hospital - Winnsboro                                   |                                                                                                                                                                                                                                                                                  | <b>D</b> Employer identification number<br><br>75-2771569 |
|                                                                                                                                                                                                                                                                                                           | % CHRISSY RAMSEY<br>Doing business as                                                                  |                                                                                                                                                                                                                                                                                  | <b>E</b> Telephone number<br><br>(903) 606-5639           |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)<br>1315 Doctors Drive        | Room/suite                                                                                                                                                                                                                                                                       |                                                           |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>Tyler, TX 75701            |                                                                                                                                                                                                                                                                                  | <b>G</b> Gross receipts \$ 19,976,407                     |
|                                                                                                                                                                                                                                                                                                           | <b>F</b> Name and address of principal officer<br>JANET COATES<br>719 W COKE RD<br>WINNSBORO, TX 75494 |                                                                                                                                                                                                                                                                                  |                                                           |
| <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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |
| <b>J</b> Website: WWW.TMFHC.ORG/WINNSBORO                                                                                                                                                                                                                                                                 |                                                                                                        | <b>H(c)</b> Group exemption number                                                                                                                                                                                                                                               |                                                           |
| <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 1985                                                                                                                                                                                                                                                  | <b>M</b> State of legal domicile TX                       |

| Part I                                                                                   |                                                                                                                                                                                                                                                             | Summary                          |                     |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance                                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTHCARE SERVICES WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY |                                  |                     |
|                                                                                          |                                                                                                                                                                                                                                                             |                                  |                     |
|                                                                                          |                                                                                                                                                                                                                                                             |                                  |                     |
|                                                                                          | <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>                         | 10                  |
|                                                                                          | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                            | <b>4</b>                         | 7                   |
|                                                                                          | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .                                                                                                                                                             | <b>5</b>                         | 135                 |
|                                                                                          | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                                                       | <b>6</b>                         | 25                  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>                                                                                                                                                                                                                                                   | 0                                |                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>                                                                                                                                                                                                                                                   | 0                                |                     |
| Revenue                                                                                  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                            | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                                          | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                             | 0                                | 0                   |
|                                                                                          | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                          | 22,470,562                       | 19,964,258          |
|                                                                                          | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                          | 12                               | 0                   |
|                                                                                          | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                        | 3,776                            | 12,149              |
|                                                                                          |                                                                                                                                                                                                                                                             | 22,474,350                       | 19,976,407          |
| Expenses                                                                                 | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                       | 1,361,853                        | 739,339             |
|                                                                                          | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                           | 0                                | 0                   |
|                                                                                          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                 | 6,198,165                        | 6,326,568           |
|                                                                                          | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                          | 0                                | 0                   |
|                                                                                          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0                                                                                                                                                               |                                  |                     |
|                                                                                          | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                            | 12,808,165                       | 13,374,752          |
|                                                                                          | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                          | 20,368,183                       | 20,440,659          |
|                                                                                          | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                     | 2,106,167                        | -464,252            |
| Net Assets or Fund Balances                                                              |                                                                                                                                                                                                                                                             | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                                          | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                          | 10,323,566                       | 12,284,285          |
|                                                                                          | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                     | 6,154,807                        | 8,579,778           |
|                                                                                          | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                               | 4,168,759                        | 3,704,507           |

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                    |
| 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>                                                                                                                                                                                                                                                                                                    | <div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2016-05-16</div> <div>Date</div> </div>                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                     | <div>Elizabeth Pulliam CFO of MFH Regional</div> <div>Type or print name and title</div>                                                                                                                                                                                                           |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                       | <div> <div>Prnt/Type preparer's name</div> <div>Jeanette Verrelli</div> </div> <div> <div>Preparer's signature</div> <div>Jeanette Verrelli</div> </div> <div> <div>Date</div> </div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00742631</div> </div> |
|                                                                                                                                                                                                                                                                                                                     | <div> <div>Firm's name ▶ BKD LLP</div> <div>Firm's address ▶ 14241 DALLAS PKWY STE 1100</div> <div>DALLAS, TX 75254</div> </div> <div> <div>Firm's EIN ▶</div> <div>Phone no (972) 702-8262</div> </div>                                                                                           |
| May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |
| <b>For Paperwork Reduction Act Notice, see the separate instructions.</b> <div>Cat No 11282Y</div> <div>Form <b>990</b> (2014)</div>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |

Part IIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO PROVIDE THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTHCARE SERVICES WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY

2

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

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?

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 \$ 17,224,252 including grants of \$ 739,339 ) (Revenue \$ 19,964,258 )

MOTHER FRANCES HOSPITAL - WINNSBORO IS A HOSPITAL WITH 35 AVAILABLE BEDS LOCATED IN WINNSBORO, TEXAS THE HOSPITAL SERVES THE NORTHEAST TEXAS AREA OF WOOD, FRANKLIN, HOPKINS, RAINS, AND CAMP COUNTIES AND OFFERS A WIDE RANGE OF SERVICES INCLUDING GENERAL SURGERY, CARDIAC REHABILITATION, INPATIENT GERIATRIC PSYCH SERVICES, AND A 24-HOUR EMERGENCY DEPARTMENT THE HOSPITAL HAD 1,910 PATIENT DAYS, 599 DISCHARGES, AND 8,067 EMERGENCY ROOM VISITS DURING THE YEAR MFH - WINNSBORO PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS INCLUDING MEDICARE AND MEDICAID FOR REIMBURSEMENT THAT DOES NOT ALWAYS COVER THE COST OF PROVIDING THE CARE RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH FINANCIALLY INDIGENT AND MEDICALLY INDIGENT PATIENTS TO THE EXTENT REIMBURSEMENT FOR SERVICES IS BELOW COST, MFH - WINNSBORO RECOGNIZES DIFFERENCES AS CHARITY CARE

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 17,224,252

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                                                                                               | 2       | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                           | 3       | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                   | 4 Yes   |    |
| 5 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? If "Yes," complete Schedule C, Part III                                                                    | 5       | No |
| 6 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? If "Yes," complete Schedule D, Part I                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10 Yes  |    |
| 11 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                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | 11a Yes |    |
| 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? If "Yes," complete Schedule D, Part VII                                                                                        | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                       | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                         | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | 11e Yes |    |
| f 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)? If "Yes," complete Schedule D, Part X                                               | 11f     | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | 14b     | No |
| 15 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? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                 | 15      | No |
| 16 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? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                           | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                                  | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                 | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                                                           | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                              | 20a Yes |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                               | 20b Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | 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> . . . . .                                                                                             | 21  | Yes |    |
| 22  | 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> . . . . .                                                                                                                 | 22  |     | No |
| 23  | 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> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <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> . . . . .                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | 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> . . . . .                                 | 26  |     | No |
| 27  | 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> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| 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> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | 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

1a

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1a

18

1b

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

0

1c

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

2a

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a

135

2b

If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b

Yes

3a

Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a

No

3b

If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

3b

4a

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a

No

4b

If "Yes," enter the name of the foreign country  
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

4b

5a

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a

No

5b

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b

No

5c

If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

5c

6a

Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6a

No

6b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b

7

Organizations that may receive deductible contributions under section 170(c).

7

7a

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7a

No

7b

If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

7c

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

No

7d

If "Yes," indicate the number of Forms 8282 filed during the year

7d

7e

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

No

7f

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f

No

7g

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g

7h

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h

8

Sponsoring organizations maintaining donor advised funds.  
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

8

9a

Did the sponsoring organization make any taxable distributions under section 4966?

9a

9b

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

10

Section 501(c)(7) organizations. Enter

10

10a

Initiation fees and capital contributions included on Part VIII, line 12

10a

10b

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11

Section 501(c)(12) organizations. Enter

11

11a

Gross income from members or shareholders

11a

11b

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b

12a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

12b

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

13

13a

Is the organization licensed to issue qualified health plans in more than one state?  
**Note.** See the instructions for additional information the organization must report on Schedule O

13a

13b

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

13c

Enter the amount of reserves on hand

13c

14a

Did the organization receive any payments for indoor tanning services during the tax year?

14a

No

14b

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2014)

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

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

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

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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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<br>▶CHRISSEY RAMSEY<br>1315 DOCTORS DRIVE<br>TYLER, TX 75701 (903) 606-5639                                                                                                                                                                                                                      |

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)<br>Name and Title                                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                 |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) LILLIA ELENA BIRDSONG<br>.....<br>DIRECTOR                  | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) SUE HORCHEM<br>.....<br>DIRECTOR                            | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) REV HENRY SUCHE<br>.....<br>VICE CHAIR                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 250                                                                   | 0                                                                          | 0                                                                                             |
| (4) CLARA ZIEGLER<br>.....<br>DIRECTOR                          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) RAY THOMPSON<br>.....<br>SYS EXEC/VP/DIRECTOR/CHAIRMAN      | 7 0<br>.....<br>33 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 315,175                                                               | 1,485,830                                                                  | 30,207                                                                                        |
| (6) JANET COATES<br>.....<br>CEO/PRESIDENT                      | 40 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) JARED PETTY DO<br>.....<br>PHYSICIAN                        | 40 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 459,921                                                               | 0                                                                          | 74,146                                                                                        |
| (8) PAUL DRIVER DO<br>.....<br>PHYSICIAN                        | 40 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 317,532                                                               | 0                                                                          | 9,020                                                                                         |
| (9) CHARLES PRUITT MD<br>.....<br>DIRECTOR/PRES OF MED STAFF    | 10 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) ROBERT VAN BLAIR MD<br>.....<br>PHYSICIAN                  | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) J LINDSEY BRADLEY JR<br>.....<br>SYSTEM PRESIDENT/DIRECTOR | 1 0<br>.....<br>39 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 50,566                                                                | 1,972,093                                                                  | 30,207                                                                                        |
| (12) JOYCE HESTER<br>.....<br>SR VICE PRESIDENT/CFO             | 4 0<br>.....<br>36 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 48,300                                                                | 434,699                                                                    | 27,706                                                                                        |
| (13) SHELLY LOLLAR<br>.....<br>PHARMACIST                       | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 128,315                                                               | 0                                                                          | 1,969                                                                                         |



## Part VII

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |

|           |                                                                        |          |           |           |         |
|-----------|------------------------------------------------------------------------|----------|-----------|-----------|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | <b>▼</b> |           |           |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | <b>▼</b> |           |           |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | <b>▼</b> | 1,320,059 | 3,892,622 | 173,255 |

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 ▶4

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

## Section B. Independent Contractors

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

| (A)<br>Name and business address                                              | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------------------------|--------------------------------|---------------------|
| COMMUNITY HOSPITAL CONSULTING LP,<br>5801 TENNYSON PARKWAY<br>PLANO, TX 75024 | MANAGEMENT SERVICES            | 680,532             |
| TEXAS HEALTH RESOURCES,<br>612 E LAMAR BLVD 6TH FLOOR<br>ARLINGTON, TX 76011  | BILLING/IT SERVICES            | 230,106             |
| ULTRASOUND ASSOCIATES INC,<br>401 EAST FRONT<br>TYLER, TX 75702               | RADIOLOGY SERVICES             | 219,555             |
|                                                                               |                                |                     |
|                                                                               |                                |                     |

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 ►3

Part VIII

Statement of Revenue

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

|                                                           |                                 |                                                                                                                         | (A)<br>Total revenue                                                            | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                              | Federated campaigns                                                                                                     | 1a                                                                              |                                                    |                                         |                                                                     |
|                                                           | b                               | Membership dues                                                                                                         | 1b                                                                              |                                                    |                                         |                                                                     |
|                                                           | c                               | Fundraising events                                                                                                      | 1c                                                                              |                                                    |                                         |                                                                     |
|                                                           | d                               | Related organizations                                                                                                   | 1d                                                                              |                                                    |                                         |                                                                     |
|                                                           | e                               | Government grants (contributions)                                                                                       | 1e                                                                              |                                                    |                                         |                                                                     |
|                                                           | f                               | All other contributions, gifts, grants, and<br>similar amounts not included above                                       | 1f                                                                              |                                                    |                                         |                                                                     |
|                                                           | g                               | Noncash contributions included in lines<br>1a-1f \$                                                                     |                                                                                 |                                                    |                                         |                                                                     |
|                                                           | h                               | Total. Add lines 1a-1f                                                                                                  |                                                                                 | 0                                                  |                                         |                                                                     |
| Program Service Revenue                                   | 2a                              | NET PATIENT SERVICE REVENUE                                                                                             | Business Code<br>621110                                                         | 19,363,425                                         | 19,363,425                              |                                                                     |
|                                                           | b                               | UPL MEDICAID REVENUE                                                                                                    | 900099                                                                          | 613,781                                            | 613,781                                 |                                                                     |
|                                                           | c                               | RELATED RENTAL REVENUE                                                                                                  | 532000                                                                          | 166,177                                            | 166,177                                 |                                                                     |
|                                                           | d                               | EHR INCENTIVE REVENUE                                                                                                   | 900099                                                                          | -941,378                                           | -941,378                                |                                                                     |
|                                                           | e                               | PHARMACY REVENUE                                                                                                        | 446110                                                                          | 745,627                                            | 745,627                                 |                                                                     |
|                                                           | f                               | All other program service revenue                                                                                       |                                                                                 | 16,626                                             | 16,626                                  |                                                                     |
|                                                           | g                               | Total. Add lines 2a-2f                                                                                                  |                                                                                 | 19,964,258                                         |                                         |                                                                     |
|                                                           | Other Revenue                   | 3                                                                                                                       | Investment income (including dividends, interest,<br>and other similar amounts) |                                                    | 0                                       |                                                                     |
| 4                                                         |                                 | Income from investment of tax-exempt bond proceeds                                                                      |                                                                                 | 0                                                  |                                         |                                                                     |
| 5                                                         |                                 | Royalties                                                                                                               |                                                                                 | 0                                                  |                                         |                                                                     |
| 6a                                                        |                                 | Gross rents                                                                                                             | (i) Real (ii) Personal                                                          |                                                    |                                         |                                                                     |
|                                                           |                                 | b                                                                                                                       | Less rental expenses                                                            |                                                    |                                         |                                                                     |
|                                                           |                                 | c                                                                                                                       | Rental income or (loss)                                                         | 0 0                                                |                                         |                                                                     |
|                                                           |                                 | d                                                                                                                       | Net rental income or (loss)                                                     |                                                    | 0                                       |                                                                     |
| 7a                                                        |                                 | Gross amount from sales of assets other than inventory                                                                  | (i) Securities (ii) Other                                                       |                                                    |                                         |                                                                     |
|                                                           |                                 | b                                                                                                                       | Less cost or other basis and sales expenses                                     |                                                    |                                         |                                                                     |
|                                                           |                                 | c                                                                                                                       | Gain or (loss)                                                                  |                                                    |                                         |                                                                     |
|                                                           |                                 | d                                                                                                                       | Net gain or (loss)                                                              |                                                    | 0                                       |                                                                     |
| 8a                                                        |                                 | Gross income from fundraising events (not including \$<br>of contributions reported on line 1c)<br>See Part IV, line 18 | a                                                                               |                                                    |                                         |                                                                     |
|                                                           |                                 | b                                                                                                                       | Less direct expenses                                                            | b                                                  |                                         |                                                                     |
|                                                           |                                 | c                                                                                                                       | Net income or (loss) from fundraising events                                    |                                                    | 0                                       |                                                                     |
| 9a                                                        |                                 | Gross income from gaming activities<br>See Part IV, line 19                                                             | a                                                                               |                                                    |                                         |                                                                     |
|                                                           |                                 | b                                                                                                                       | Less direct expenses                                                            | b                                                  |                                         |                                                                     |
|                                                           |                                 | c                                                                                                                       | Net income or (loss) from gaming activities                                     |                                                    | 0                                       |                                                                     |
| 10a                                                       |                                 | Gross sales of inventory, less returns and allowances                                                                   | a                                                                               |                                                    |                                         |                                                                     |
|                                                           |                                 | b                                                                                                                       | Less cost of goods sold                                                         | b                                                  |                                         |                                                                     |
|                                                           |                                 | c                                                                                                                       | Net income or (loss) from sales of inventory                                    |                                                    | 0                                       |                                                                     |
| Miscellaneous Revenue                                     |                                 | Business Code                                                                                                           |                                                                                 |                                                    |                                         |                                                                     |
| 11a                                                       | VENDING INCOME                  | 722514                                                                                                                  | 6,254                                                                           |                                                    | 6,254                                   |                                                                     |
| b                                                         | CAFETERIA INCOME                | 722514                                                                                                                  | -75                                                                             |                                                    | -75                                     |                                                                     |
| c                                                         | REBATE INCOME                   | 900099                                                                                                                  | 5,970                                                                           |                                                    | 5,970                                   |                                                                     |
| d                                                         | All other revenue               |                                                                                                                         |                                                                                 |                                                    |                                         |                                                                     |
| e                                                         | Total. Add lines 11a-11d        |                                                                                                                         | 12,149                                                                          |                                                    |                                         |                                                                     |
| 12                                                        | Total revenue. See Instructions |                                                                                                                         | 19,976,407                                                                      | 19,964,258                                         |                                         | 12,149                                                              |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .                                                                                                                         | 739,339               | 739,339                         |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .                                                                                             | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                    | 1,045,566             | 857,364                         | 188,202                                |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                               | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                    | 4,257,446             | 3,491,105                       | 766,341                                |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                          | 56,147                | 46,041                          | 10,106                                 |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 672,422               | 551,386                         | 121,036                                |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 294,987               | 241,889                         | 53,098                                 |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  | 360,000               | 295,200                         | 64,800                                 |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                  | 6,936,403             | 5,687,851                       | 1,248,552                              |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 10,323                | 8,465                           | 1,858                                  |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 59,895                | 49,114                          | 10,781                                 |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 71                    | 58                              | 13                                     |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 370,852               | 304,099                         | 66,753                                 |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 23,432                | 19,214                          | 4,218                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 1,351                 | 1,108                           | 243                                    |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 611,514               |                                 | 611,514                                |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | -166,124              | -136,222                        | -29,902                                |                             |
| 24                                                                             | 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 )                                       |                       |                                 |                                        |                             |
| a                                                                              | MEDICAL SUPPLIES                                                                                                                                                                                                                      | 1,489,657             | 1,489,657                       |                                        |                             |
| b                                                                              | BAD DEBT EXPENSE                                                                                                                                                                                                                      | 3,128,523             | 3,128,523                       |                                        |                             |
| c                                                                              | REPAIRS AND MAINTENANCE                                                                                                                                                                                                               | 284,634               | 233,400                         | 51,234                                 |                             |
| d                                                                              | EDUCATION                                                                                                                                                                                                                             | 94,828                | 77,759                          | 17,069                                 |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                    | 169,393               | 138,902                         | 30,491                                 |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                    | 20,440,659            | 17,224,252                      | 3,216,407                              | 0                           |
| 26                                                                             | Joint costs. 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 |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |              | 1,534             | 1   | -376,802    |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |              | 0                 | 2   | 0           |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |              | 0                 | 3   | 0           |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |              | 2,212,657         | 4   | 2,319,857   |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |              | 0                 | 5   | 0           |
|                             | 6                                                                                                                                                   | 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                 | 6   | 0           |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |              | 0                 | 7   | 0           |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |              | 292,800           | 8   | 251,721     |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |              | 42,216            | 9   | 267,722     |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a8,812,386 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b3,722,548 | 5,323,454         | 10c | 5,089,838   |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |              | 0                 | 11  | 0           |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |              | 0                 | 12  | 0           |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |              | 0                 | 13  | 0           |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |              | 0                 | 14  | 0           |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |              | 2,450,905         | 15  | 4,731,949   |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |              | 10,323,566        | 16  | 12,284,285  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |              | 1,521,929         | 17  | 615,605     |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |              | 0                 | 18  | 0           |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |              | 0                 | 19  | 0           |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |              | 0                 | 20  | 0           |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |              | 0                 | 21  | 0           |
|                             | 22                                                                                                                                                  | 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                 | 22  | 0           |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |              | 0                 | 23  | 0           |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |              | 0                 | 24  | 0           |
|                             | 25                                                                                                                                                  | 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                                                                                                                                                         |              | 4,632,878         | 25  | 7,964,173   |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |              | 6,154,807         | 26  | 8,579,778   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |              | 4,168,759         | 27  | 3,704,507   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |              | 0                 | 28  | 0           |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |              | 0                 | 29  | 0           |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |              |                   | 30  |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |              |                   | 31  |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |              |                   | 32  |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |              | 4,168,759         | 33  | 3,704,507   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |              | 10,323,566        | 34  | 12,284,285  |

Part XI

Reconciliation of Net Assets

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

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 19,976,407 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 20,440,659 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | -464,252   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 4,168,759  |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  |            |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |            |
| 7  | Investment expenses . . . . .                                                                                 | 7  |            |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  |            |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,704,507  |

Part XII

Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                                                                                       | 3a  | No  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | 3b  |     |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (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<br>Mother Frances Hospital - Winnsboro | Employer identification number<br>75-2771569 |
|-----------------------------------------------------------------|----------------------------------------------|

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 . . . . . \_\_\_\_\_
- 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 |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total                             |          |                                                                                              |                                                             |    |                                                   |                                                 |

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

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

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

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

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

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? 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).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| 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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. . . .                                                                                                                                                                                                  | 4b  |    |
| c 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)? 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.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | 5a  |    |
| 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?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 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? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 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? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                             | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a 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))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| 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? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c 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? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a 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)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a 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?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                       |     |    |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |    |     |    |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Yes | No |
| 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 <b>Part VI identify those supported organizations and explain</b> 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. | 2a |     |    |
| 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              | 2b |     |    |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
| 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.                                                                                                                                                                                                                                                                                                                                       | 3a |     |    |
| 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.                                                                                                                                                                                                                                                                                           | 3b |     |    |

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

1 ☐ 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) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | 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) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | 8              |                             |

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

| Section C - Distributable Amount |                                                                                                                                                                          |   | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1 |              |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3 |              |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5 |              |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                    | 6 |              |
| 7                                | <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) |   |              |

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

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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<br>Mother Frances Hospital - Winnsboro | Employer identification number<br>75-2771569 |
|-----------------------------------------------------------------|----------------------------------------------|

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

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

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

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

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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 <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |                                                          |

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

Part II-A

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

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

Part II-B

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

| 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 |
| 1                                                                                                                         | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                         | Yes |    | 420    |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            |     | No |        |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 420    |
| 2a                                                                                                                        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b                                                                                                                         | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c                                                                                                                         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d                                                                                                                         | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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                                                                                                                                            |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE C, PART II-B, LINE 1F | GRANTS FOR LOBBYING PURPOSES. 22.8% OF AHA DUES WERE EXPENDED FOR SPECIFIC LOBBYING PURPOSES BASED ON THE MEDICARE DEFINITION OF UNALLOWABLE EXPENSES. |
|                                |                                                                                                                                                        |
|                                |                                                                                                                                                        |
|                                |                                                                                                                                                        |
|                                |                                                                                                                                                        |
|                                |                                                                                                                                                        |
|                                |                                                                                                                                                        |



[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Mother Frances Hospital - Winnsboro | Employer identification number<br>75-2771569 |
|-----------------------------------------------------------------|----------------------------------------------|

Part I

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

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

- 3

Using the organization's 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 |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 2,762,072       | 2,414,694     | 2,408,876           | 2,350,337           | 2,209,013          |
| b Contributions . . . . .                                  |                 |               |                     | 30,875              | 50                 |
| c Net investment earnings, gains, and losses               | 124,881         | 360,569       | 163,752             | 27,664              | 141,274            |
| d Grants or scholarships . . . . .                         | 1,000           | 13,191        | 157,934             |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 2,885,953       | 2,762,072     | 2,414,694           | 2,408,876           | 2,350,337          |

- 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

71 34 2 %

c

Temporarily restricted endowment

28 6 5 8 %

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part 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 |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                |                                      | 265,577                        |                              | 265,577        |
| b Buildings . . . . .                                                                            |                                      | 3,927,159                      | 981,903                      | 2,945,256      |
| c Leasehold improvements . . . . .                                                               |                                      | 254,369                        | 144,003                      | 110,366        |
| d Equipment . . . . .                                                                            |                                      | 4,365,281                      | 2,596,642                    | 1,768,639      |
| e Other . . . . .                                                                                |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 5,089,838      |
- Schedule D (Form 990) 2014

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<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                               |                |                                                             |
| (2) Closely-held equity interests                                       |                |                                                             |
| Other                                                                   |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
| Total. (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<br>Cost or end-of-year market value |
|-------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
| Total. (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 |
|-------------------------------------------------------------------|----------------|
| (1) DUE FROM Third-PARTY PAYERS                                   | 149,336        |
| (2) DUE FROM AFFILIATES                                           | 4,582,613      |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 4,731,949      |

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                                              | 0              |  |
| DUE TO AFFILIATES                                                 | 6,101,263      |  |
| EST SELF-INSURANCE COSTS                                          | 95,000         |  |
| DUE TO third-PARTY PAYERS                                         | 1,660,033      |  |
| ASSET RETIREMENT OBLIGATION                                       | 107,877        |  |
|                                                                   |                |  |
|                                                                   |                |  |
|                                                                   |                |  |
|                                                                   |                |  |
|                                                                   |                |  |
|                                                                   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 7,964,173      |  |

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.

|   |                                                                                          |    |            |
|---|------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 16,841,914 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |            |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a |            |
| b | Donated services and use of facilities . . . . .                                         | 2b |            |
| c | Recoveries of prior year grants . . . . .                                                | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d | -3,128,523 |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | -3,128,523 |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 19,970,437 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b | 5,970      |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 5,970      |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 19,976,407 |

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.

|   |                                                                                           |    |            |
|---|-------------------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 17,306,166 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |            |
| a | Donated services and use of facilities . . . . .                                          | 2a |            |
| b | Prior year adjustments . . . . .                                                          | 2b |            |
| c | Other losses . . . . .                                                                    | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d | -5,970     |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | -5,970     |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 17,312,136 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b | 3,128,523  |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 3,128,523  |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 20,440,659 |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART V, LINE 4    | INTENDED USE OF ENDOWMENT FUNDS THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND ITEMS SUPPORTED BY THE ENDOWMENT WHILE SEEKING TO MAINTAIN ITS PURCHASING POWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SCHEDULE D, PART X, LINE 2    | Liability for Uncertain Tax Positions The System, the Hospital, RMSA, the Clinic, Jacksonville and Winnsboro have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code (IRC) and a similar provision of state law. However, these entities are subject to federal income tax on any unrelated business taxable income. APET will be applying for tax-exempt status. THFIC is not considered to be engaged in a United States trade or business and, therefore, is not subject to United States income taxes. If THFIC were to be considered engaged in a United States trade or business, it could be subject to federal income tax. THFIC is currently exempt from income taxes in the Cayman Islands. Accordingly, no provision for taxes has been made. With a few exceptions, the Health System is no longer subject to U.S. federal examinations by tax authorities for years before 2011. |
| SCHEDULE D, PART XI, LINE 2D  | RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN BAD DEBT EXPENSE \$(3,128,523)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SCHEDULE D, PART XI, LINE 4B  | RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN REBATE INCOME \$5,970                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SCHEDULE D, PART XII, LINE 2D | RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN REBATE INCOME \$(5,970)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SCHEDULE D, PART XII, LINE 4B | RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN BAD DEBT EXPENSE \$3,128,523                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Mother Frances Hospital - Winnsboro

Employer identification number  
75-2771569

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No  |    |
| 1a                                                                                                                                           | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1a  | Yes |    |
| b                                                                                                                                            | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1b  | Yes |    |
| 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<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |    |
| 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<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | 3a  | Yes |    |
| 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"? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4   | Yes |    |
| 5a                                                                                                                                           | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a  | Yes |    |
| b                                                                                                                                            | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5b  | Yes |    |
| c                                                                                                                                            | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5c  |     | No |
| 6a                                                                                                                                           | Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a  | Yes |    |
| b                                                                                                                                            | If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6b  | Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |    |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 777,758                             |                               | 777,758                           | 4 490 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 1,130,079                           | 1,512,816                     |                                   | 0 %                          |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               | 669,124                             | 421,254                       | 247,870                           | 1 430 %                      |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    |                                                 |                               | 2,576,961                           | 1,934,070                     | 1,025,628                         | 5 920 %                      |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               |                                     |                               |                                   |                              |
| f Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 2,252                               |                               | 2,252                             | 0 010 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 227,266                             |                               | 227,266                           | 1 310 %                      |
| h Research (from Worksheet 7) . . . . .                                                               |                                                 |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 739,339                             |                               | 739,339                           | 4 270 %                      |
| j <b>Total</b> Other Benefits . . . . .                                                               |                                                 |                               | 968,857                             |                               | 968,857                           | 5 590 %                      |
| k <b>Total</b> . Add lines 7d and 7j . . . . .                                                        |                                                 |                               | 3,545,818                           | 1,934,070                     | 1,994,485                         | 11 510 %                     |

Part IICommunity 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 |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               |                                      |                               |                                    |                              |
| 2Economic development                                      |                                                 |                               |                                      |                               |                                    |                              |
| 3Community support                                         |                                                 |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |                                                 |                               |                                      |                               |                                    |                              |
| 6Coalition building                                        |                                                 |                               |                                      |                               |                                    |                              |
| 7Community health improvement advocacy                     |                                                 |                               |                                      |                               |                                    |                              |
| 8Workforce development                                     |                                                 |                               |                                      |                               |                                    |                              |
| 9Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| 10Total                                                    |                                                 |                               |                                      |                               |                                    |                              |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

|                                                                                                                                                                                                                                                                                                                                        |            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?                                                                                                                                                                                                         | 1          | Yes |    |
| 2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.                                                                                                                                                                                         | 23,128,523 |     |    |
| 3Enter 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. | 3          |     |    |
| 4Provide 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

|                                                                                                                                                                                                                                                                             |                                                          |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|--|
| 5Enter total revenue received from Medicare (including DSH and IME).                                                                                                                                                                                                        | 57,022,535                                               |                                |  |
| 6Enter Medicare allowable costs of care relating to payments on line 5.                                                                                                                                                                                                     | 68,110,237                                               |                                |  |
| 7Subtract line 6 from line 5. This is the surplus (or shortfall).                                                                                                                                                                                                           | 7-1,087,702                                              |                                |  |
| 8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |                                                          |                                |  |
| <input type="checkbox"/> Cost accounting system                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |  |

Section C. Collection Practices

|                                                                                                                                                                                                                                                                               |    |     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 9aDid the organization have a written debt collection policy during the tax year?                                                                                                                                                                                             | 9a | Yes |  |
| bIf "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. | 9b | Yes |  |

Part IVManagement 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 % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| 1                  |                                               |                                                  |                                                                                    |                                               |
| 2                  |                                               |                                                  |                                                                                    |                                               |
| 3                  |                                               |                                                  |                                                                                    |                                               |
| 4                  |                                               |                                                  |                                                                                    |                                               |
| 5                  |                                               |                                                  |                                                                                    |                                               |
| 6                  |                                               |                                                  |                                                                                    |                                               |
| 7                  |                                               |                                                  |                                                                                    |                                               |
| 8                  |                                               |                                                  |                                                                                    |                                               |
| 9                  |                                               |                                                  |                                                                                    |                                               |
| 10                 |                                               |                                                  |                                                                                    |                                               |
| 11                 |                                               |                                                  |                                                                                    |                                               |
| 12                 |                                               |                                                  |                                                                                    |                                               |
| 13                 |                                               |                                                  |                                                                                    |                                               |



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?

1  
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 )

MOTHER FRANCES HOSPITAL - WINNSBORO

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  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
| 1 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?                                                                                                                                                                                                                                                                       | 1   | No  |
| 2 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                                                                                                                                                                                                                                          | 2   | No  |
| 3 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                                                                                                                                                                                                                                                                     | 3   | Yes |
| If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                    |     |     |
| b <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <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                                                                                                                                                                                                                                                                            |     |     |
| d <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| e <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                          |     |     |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                              |     |     |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                   |     |     |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs                                                                                                                                                                                                                                                                                                               |     |     |
| j <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 12                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 5 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 | 5   | Yes |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C                                                                                                                                                                                                                                                                                                    | 6a  | No  |
| 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                                                                                                                                                                                                                                                                                        | 6b  | No  |
| 7 Did the hospital facility make its CHNA report widely available to the public?                                                                                                                                                                                                                                                                                                                                                                       | 7   | Yes |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                                                                                                                |     |     |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE PART V, SECTION C                                                                                                                                                                                                                                                                                                                                                     |     |     |
| b <input type="checkbox"/> Other website (list url)                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                        |     |     |
| d <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 8 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                                                                                                                                                                                                                                                              | 8   | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?                                                                                                                                                                                                                                                                                                                                                       | 10  | Yes |
| a If "Yes" (list url) SEE PART V, SECTION C                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?                                                                                                                                                                                                                                                                                                                                           | 10b | No  |
| 11 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                                                                                                                                                                                                 |     |     |
| 12a 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)?                                                                                                                                                                                                                                                                                                | 12a | No  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?                                                                                                                                                                                                                                                                                                                                                     | 12b |     |
| c 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)

Name of hospital facility or letter of facility reporting group

MOTHER FRANCES HOSPITAL - WINNSBORO

|                                          |                                                                                                                                                                                                                                                                                                | 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>400</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 checked="" 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 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? . . . . .                                                                                                                                                                                      | <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 checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>                                                                                                                                                         |           |     |
| <b>c</b>                                 | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</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 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 checked="" 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? . . . . .                   | <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)

MOTHER FRANCES HOSPITAL - WINNSBORO

|                                                                                                                                                                                                                                                                                                                                                                                      |  |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----|
| 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? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                   |  | <b>19</b> | 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 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                                                                                                                                                                                                                                                                                                                    |  |           |     |
| <b>Policy Relating to Emergency Medical Care</b>                                                                                                                                                                                                                                                                                                                                     |  |           |     |
| <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? . . . . .<br>If "No," indicate why |  | <b>21</b> | 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)                                                                                                                                                                                                                                                                                                                      |  |           |     |
| <b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>                                                                                                                                                                                                                                                                                       |  |           |     |
| <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? . . . . .<br>If "Yes," explain in Section C                                                           |  | <b>23</b> | 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? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             |  | <b>24</b> | 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 |             |
|                           |             |
|                           |             |
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|                           |             |

**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? \_\_\_\_\_

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <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>        |                             |

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                                                                                             |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART III, SECTION A, LINE 2 | BAD DEBT EXPENSE THE AMOUNT REPORTED ON LINE 2 IS BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS |

| Form and Line Reference                 | Explanation                                                                                                                                                                                                                                                          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART III, SECTION A, LINE 3 | BAD DEBT AS COMMUNITY BENEFIT THE ORGANIZATION IS UNABLE TO ESTIMATE THE AMOUNT FOR LINE 3 AND HAS ELECTED TO LEAVE IT BLANK BAD DEBT EXPENSE SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE THIS IS UNCOMPENSATED HEALTHCARE PROVIDED TO RESIDENTS OF THE COMMUNITY |



| Form and Line Reference                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>SCHEDULE H, PART III, SECTION A, LINE 4</p> | <p>BAD DEBT EXPENSE FOOTNOTE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HEALTH SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HEALTH SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) THE HOSPITAL RECORDS AN AUTOMATIC DISCOUNT OF ITS STANDARD CHARGES FOR UNINSURED PATIENTS FOR THE REMAINING RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, THE HEALTH SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE THIS INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE REDUCED STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HEALTH SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS APPROXIMATELY 98% OF SELF-PAY ACCOUNTS RECEIVABLE AT JUNE 30, 2015 AND 2014 THE CURRENT YEAR DECREASE IN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS PRIMARILY THE RESULT OF THE CHANGES IN THE AGE AND PAYER MIX OF ACCOUNTS RECEIVABLE AT JUNE 30, 2015, AS COMPARED TO 2014</p> |

| Form and Line Reference                  | Explanation                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART III, SECTION C, LINE 9B | COLLECTION POLICY THE ORGANIZATION HAS A WRITTEN POLICY COVERING PROCEDURES FOR COLLECTING AND WRITING OFF BAD DEBTS ACCORDING TO THE POLICY, IF A PATIENT APPEARS TO BE INDIGENT, ACCOUNTS SHOULD BE REVIEWED, AT ANY TIME DURING THE COLLECTION PROCESS, FOR POSSIBLE CONSIDERATION AS A CHARITY CASE IN ACCORDANCE WITH THE ORGANIZATION'S CHARITY CARE POLICY |

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART VI, LINE 2 | NEEDS ASSESSMENT THE HOSPITAL'S COMMUNITY HEALTH PROFILES PROVIDE A SNAPSHOT OF 13 SUBURBAN, URBAN, AND RURAL SERVICE AREAS WITHIN NORTH TEXAS USING KEY HEALTH INDICATORS, WHICH FACILITATE COMPARISONS LOCALLY, REGIONALLY, AND OVER TIME COMMUNITY HEALTH PROFILES ARE INTENDED TO ASSIST INTERNAL STAKEHOLDERS, COMMUNITY HEALTH COUNCIL MEMBERS, AND THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT IN DECIDING WHERE TO ALLOCATE RESOURCES AND ADDRESS HEALTH INEQUALITIES ALL ENTITY ADVOCATES USE NATIONAL, STATE, AND LOCAL SECONDARY AND PRIMARY DATA SOURCES TO PROVIDE A CURRENT OVERVIEW OF LOCAL HEALTH NEEDS, FACTORS IMPACTING DISEASE AND INJURY BURDEN, SOCIOECONOMIC STATUS, ACCESS TO HEALTH CARE, AGE DISTRIBUTION, INDICATORS AND LIFESTYLE BEHAVIORS THIS DATA IS USED TO GALVANIZE JOINT COMMUNITY HEALTH EFFORTS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES AND TO EMPOWER THE GREATER COMMUNITY |

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART VI, LINE 3 | PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND CONTACT INFORMATION IS POSTED IN VARIOUS AREAS OF THE HOSPITAL INCLUDING ADMISSIONS AND REGISTRATION, EMERGENCY, AND OUTPATIENT DEPARTMENTS ADDITIONALLY, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED, VERBALLY AND IN WRITTEN BROCHURES, TO ALL SELF PAY PATIENTS BY FINANCIAL COUNSELORS FINANCIAL ASSISTANCE INFORMATION IS ALSO INCLUDED IN EVERY PATIENT BILL PATIENTS WHO DISCHARGE PRIOR TO MEETING WITH A FINANCIAL COUNSELOR ARE ADVISED OF FINANCIAL ASSISTANCE THROUGH PHONE CALLS AND LETTERS IN BOTH ENGLISH AND SPANISH THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO THE PATIENT BY FINANCIAL COUNSELORS WHO ALSO SCREEN SELF PAY PATIENTS FOR POTENTIAL ELIGIBILITY FOR OTHER GOVERNMENTAL ASSISTANCE PROGRAMS IF IT IS DETERMINED THAT THE PATIENT IS POTENTIALLY ELIGIBLE FOR GOVERNMENTAL ASSISTANCE, THE FINANCIAL COUNSELOR WILL ASSIST THE PATIENT IN COMPLETING ANY FORMS NECESSARY TO APPLY FOR THE ASSISTANCE AT THE SAME TIME, THE PATIENTS ARE PROVIDED WITH A CHARITY CARE APPLICATION AND INFORMATIONAL FLYER THE PATIENT IS INFORMED THAT MOTHER FRANCES HOSPITAL- WINNSBORO IS A NON-PROFIT CHARITABLE ORGANIZATION OFFERING FINANCIAL ASSISTANCE TO PATIENTS WHO ARE DEEMED MEDICALLY OR FINANCIALLY INDIGENT THE FINANCIAL COUNSELORS WILL THEN ASSIST THE PATIENT IN COMPLETING THE CHARITY CARE APPLICATION AND OBTAIN ANY AVAILABLE VERIFICATIONS ONCE THE PATIENT IS DISCHARGED, THE FINANCIAL COUNSELORS WILL CONTINUE TO CONTACT THE PATIENT TO ENSURE ALL NEEDED FORMS AND VERIFICATIONS NEEDED TO FILE AN APPLICATION FOR GOVERNMENTAL ASSISTANCE AND CHARITY CARE HAVE BEEN PROVIDED |

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART VI, LINE 4 | COMMUNITY INFORMATION THE HOSPITAL IS LOCATED IN A RURAL AREA WITH A POPULATION OF JUST OVER 59,000 WITH A MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA OF \$42,753 OVER 12% OF THE HOSPITAL'S PATIENTS ARE UNINSURED AND 12.8% ARE MEDICAID RECIPIENTS THE HOSPITAL'S SERVICE AREA HAS AN UNINSURED RATE OF 19.3% OF THE POPULATION THERE ARE FIVE OTHER NOT-FOR-PROFIT HOSPITALS, ONE COMMUNITY HOSPITAL, AND ONE FOR-PROFIT COMPANY IN THE SAME SERVICE AREA |

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| SCHEDULE H, PART VI, LINE 5 | <p>PROMOTION OF COMMUNITY HEALTH MOTHER FRANCES HOSPITAL-WINNSBORO PROMOTES HEALTHCARE AND WELLNESS EDUCATION BY OFFERING OUTREACH PROGRAMS AND SPECIAL INITIATIVES THAT IMPROVE THE Q UALITY OF LIFE AND HEALTH IN THE COMMUNITIES SERVED COMMUNITY BENEFIT IS PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS TO THE COMMUNITY THESE SERVICES ARE ESSENT IAL TO PROVIDE COMPLETE HEALTHCARE TO THE COMMUNITIES SERVED SOME OF THESE PROGRAMS INCLU DE DIABETES SUPPORT GROUP AND COMMUNITY EDUCATION - THE HOSPITAL HOSTS A DIABETES SUPPORT GROUP ON TOPICS THAT ARE GEARED TO HELP THE INDIVIDUALS COPE WITH THE DISEASE ELEMENTS T HE MEETINGS ARE OPEN TO ANY INDIVIDUAL AND/FAMILY MEMBERS THE PRIMARY OBJECTIVE IS TO RED UCE THE NUMBER OF PEOPLE SUFFERING FROM DIABETES, TO REDUCE THE NUMBER OF ER VISITS FOR SY MPTOMS, TO PROVIDE COPING MECHANISMS TO CONTROL THE DISEASE, AND TO IMPROVE GENERAL WELLNE SS IN THE COMMUNITIES SERVED TELECARE PLUS-YOUR HEALTH INFORMATION RESOURCE - TELECARE PL US IS A MEDICAL CALL CENTER AVAILABLE FOR FREE TO THE PUBLIC 24 HOURS A DAY REGISTERED NU RSES PROVIDE CALLERS WITH ANSWERS TO HEALTH QUESTIONS OVER THE TELEPHONE, CAN SEND HEALTH INFORMATION VIA THE MAIL, PROVIDE PHYSICIAN REFERRALS, GIVE INFORMATION ON COMMUNITY AND H OSPITAL RESOURCES AND DO SYMPTOM BASED TRIAGE EXAMPLES OF THE TYPES OF CALLS IN 2014 WOULD BE TYLER FAMILYCARE CENTER - PEDIATRICS/OBSTETRICS, CARDIAC, ENDOCRINOLOGY, GERIATRIC, EDUCATION CALLS, AND GENERAL INFORMATION AND HEALTH CARE QUESTIONS OR NURSE TRIAGING TEL ECARE PLUS IS DESIGNED TO PROVIDE A CENTRAL, CONFIDENTIAL RESOURCE FOR THE COMMUNITY TO TU RN TO FOR HEALTH INFORMATION AND ASSIST CALLERS IN SEEKING OUT THE APPROPRIATE LEVEL OF ME DICAL RESOURCES AT THE APPROPRIATE TIME SHARE THE SPIRIT - THIS IS AN ANNUAL FUND RAISING CAMPAIGN WITHIN THE ENTIRE HEALTH SYSTEM FOR EMPLOYEES IT IS ORGANIZED AND IMPLEMENTED BY EMPLOYEES WITH ALL PROCEEDS GOING TO HELP WITH HEALTH RELATED PROGRAMS OVER \$ 175,965 W AS RAISED THE PURPOSE OF THE PROGRAM IS TO ASSIST WITH THE FUNDING FOR THE FOLLOWING PROJ ECTS HEART CARE, CANCER CARE, CHILDREN'S MIRACLE NETWORK, DIABETES EDUCATION AND SERVICES , AND THE EMPLOYEE CRISISCARE FUND (ANYONE WHO IS AN EMPLOYEE OF THE HEALTH SYSTEM IS ELIG IBLE TO RECEIVE ASSISTANCE BASED ON NEED OR PROGRAM NEEDS) PREVENTATIVE HEALTH CARE - A C OMMUNITY WIDE HEALTH SENIOR HEALTH FAIR WAS HELD INFORMATION ON DIABETES, NUTRITION, AND BLOOD PRESSURE SCREENINGS WERE PROVIDED SCREENINGS WERE PROVIDED AT NO COST TO THE INDIVI DUALS THE GOAL IS TO PROVIDE INDIVIDUALS WITH HEALTH RISK ASSESSMENT INFORMATION AND TO E NCOURAGE THEM TO DISCUSS THE TEST RESULTS WITH THEIR HEALTH CARE PROVIDER THIS ACTIVITY S HOULD HELP DIVERT PATIENTS FROM THE EMERGENCY DEPARTMENTS OF THE HOSPITALS IN THE REGION PEDIATRIC SAFETY - A BICYCLE SAFETY PROGRAM WAS HELD IN WINNSBORO FOR FIRST GRADE STUDENTS IT INCLUDED BICYCLE SAFETY WITH AN EMPHASIS ON THE NEED TO WEAR A BICYCLE HELMET STUDEN TS RECEIVED REFLECTORS AND BICYCLE HELMETS IF NEEDED FREE OF CHARGE THE PROGRAM WAS SPONS ORED BY CMN AND WINNSBORO TRAUMA PROGRAM THE GOAL IS TO ADDRESS THE NEED TO PREVENT UNNEC ESSARY ER VISITS AND POTENTIAL LONG-TERM DISABILITIES FOR CHILDREN THIS PROGRAM ALSO TARG ETS PARENT EDUCATION WITH MATERIALS AND INFORMATION IMPROVING THE FRAGMENTED CONTINUUM OF CARE - IMPLEMENTED THE NEW EHR, EPIC AND THE UPDATES FOR THE SYSTEM INCLUDING "MY CHART" AND THE CELL PHONE APPLICATION ACHIEVED STAGE 6 HIMSS ANALYTICS EHR ADOPTION MODEL WHICH RECOGNIZES AN ORGANIZATION'S ACCOMPLISHMENTS TO IMPLEMENT TECHNOLOGY SOLUTIONS THAT HAVE T HE ABILITY TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE THE GOAL IS TO IMPROVE THE PATIE NT'S EXPERIENCE AS THEY TRANSITION THROUGH THE CONTINUUM OF CARE THIS SHOULD REDUCE DUPLI CATION OF TESTING PARTICIPATION IN INITIATIVES THAT IMPROVE THE PATIENT'S EXPERIENCE WAS IDENTIFIED AS A NEED IMPROVING ACCESS TO SPECIALTY PROVIDERS AND SERVICES - SPECIALTY SER VICES CAME TO WINNSBORO AT A SIGNIFICANT COST TO IMPROVE ACCESS TO CARE TO AN AGING POPULA TION SERVICES INCLUDED DERMATOLOGY, VASCULAR, PODIATRY, ONCOLOGY, AND SLEEP MEDICINE THI S ALSO PROVIDED SUPPORT FOR A CRITICAL ACCESS HOSPITAL AND THEIR PATIENTS THE OBJECTIVE I S TO INCREASE ACCESS TO ADDITIONAL SPECIALIST SERVICES AND PROVIDERS IN THE COMMUNITY RED UCING TRANSPORTATION BARRIERS - MFH-WINNSBORO ESTABLISHED A LIST OF TRANSPORTATION SERVICE S AVAILABLE THIS INCLUDED THE COMMUNITY AND REGIONAL GOBUS THERE ARE NO OTHER PUBLIC TRA NSPORTATION SERVICES IF NECESSARY, ASSISTANCE FOR PAYMENTS CAN BE MADE BY THE HOSPITAL IF THE NEED IS WITHIN THE GUIDELINES THE NEED TO PROVIDE ACCESS AND INFORMATION ABOUT AVAIL ABLE TRANSPORTATION SERVICES TO COMMUNITY MEMBERS WAS IDENTIFIED AS A COMMUNITY NEED FUND RAISING FOR NOT-FOR-PROFITS - MFH - WINNSBORO SUPPORTS THE CHILDREN'S MIRACLE NETWORK BY R AISING MONEY THROUGH DIRECT FINANCIAL DONATIONS, BAKE SALES, JEAN DAYS, SPECIAL LUNCH OFFE RINGS, ETC THE GOAL IS TO RAISE MONEY FOR SERVICE</p> |

| Form and Line Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>SCHEDULE H, PART VI, LINE 5</p> | <p>S THAT OTHERWISE WOULD NOT BE AVAILABLE FOR THE COMMUNITY UNLESS THESE MONIES WERE RAISED THE PROGRAMS OFTEN TARGET THOSE LESS FORTUNATE OR HAVE OPEN DOOR POLICIES FOR ALL THOSE WHO NEED THE CARE ADDITIONALLY, THESE PROGRAMS PROVIDE NEW LEADERSHIP OPPORTUNITIES FOR THE STAFF SCHOOL ASSISTANCE - OVER 3,249 HIGH SCHOOL PHYSICALS AND PRE-PARTICIPATION EXAMS WERE DONE AT NO COST TO THE SCHOOLS, INCLUDING FROM WOOD COUNTY ADDITIONALLY, OVER 253 STUDENT ATHLETES WERE SEEN FOR FREE IN SATURDAY SPORTS CLINICS ALL PROGRAMS ARE OPEN TO ANY ONE TO PARTICIPATE PROVIDED THEY HAVE PARENTAL APPROVAL SUPPORT FOR ON-SITE TRAINERS IS ALSO PROVIDED ON AN AS NEEDED BASIS MANY OF THE PUBLIC SCHOOLS DO NOT HAVE MONEY TO SUPPORT FAMILIES WHOSE CHILDREN CHOOSE TO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES TO ENSURE EVERY CHILD WHO NEEDS A PHYSICAL HAS ACCESS TO ONE, TMFHS FUNDS OPEN SPORTS PRE-PARTICIPATION EXAMS FOR THE HIGH SCHOOLS AND COLLEGES IN THE AREA OFTEN A CHILD MAY BE HURT DURING A GAME BUT DOESN'T FEEL THE INJURY IS BAD ENOUGH TO WARRANT GOING TO THE EXPENSE OF SEEING A DOCTOR FREE SPORTS INJURY CLINICS FOR ATHLETES ARE OFFERED DURING FOOTBALL SEASON CHAMBER BUSINESS EXPO - COMMUNITY OUTREACH - THE CHAMBER OF COMMERCE SPONSORED A BUSINESS EXPO TO OFFER THE OPPORTUNITY TO SHARE INFORMATION ABOUT ISSUES AND PROGRAMS TO OTHER EMPLOYERS AND THE COMMUNITY AT LARGE MFH-WINNSBORO ALSO PROVIDED BP SCREENINGS AS WELL AS EDUCATION OF NEW SERVICES OFFERED TO THE COMMUNITY THROUGH MFH-WINNSBORO MFH-WINNSBORO ALSO PROVIDED COMMUNITY VOLUNTEER SERVICES FOR OTHER COMMUNITY EVENTS SUCH AS A "FIRST AID STATION" FOR THE HALLOWEEN ZOMBIE RUN AND A MOTHER FRANCES HEALTH TENT FOR THE AUTUMN TRAILS ANTIQUE CAR PARADE THE PURPOSE IS TO PROVIDE SERVICE LINE AND PROVIDER INFORMATION TO IMPROVE ACCESS FOR PATIENTS AND INFORMATION ON PREVENTATIVE CARE AND TO FOLLOW THROUGH WITH OUR SYSTEM MISSION TO ENHANCE COMMUNITY HEALTH THROUGH SERVICE</p> |

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART VI, LINE 6 | AFFILIATED HEALTH CARE SYSTEM MOTHER FRANCES HOSPITAL-WINNSBORO IS PART OF AN AFFILIATED HEALTH CARE SYSTEM CALLED TRINITY MOTHER FRANCES HEALTH SYSTEM TRINITY MOTHER FRANCES IS A FAITH-BASED ORGANIZATION DEDICATED TO CREATING HEALTHY LIVES FOR PEOPLE AND COMMUNITIES MFH-WINNSBORO AND ITS AFFILIATES PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY PROVIDING ACUTE CARE FACILITIES AND CRITICAL ACCESS FACILITIES, WHOSE OPERATIONS CONSIST PRIMARILY OF PROVIDING INPATIENT AND OUTPATIENT ACUTE CARE AND MEDICAL SERVICES TO PATIENTS RESIDING IN EAST TEXAS |



| Form and Line Reference     | Explanation                                    |
|-----------------------------|------------------------------------------------|
| SCHEDULE H, PART VI, LINE 7 | STATE FILING OF COMMUNITY BENEFIT REPORT TEXAS |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART I, LINE 7<br>COLUMN F | PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE<br>DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25, OF<br>THE FORM 990 WAS REDUCED BY BAD DEBT EXPENSE, TOTALING \$3,128,523 |

| Form and Line Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART III, SECTION B, LINE 8 | MEDICARE SHORTFALL & COSTING METHODOLOGY THE ORGANIZATION HAD A MEDICARE SHORTFALL IN THE AMOUNT OF \$1,087,702 THE STATE OF TEXAS TREATS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR MEETING STATUTORY REQUIREMENTS FOR CHARITY CARE AND COMMUNITY BENEFIT THE HOSPITAL USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES |



Additional Data

Software ID:  
Software Version:  
EIN: 75-2771569  
Name: Mother Frances Hospital - Winnsboro

Form 990 Part V Section C Supplemental Information for Part V, Section B.

| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SCHEDULE H, PART V, SECTION B, LINE 5                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SCHEDULE H, PART V, SECTION B, LINE 7A & 10A                                                                                                                                                                                                                                                                                                        | CHNA & IMPLEMENTATION STRATEGY THE HOSPITAL'S CHNA AND IMPLEMENTATION STRATEGY ARE AVAILA<br>BLE UPON REQUEST AND AT THE FOLLOWING WEBSITE<br>HTTP //WWW.TMFHC.ORG/COMPREHENSIVE-COMMUNIT<br>Y-HEALTH-NEEDS-ASSESSMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SCHEDULE H, PART V, SECTION B, LINE 11                                                                                                                                                                                                                                                                                                              | NEEDS IDENTIFIED IN CHNA ADDRESSED AND NOT ADDRESSED MOTHER FRANCES HOSPITAL - WINNSBORO<br>IDENTIFIED AND ADDRESSED THE FOLLOWING PRIORITIES THROUGH ITS IMPLEMENTATION PLAN - ACCES<br>S TO PRIMARY CARE SERVICES AND ADDITIONAL PRIMARY CARE PROVIDERS - ACCESS TO ADDITIONAL SP<br>ECIALIST SERVICES AND PROVIDERS - ACCESS TO CARE FOR SPECIFIC POPULATIONS (SUCH AS THE ELD<br>ERLY AND UNINSURED) - UNHEALTHY LIFESTYLES AND RELATED CONDITIONS<br>PROPOSED COMMUNITY PROGR<br>AMS INCLUDE -SUPPORT FOR EMERGENCY ROOM SERVICES -DIABETES SUPPORT GROUP PROGRAMS AND EDU<br>CATION -SUPPORTING THE SCHOOL WITH HEALTH EDUCATION -CHILDREN'S SAFETY PROGRAMS FOR RURAL<br>AREAS -SUPPORT FOR LOCAL NON-PROFIT PROGRAMS -SUPPORT FOR CARTER BLOOD CENTER -SUPPORT FOR<br>THE DEVELOPMENT AND IMPLEMENTATION WITH MOTHER FRANCES HOSPITAL - TYLER FOR THE MEDICAID<br>WAIVER PROJECT MOTHER FRANCES HOSPITAL - WINNSBORO DECIDED NOT TO SPECIFICALLY ADDRESS THE<br>NEED FOR "ACCESS TO MENTAL HEALTH SERVICES AND PROVIDERS" AND "ACCESS TO TRANSPORTATION,"<br>LARGELY DUE TO THEIR POSITIONS (SECOND TO LAST AND LAST) ON THE PRIORITIZED LIST AND THE<br>HOSPITAL'S LACK OF CAPACITY TO ADDRESS THOSE NEEDS FURTHERMORE, MOTHER FRANCES HOSPITAL -<br>WINNSBORO HAS PREVIOUSLY OFFERED MENTAL HEALTH SERVICES, BUT IT WAS FORCED TO CLOSE THE U<br>NIT DUE TO LACK OF PATIENT VOLUME TRANSPORTATION IS NOT A CORE BUSINESS FUNCTION OF THE H<br>OSPITAL AND HOSPITAL LEADERSHIP VIEWS THIS AS A LARGER INFRASTRUCTURE ISSUE MOTHER FRANCE<br>S HOSPITAL - WINNSBORO LEADERSHIP FELT THAT RESOURCES AND EFFORTS WOULD BE BETTER SPENT AD<br>DRESSING THE FIRST FOUR PRIORITIZED NEEDS |
| SCHEDULE H, PART V, SECTION B, LINES 17, 18, & 19                                                                                                                                                                                                                                                                                                   | BILLING & COLLECTIONS NEITHER MOTHER FRANCES HOSPITAL - WINNSBORO, NOR<br>THIRD PARTIES AUTH<br>ORIZED BY MFH-W, TAKE ANY ACTIONS UPON NON-PAYMENT FROM A PATIENT BEFORE MAKING A REASONAB<br>LE EFFORT TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR THE FACILITY'S FINANCIAL ASSISTANCE<br>POLICY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SCHEDULE H, PART V, SECTION B, LINE 22D                                                                                                                                                                                                                                                                                                             | DETERMINATION OF FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL CARE FOR SELFPA<br>Y PATIENTS THAT SHOW TO BE FAP ELIGIBLE, WE DISCOUNT BASED UPON THEIR PROVEN FPL PERCENTAG<br>E (100%, 75% OR 50%) THESE AMOUNTS COMBINED WITH THE AUTO-SELFPA<br>Y DISCOUNT OF 45% GETS US<br>TO A RATE COMPARABLE TO LOWEST MANAGED CARE OR MEDICARE RATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SCHEDULE H, PART V, SECTION B, LINE 16B                                                                                                                                                                                                                                                                                                             | FAP APPLICATION FORM AVAILABLE TO THE PUBLIC THE HOSPITAL'S FAP APPLICATION FORM IS AVAIL<br>ABLE AT THE FOLLOWING WEBSITE HTTP //WWW.TMFHC.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE<br>/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SCHEDULE H, PART V, SECTION B, LINE 13B                                                                                                                                                                                                                                                                                                             | INCOME LEVEL USED FOR FAP ELIGIBILITY MFH - WINNSBORO PROVIDES CHARITY FOR PATIENTS ABOVE<br>400% UNDER THE CATASTROPHIC CAP PROVISION THIS PROVISION ALLOWS MFH - WINNSBORO TO DISCO<br>UNT THE CARE RECEIVED TO NO MORE THAN 30% OF THEIR YEARLY INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (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

Name of the organization  
Mother Frances Hospital - Winnsboro

Employer identification number  
75-2771569

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 |
|-----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) SERVICE ORGANIZATION OF PINEY WOODS<br>2950 50TH STREET<br>LUBBOCK, TX 79314        | 30-0630886 | 501(C)(3)                     | 524,900                  |                                   |                                                       |                                        | COMMUNITY HEALTHCARE               |
| (2) SERVICE ORGANIZATION OF NORTH & EAST TEXAS<br>2950 50TH STREET<br>LUBBOCK, TX 79314 | 26-0468622 | 501(C)(3)                     | 214,439                  |                                   |                                                       |                                        | COMMUNITY HEALTHCARE               |

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

3 Enter total number of other organizations listed in the line 1 table . . . . .

**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.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
|                                |                         |                         |                                  |                                                      |                                       |

**Part IV**

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

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE I, PART I, LINE 2 | PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S GRANT RECIPIENTS ARE REQUIRED TO ACKNOWLEDGE PRIOR TO THE ISSUANCE OF GRANT FUNDS THAT THE GRANT WILL BE USED IN ACCORDANCE WITH THE STATED PURPOSE OF THE GRANT APPLICATION AND ANY UNUSED FUNDS RELATED TO THE SPECIFIC PURPOSE OF THE GRANT WILL BE RETURNED TO THE ORGANIZATION THE ORGANIZATION MONITORS AND REVIEWS THE FINANCIAL DATA OF RECIPIENTS TO ENSURE THAT THE GRANTED FUNDS ARE BEING USED PROPERLY |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, 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).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Mother Frances Hospital - Winnsboro

Employer identification number  
75-2771569

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>b</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b  |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2   |    |
| <div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                              |     |    |
| <div><div>4</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a  | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4b  | No |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4c  | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>5</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5a  | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b  | No |
| <div><div>6</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6a  | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6b  | No |
| <div><div>7</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7   | No |
| <div><div>8</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8   | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9   |    |



**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 |                                                |                         |                                 |                                                                      |
| 1 RAY THOMPSON, SYS EXEC/VP/DIRECTOR/CHAIRMAN     | (i)  | 134,061                                            | 181,114                             | 0                                   | 1,915                                          | 3,372                   | 320,462                         | 0                                                                    |
|                                                   | (ii) | 632,005                                            | 853,825                             | 0                                   | 9,023                                          | 15,897                  | 1,510,750                       | 0                                                                    |
| 2 JARED PETTY DO, PHYSICIAN                       | (i)  | 451,106                                            | 0                                   | 8,815                               | 8,273                                          | 65,873                  | 534,067                         | 0                                                                    |
|                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 3 J LINDSEY BRADLEY JR, SYSTEM PRESIDENT/DIRECTOR | (i)  | 22,732                                             | 27,834                              | 0                                   | 273                                            | 481                     | 51,320                          | 0                                                                    |
|                                                   | (ii) | 886,583                                            | 1,085,510                           | 0                                   | 10,665                                         | 18,788                  | 2,001,546                       | 0                                                                    |
| 4 JOYCE HESTER, SR VICE PRESIDENT/CFO             | (i)  | 33,839                                             | 14,461                              | 0                                   | 1,093                                          | 1,676                   | 51,069                          | 0                                                                    |
|                                                   | (ii) | 304,549                                            | 130,150                             | 0                                   | 9,844                                          | 15,093                  | 459,636                         | 0                                                                    |
| 5 PAUL DRIVER DO, PHYSICIAN                       | (i)  | 313,747                                            | 0                                   | 3,785                               | 3,147                                          | 5,873                   | 326,552                         | 0                                                                    |
|                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |

**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.

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

|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                               |                 |  |                     |                                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|---------------------|--------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                             |                                                                                                                                                                                                                                                                                                                                                                               | As Filed Data - |  | DLN: 93493137088706 |                                                  |
| SCHEDULE O<br>(Form 990 or 990-EZ)<br><br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990-EZ<br><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                 |  |                     | OMB No 1545-0047                                 |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                               |                 |  |                     | 2014<br>Open to Public Inspection                |
|                                                                                                  | Name of the organization<br>Mother Frances Hospital - Winnsboro                                                                                                                                                                                                                                                                                                               |                 |  |                     | Employer identification number<br><br>75-2771569 |

990 Schedule O, Supplemental Information

| Return Reference                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 3                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| FORM 990, PART VI, SECTION A, LINE 6                         | MEMBERS OR STOCKHOLDERS TRINITY MOTHER FRANCES HEALTH SY STEM IS THE SOLE MEMBER OF MOTHER FRANCES HOSPITAL - WINNSBORO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, PART VI, SECTION A, LINE 7A                        | MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY THE SOLE MEMBER, TRINITY MOTHER FRANC ES HEALTH SY STEM, HAS THE POWER TO APPOINT ALL DIRECTORS AND THEIR SUCCESSORS TO THE GOVER NING BOARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PART VI, SECTION A, LINE 7B                        | DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY THE MEMBER THE MEMBER HAS THE RIGHT TO APPROVE OR DISAPPROVE CERTAIN ACTIONS THAT HAVE BEEN PREVIOUSLY APPROVED BY THE BOARD OF DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FORM 990, PART VI, SECTION B, LINE 11B                       | PROCESS TO REVIEW THE FORM 990 THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PRE PARE FORM 990 ONCE PREPARED, THE FORM IS REVIEWED BY THE ORGANIZATION'S INTERNAL ACCOUNTA NTS AND A COPY IS PROVIDED TO THE BOARD PRIOR TO FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PART VI, SECTION B, LINE 12C                       | PROCESS TO MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY THE BOARD REVIEWS AND RESOLVES , IF NECESSARY, ANY TRANSACTIONS AS THEY ARISE THROUGHOUT THE YEAR IN ACCORDANCE WITH PRES CRIBED STANDARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PART VI, SECTION B, LINES 15A & 15B                | REVIEW OF COMPENSATION OF CEO, OFFICERS OR KEY EMPLOYEES THE ORGANIZATION USES COMPENSATI ON CONSULTANTS AND NATIONAL COMPENSATION SURVEYS TO DETERMINE COMPENSATION OF EMPLOYEES C OMPENSATION IS APPROVED BY THE ORGANIZATION'S GOVERNING BODY THE MOST RECENT REVIEW OF OF FICER COMPENSATION WAS CONDUCTED IN 2015 BY LAURA LOCKHART, TMFHS DIRECTOR OF TOTAL REWARD S, AND JARED SEIGER, TMFHS BENEFIT SPECIALIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PART VI, SECTION C, LINE 19                        | AVAILABILITY OF DOCUMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INT EREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PART VII, SECTION A, LINE 1A & SCHEDULE J, PART II | COMPENSATION FROM RELATED ORGANIZATIONS THE GOVERNING BOARD OF TRINITY MOTHER FRANCES HEA LTH SY STEM UPON ADVICE FROM NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS, WHO PERIODICAL LY REVIEW ALL EXECUTIVE COMPENSATION, APPROVED A DEFERRED COMPENSATION PLAN THAT PROVIDES A 65% TOTAL RETIREMENT BENEFIT FOR SENIOR EXECUTIVES THAT SERVE 20 YEARS OR MORE THIS PRO GRAM HAS BOTH RETENTION AND NON-COMPETITION CLAUSES THAT CREATE A RISK OF FORFEITURE DEFE RRED COMPENSATION IS SUBJECT TO A RISK OF FORFEITURE BASED ON RETENTION, NON- COMPETITION A ND OTHER CONTRACTUAL FACTORS ACCRUALS OF DEFERRED COMPENSATION ARE NOT INCLUDIBLE IN W-2 COMPENSATION UNTIL PAID OTHER EMPLOYEE BENEFITS INCLUDE QUALIFIED PENSION PLANS, HEALTH, DENTAL AND LIFE INSURANCE PLANS, DISABILITY INSURANCE, ETC TAXABLE EXPENSES ARE INCLUDED IN THE W-2 PAID COMPENSATION SALARY AMOUNT |
| FORM 990, PART V, LINE 1A                                    | 1099S REPORTED BY ORGANIZATION THE ORGANIZATION'S 1099S ARE ISSUED BY A RELATED ORGANIZAT ION, MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER, WHO REPORTS ALL 1099S FOR THE EN TIRE SY STEM AND ALLOCATES EXPENSES TO THE APPROPRIATE RELATED ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PART VI, SECTION A, LINE 2                         | RELATIONSHIPS BETWEEN OFFICERS & DIRECTORS THE MEMBERS OF THE EXECUTIVE TEAM HAVE BUSINES S RELATIONSHIPS WITH EACHOTHER THROUGH THEIR EMPLOYMENT WITH RELATED ORGANIZATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FORM 990 PART IX LINE 11G                                    | DESCRIPTION CONSULTING TOTAL FEES 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990 PART IX LINE 11G                                    | DESCRIPTION CONTRACT LABOR TOTAL FEES 960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990 PART IX LINE 11G                                    | DESCRIPTION CORPORATE EXPENSE ALLOCATION TOTAL FEES 1891818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990 PART IX LINE 11G                                    | DESCRIPTION PURCHASED SERVICES TOTAL FEES 1752666                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990 PART IX LINE 11G                                    | DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 3290948                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Mother Frances Hospital - Winnsboro

Employer identification number  
75-2771569

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                    | No |                                                                            | Yes                                       | No |                                |
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a)<br>Name, address, and EIN of<br>related organization                                           | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                    |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) TRI-STATE FINANCIAL<br>LLC<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2728318          | DORMANT                 | TX                                                        | TMFHS                               | C-CORPORATION                                          |                                 |                                           |                                | Yes                                                    |    |
| (2) TRINCARE INC<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2161369                        | RETAIL HEALTH SVC       | TX                                                        | TMFHS                               | C-CORPORATION                                          |                                 |                                           |                                | Yes                                                    |    |
| (3) HEALTHPLAN OF TEXAS<br>INC<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2636832          | THIRD PARTY ADMIN       | TX                                                        | TMFHS                               | C-CORPORATION                                          |                                 |                                           |                                | Yes                                                    |    |
| (4) THE REGIONAL<br>HEALTHCARE ALLIANCE<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2484109 | PREFER PROVIDER         | TX                                                        | TMFHS                               | C-CORPORATION                                          |                                 |                                           |                                | Yes                                                    |    |
| (5) CONCORDIUM HEALTH<br>LLC<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>70-2811022            | INACTIVE                | TX                                                        | NA                                  | C-CORPORATION                                          |                                 |                                           |                                |                                                        | No |
| (6) TEXAS HEALTH<br>FACILITIES INSUR CORP LTD<br><br>PO BOX 1109 BWI<br>CJ<br>98-0136025           | INSURANCE               | CJ                                                        | MFH REG                             | C-CORPORATION                                          |                                 |                                           |                                | Yes                                                    |    |

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)

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproporionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART II, COLUMN F | DIRECT CONTROLLING ENTITY THE FOLLOWING RELATED ORGANIZATIONS REPORTABLE IN PART II ARE DIRECTLY CONTROLLED BY TRINITY MOTHER FRANCES HEALTH SYSTEM ("TMFHS") MOTHER FRANCES HOSPITAL - JACKSONVILLE TRINITY MOTHER FRANCES HEALTH SYSTEM FOUNDATION TRINITY CLINIC MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER REGIONAL MEDICAL SERVICES ASSOCIATION AND ALIGNED PROVIDERS OF EAST TEXAS ARE DIRECTLY CONTROLLED BY MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER ("MFH REG") |



Additional Data

Software ID:

Software Version:

EIN: 75-2771569

Name: Mother Frances Hospital - Winnsboro

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

| (a)<br>Name, address, and EIN of related organization                                                   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                         |                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| (1) MOTHER FRANCES HOSPITAL - JACKSONVILLE<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-1976930   | HOSPITAL                | TX                                                        | 501(C)(3)                     | 3                                                             | TMFHS                               | Yes                                                    |    |
| (1) TRINITY MOTHER FRANCES HEALTH SYSTEM FDN<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2028241 | SUPPORT                 | TX                                                        | 501(C)(3)                     | 11, TYPE I                                                    | TMFHS                               | Yes                                                    |    |
| (2) REGIONAL MEDICAL SERVICES ASSOCIATION<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2511459    | HEALTHCARE              | TX                                                        | 501(C)(3)                     | 3                                                             | MFH REG                             | Yes                                                    |    |
| (3) TRINITY MOTHER FRANCES HEALTH SYSTEM<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2616975     | SUPPORT                 | TX                                                        | 501(C)(3)                     | 11, TYPE II                                                   | CSFN                                |                                                        | No |
| (4) TRINITY CLINIC<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2616977                           | HEALTHCARE              | TX                                                        | 501(C)(3)                     | 3                                                             | TMFHS                               | Yes                                                    |    |
| (5) MOTHER FRANCES HOSPITAL REGIONAL HC CTR<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-0818167  | HOSPITAL                | TX                                                        | 501(C)(3)                     | 3                                                             | TMFHS                               | Yes                                                    |    |
| (6) ALIGNED PROVIDERS OF EAST TEXAS<br><br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>46-5720165          | HEALTHCARE              | TX                                                        | 501(C)(3)                     | 3                                                             | MFH REG                             | Yes                                                    |    |
| (7) CSFN MISSION & MINISTRY INC<br><br>4001 GRANT AVENUE<br>PHILADELPHIA, PA 19114<br>20-5728802        | SPONSORSHIP             | PA                                                        | 501(C)(3)                     | 1                                                             | NA                                  |                                                        | No |

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

| (a)<br>Name of related organization        | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|--------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| MOTHER FRANCES HOSPITAL - JACKSONVILLE     | S                               | 220,641                | FMV                                             |
| TRINCARE INC                               | Q                               | 236,530                | FMV                                             |
| TRINITY CLINIC                             | Q                               | 3,210,063              | FMV                                             |
| TRINITY CLINIC                             | S                               | 338,337                | FMV                                             |
| MOTHER FRANCES HOSPITAL REGIONAL HC CENTER | P                               | 201,971                | FMV                                             |
| MOTHER FRANCES HOSPITAL REGIONAL HC CENTER | Q                               | 6,528,667              | FMV                                             |
| MOTHER FRANCES HOSPITAL REGIONAL HC CENTER | R                               | 11,773,558             | FMV                                             |
| MOTHER FRANCES HOSPITAL REGIONAL HC CENTER | S                               | 21,689,438             | FMV                                             |