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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Texas Health Resources
% DAVID JACKSON
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
612 E Lamar Blvd Ste 600

City or town, state or province, country, and ZIP or foreign postal code
Arlington, TX 76011

D Employer identification number
75-2702388

E Telephone number
(682) 236-7900

G Gross receipts $ 1,792,066,868

F Name and address of principal officer
Barclay Berdan
612 E Lamar Blvd
Arlington, TX 76011

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ texashealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Through its affiliates, THR operates an integrated healthcare system with services and facilities throughout north central texas to improve healthcare

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,904
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	607,787
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,845,365

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,114,693	1,346,246
9	Program service revenue (Part VIII, line 2g)	596,809,071	615,753,514
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,958,695	133,923,820
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,731,780	3,829,319
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	868,614,239	754,852,899
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	407,950	826,708
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	246,941,832	261,181,405
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	257,486,019	281,685,635
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	504,835,801	543,693,748
19	Revenue less expenses Subtract line 18 from line 12	363,778,438	211,159,151

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,373,662,531	4,924,130,358
21	Total liabilities (Part X, line 26)	3,221,049,836	3,721,088,827
22	Net assets or fund balances Subtract line 21 from line 20	1,152,612,695	1,203,041,531

Part II Signature Block

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

Sign Here

****** 2016-11-15
Signature of officer Date

RICK MCWHORTER Asst Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Diane L Bean	Diane L Bean			P00104972

Firm's name ▶ ERNST & YOUNG LLP US — Firm's EIN ▶

Firm's address ▶ 800 YARD STREET STE 200
GRANDVIEW HEIGHTS, OH 43212

Phone no (614) 224-5678

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THROUGH ITS AFFILIATES, THR OPERATES AN INTEGRATED HEALTHCARE SYSTEM WITH SERVICES AND FACILITIES THROUGHOUT NORTH CENTRAL TEXAS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES THEY SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 543,693,748 including grants of $ 826,708) (Revenue $ 617,807,198)

Founded in 1997, Texas Health Resources (THR) provides direction and oversight to its wholly-controlled affiliates The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, business development, insurance, treasury, marketing, general accounting, and strategic planning THR operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals THR also operates, manages and coordinates physician services through Texas Health Physicians Group (THPG), a wholly owned affiliate of THR THPG is a network of primary and specialty care physician practices providing the north Texas area community access to quality health care delivered either through an office setting or through a hospital program

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

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

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

4e **Total program service expenses ▶** 543,693,748

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, 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		No
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		No
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	Yes	
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	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	369		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,904		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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
b	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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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		
b	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			
c	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
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
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			No
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			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DAVID JACKSON 612 E LAMAR BLVD Arlington, TX 76011 (682) 236-7900

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								27,096,310	1,000,752	4,525,740

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 ▶ 505

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Skiles Group Inc, 1810 N Greenville Ave RICHARDSON, TX 75081	Construction	24,174,643
Navigant Consulting Inc, 30 S Wacker Dr 3100 CHICAGO, IL 60606	Consulting	18,547,261
One Southwest Media Group Inc, 2100 ross Avenue 3000 DALLAS, TX 75201	Advertising	7,368,594
Microsoft Licensing, 6100 Neil road 100 RENO, NV 89511	Software Services	6,516,773
Computer Associates International, One CA Plaza ISLANDIA, NY 11749	Software Services	6,275,229

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 ▶ 295

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 1,346,246				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,346,246			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEE 622110	450,537,554	450,377,558	159,996	
	b	JV ACTIVITY 622110	104,173,629	104,675,819	-502,190	
	c	RENTAL FEE 531310	60,688,763	60,688,763		
	d	EDUCATION REVENUE	353,568	353,568		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	615,753,514			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	58,885,087			58,885,087
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	43,535			43,535
		(i) Real / (ii) Personal				
	6a	Gross rents 648,320 / 8,748				
	b	Less rental expenses 60,610				
	c	Rental income or (loss) 587,710 / 8,748				
	d	Net rental income or (loss) . . . . . ▶	596,458		8,748	587,710
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 1,111,972,868 / 219,224				
	b	Less cost or other basis and sales expenses 1,036,552,378 / 600,981				
	c	Gain or (loss) 75,420,490 / -381,757				
	d	Net gain or (loss) . . . . . ▶	75,038,733			75,038,733
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) 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 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	TELECOMMUNICATIONS 517919	1,536,348	595,115	941,233	
	b	REBATE 900099	1,250,789	1,250,789		
	c	LINC PROGRAM 900099	156,492	156,492		
	d	All other revenue	245,697	51,288		194,409
	e	**Total.** Add lines 11a-11d . . . . . ▶	3,189,326			
	12	**Total revenue.** See Instructions . . . . . ▶	754,852,899	618,149,392	607,787	134,749,474

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	826,708	826,708		
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	27,154,441	27,154,441	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	245,847	245,847		
7 Other salaries and wages	191,783,740	191,783,740		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,436,726	12,436,726		
9 Other employee benefits	15,712,633	15,712,633		
10 Payroll taxes	13,848,018	13,848,018		
11 Fees for services (non-employees)				
a Management	5,821,565	5,821,565		
b Legal	3,836,059	3,836,059		
c Accounting	1,916,656	1,916,656		
d Lobbying	114,946	114,946		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	12,200,623	12,200,623		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,431,537	64,431,537		
12 Advertising and promotion	9,818,582	9,818,582		
13 Office expenses	7,471,308	7,471,308		
14 Information technology	63,822,514	63,822,514		
15 Royalties	0			
16 Occupancy	26,257,693	26,257,693		
17 Travel	1,580,427	1,580,427		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,892,455	1,892,455		
20 Interest	22,679,768	22,679,768		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,411,668	42,411,668		
23 Insurance	2,918,890	2,918,890		
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 REPAIRS & MAINTENANCE	6,401,500	6,401,500		
b LICENSE/DUES	2,923,716	2,923,716		
c SUPPLIES	1,740,376	1,740,376		
d EBOLA RELATED EXPENSE	1,596,659	1,596,659		
e All other expenses	1,848,693	1,848,693		
25 **Total functional expenses.** Add lines 1 through 24e	543,693,748	543,693,748	0	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		11,669,929	1	25,552,704
	2	Savings and temporary cash investments		384,799,853	2	387,974,759
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		57,529,912	4	57,372,869
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		4,367,785	5	4,152,867
	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		6,115,813	7	6,331,120
	8	Inventories for sale or use		4,923,112	8	4,925,315
	9	Prepaid expenses and deferred charges		39,765,603	9	38,098,915
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 941,314,579			
	b	Less accumulated depreciation	10b 481,190,837	433,564,831	10c	460,123,742
	11	Investments—publicly traded securities		3,116,799,259	11	3,543,414,841
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		194,646,932	13	229,427,788
	14	Intangible assets		71,071,336	14	67,458,943
	15	Other assets See Part IV, line 11		48,408,166	15	99,296,495
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,373,662,531	16	4,924,130,358
Liabilities	17	Accounts payable and accrued expenses		191,592,315	17	210,309,775
	18	Grants payable		616,248	18	346,022
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,269,388,697	20	1,614,299,603
	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		174,185,466	23	159,134,638
	24	Unsecured notes and loans payable to unrelated third parties		24,305,180	24	27,353,081
	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		1,560,961,930	25	1,709,645,708
	26	**Total liabilities.** Add lines 17 through 25		3,221,049,836	26	3,721,088,827
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,152,612,695	27	1,203,041,531
	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 ▶ ☐ 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		1,152,612,695	33	1,203,041,531
	34	Total liabilities and net assets/fund balances		4,373,662,531	34	4,924,130,358

Part XI Reconcilliation 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	754,852,899
2	Total expenses (must equal Part IX, column (A), line 25)	2	543,693,748
3	Revenue less expenses Subtract line 2 from line 1	3	211,159,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,152,612,695
5	Net unrealized gains (losses) on investments	5	-160,055,509
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	-674,806
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,203,041,531

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bass Anne T Immediate Past Chairman	30 00	X						0	0	0
Bloemendal MD Lee C Member	30 00	X						0	0	0
Curnutt Mary Tom Member	30 00	X						0	0	0
Devries Jan Ex Officio	30 00	X						0	0	0
Ferguson III John R Chairman	30 00	X						0	0	0
Fleschler MD Mark J Ex Officio	30 00	X						0	0	0
Greene Richard E Member	30 00	X						0	0	0
Haggar III Joseph M Member	30 00	X						0	0	0
Hunt Hunter L Member	30 00	X						0	0	0
Lowry J Michael Ex Officio	30 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nunez MD Ignacio T Ex Officio	3 0 0 0	X						79,536	0	0
Reeves Kenneth W Member	3 0 0 0	X						0	0	0
Stripling MD W Dennis Member	3 0 0 0	X						0	0	0
Tatum Stephen L Member	3 0 0 0	X						0	0	0
Turner Wesley R Vice Chairman	3 0 0 0	X						0	0	0
Vigness MD Richard M Member	3 0 0 0	X						13,750	0	0
Wilder Jr Charles John Member	3 0 0 0	X						0	0	0
Wynne James Y Member	3 0 0 0	X						0	0	0
BerdanBarclay E CHIEF EXECUTIVE OFFICER	40 0 0 5			X				1,690,376	0	220,980
SchollJonathan Wade EVP CHIEF STRATEGY OFFICER	40 0 1 0			X				1,055,408	0	49,145

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
McClungBrett S EVP ZONE OPERATIONS LEADER	40 0 2 5			X				1,037,531	0	127,115
VargaDaniel W EVP SR & CHIEF CLINICAL OFFICE	40 0 2 0			X				1,031,925	0	173,032
LongRonald R EVP RSRC DEVL & DEPLOY & CFO	40 0 0 0			X				1,031,093	0	369,797
CanoseJeffrey L EVP SR & COO THR	40 0 0 5			X				1,018,371	0	363,705
NguyenTricia H EVP Poplt n Hlth Mgmt/Pres Inst	20 0 20 0			X				814,620	0	137,977
BoesCharles EVP GENERAL COUNSEL/Asst Sec	40 0 6 0			X				764,506	0	59,480
BerenzweigHarold K EVP ZONE CLINICAL LEADER	40 0 2 0			X				758,494	0	124,731
RansomElizabeth EVP ZONE CLINICAL LEADER	40 0 3 0			X				746,301	0	126,114
LesterMark C EVP ZONE CLINICAL LEADER	40 0 1 5			X				746,235	0	118,510
KingJames Kirk EVP ZONE OPERATIONS LEADER	40 0 3 0			X				689,597	0	229,313

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KramerKenneth J Assistant Secretary	40 0 6 0			X				669,825	0	109,536
McWhorterRick E Assistant Secretary/ Sr VP	40 0 6 0			X				517,956	0	161,844
AmparanOscar L EVP ZONE OPERATIONS LEADER	40 0 0 0			X				514,543	0	19,420
StoutLuanne R Corporate Secretary	40 0 6 0			X				260,435	0	94,686
GerbigLinda Mary SVP PERF IMPROV & QUAL OUTCOME	40 0 0 0				X			915,082	0	31,375
MimsKrystal SVP CARE CONTINUUM & COLLABORA	40 0 0 0				X			714,641	0	117,695
MarxEdward SVP CHIEF INFO OFFICER	40 0 0 0				X			695,576	0	32,903
VelascoFerdinand T SVP & CHIEF HLTH INFO OFFICER	40 0 0 0				X			607,824	0	207,013
GaidaJohn B SVP SUPPLY CHAIN MGMT	40 0 0 0				X			590,941	0	95,922
Shinkus ClarkJoan Frances SVP CHIEF NURSING EXECUTIVE	40 0 0 0				X			555,463	0	86,147

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

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KirbyMichelle Riddle SVP CHIEF PEOPLE OFFICER	40 0 0 0				X			553,380	0	69,922
SzablowskiPaul A SVP BRAND EXPERIENCE	40 0 0 0				X			520,571	0	88,274
EdwardsCarol Susan SVP HEART & VASCULAR SVC LINE	40 0 0 0				X			512,363	0	44,474
JonesRobert Douglas SVP TREASURER/CHIEF INVEST OFF	40 0 0 0				X			486,014	0	92,870
TesmerDavid J SVP COMMUN ENGAG & ADVOCACY TH	40 0 0 0				X			477,840	0	92,750
HumphreyRichard I SVP FINANCE	40 0 0 0				X			475,895	0	91,806
AndersonSusan Elaine SVP & Chief Compliance Officer	40 0 0 0				X			460,199	0	46,996
SaldanaLuis Eduardo CMIO	40 0 0 0				X			438,277	0	62,500
HolmesKevin B SVP REAL ESTATE DEVL & DEPLOY	40 0 0 0				X			430,306	0	97,429
HarveyGayla Dawn SVP FINAN / CHIEF REV OFFICER	40 0 0 0				X			423,739	0	24,704

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MitchellJohn D SVP BUSINESS DEVELOPMENT	40 0 0 0				X			417,466	0	90,554
PearsonGeorge SVP MED STF AFFRS PHYS RLTNS	40 0 0 0				X			401,479	0	78,525
Sudomir JrJoseph M SVP CHIEF INFO OFFICER	40 0 0 0				X			386,449	0	67,467
Bujnowski Aaron Mark SVP Strategy & Planning	40 0 0 0				X			379,883	0	98,035
HawthorneDouglas D FOUNDING CEO EMERITUS (FCE)	5 0 0 0					X		1,119,613	0	128,373
WilliamsMarcie L DIR SR ENTPRSE/CLIN RISK MGMT	40 0 0 0					X		523,915	0	54,878
EngelhardJohn CHAPLAIN SR (DIR)	40 0 0 0					X		515,799	0	35,835
SchornickAmy C VP PAYOR RLTNS & CONTRACTING	40 0 0 0					X		393,867	0	81,308
HayDebra Ann CHIEF NURSING OFFICER THPR	40 0 0 0					X		388,188	0	59,999
BerrettBritt R Former Officer	0 0 0 0						X	0	521,741	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PetersonLisa Kaye Former Officer	0 0 40 0						X	0	479,011	62,601
HansonStephen C Former Officer	0 0 0 0						X	158,661	0	0
BellBonnie L Former Officer	0 0 0 0						X	112,377	0	0

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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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☑ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations **1 8**

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total18					0	

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
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		No
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* ***Part VI*** *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* ***Part VI*** *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		No
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		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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* ***Part VI.***	6	Yes	
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		No
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		No
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* ***Part VI.***	9a		No
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* ***Part VI.***	9b		No
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* ***Part VI.***	9c		No
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		No
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		No
b	A family member of a person described in (a) above?	11b		No
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		No

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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

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?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		No
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☑ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a	Yes	
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	Yes	

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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation
Supported Organizations - Part IV, Section A, Line 1	The governing documents of Texas Health Resources (THR) do not list all supported organizations by name The documents specifically list Texas Health Presbyterian Hospital Dallas, Texas Health Harris Methodist Hospital Fort Worth and Texas Health Arlington Memorial Hospital The documents also allow THR to support other hospitals and health care delivery organizations which are closely related in purpose or function through common control, ownership, and/or management THR has not specifically listed the names of all supported organizations to ease the administrative burden of updating the governing documents when new hospitals are added to the system or when an entity changes its name
Additional Support - Part IV, Section A, Line 6	Texas Health Resources (THR) provides minimal support to various national charitable organizations such as the March of Dimes, American Heart Association, and others who perform an activity that is in line with THRs charitable mission They also provide support to local schools, city wide activities, and community development groups As a large healthcare system in North Central Texas, THR takes an active role in the communities they serve In doing so, THR makes donations, largely at the direction of the supported organizations, to various groups, or sponsor activities that benefit the community The support to each group is minimal, and is not the organizations primary source of support
Working Relationship-Part IV, Section D, Lines 2&3	THR is the controlling "parent" organization of a large health care system in North Texas THR serves as a functionally-integrated supporting organization to all the controlled supported organizations providing centralized management THR appoints or approves the board members of each controlled entity within the system THR also establishes the policies and standards that are in effect throughout the system THR officers serve on the Boards of the controlled entities as well as some non-controlled entities in the system The system investment policies are established at the THR level THR also approves the operating budgets, capital budgets, and future goals for the system as a whole THR has established an authority matrix that is used system wide In the matrix, THR has ultimate control for the majority of the decisions made throughout the system
Officer/Board Appointments-Part IV, Section E, Line 3a	THR must approve all board members and officers of each entity in the THR system THR has a centralized recruitment, selection and placement process for the hiring/promotions of officers for all system entities The human resources department is maintained by THR, not the individual entities All supporting entity officers are interviewed by THR and entity personnel, with THR having the final decision on new hire placements and promotions
Substantial Direction-Part IV, Section E, Line 3b	As discussed in detail in the explanation to Schedule A, Part IV, Section D, Lines 2 & 3, THR is the parent organization providing centralized management to the supported organizations in the system As the parent organization THR is able to exercise a substantial degree of direction over the supported organizations through control of the board, setting policies, hiring officers, and the use of the authority matrix Officers of THR are present at board meetings of the supported organizations as a liason and provide a conduit for the supported organizations to voice opinions and concerns to THR

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	750972805		Yes		0	28,193,956
(A) TEXAS HEALTH HARRIS METHODIST HOSPITAL ALLIANCE	451502252			No	0	11,172,934
(B) TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	751748586			No	0	3,818,554
(C) TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	751977850			No	0	8,285,207
(D) TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH	756001743		Yes		0	89,545,527
(E) TEXAS HEALTH HARRIS METHODIST HOSPITAL HEB	751438726			No	0	30,939,166
(F) TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST	752678857			No	0	33,329,680
(G) TEXA HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE	751752253			No	0	5,988,259
(H) TEXAS HEALTH PHYSICIANS GROUP	752613493			No	0	6,432,324
TEXAS HEALTH RESOURCES (I) FOUNDATION	752022128			No	0	163,786
TEXAS HEALTH PRESBYTERIAN (J) HOSPITAL ALLEN	752890358			No	0	9,443,198
TEXAS HEALTH PRESBYTERIAN (K) HOSPITAL DALLAS	751047527		Yes		0	70,002,699
TEXAS HEALTH PRESBYTERIAN (L) HOSPITAL DENTON	432008974			No	0	22,433,904
(M) TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN	752771437			No	0	4,394,170
TEXAS HEALTH PRESBYTERIAN (N) HOSPITAL PLANO	752770738			No	0	47,503,377

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) TEXAS HEALTH RESEARCH & EDUCATION INSTITUTE	752562191			No	0	202,128
(A) TEXAS HEALTH SPECIALTY HOSPITAL FORT WORTH	751648589			No	0	1,073,700
(B) TEXAS HEALTH OUTPATIENT SURGERY CENTER ALLIANCE	800800294			No	0	612,050

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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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
Texas Health Resources	75-2702388

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

	(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-
2					
3					
4					
5					
6					

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 (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		
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-		

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

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? ☐ Yes ☐ 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		4,606
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		113,009
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,181,498
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			1,299,113
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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 1 - Details of Lobbying Activities	Texas Health Resources (THR) is the parent organization for a healthcare system consisting of hospitals and other related healthcare organizations The amount of expenses paid, or incurred in connection with lobbying activities reported on this return represent the expenses incurred on behalf of THR and all its affiliates Total expenses for the system were $3,922,180,000 for the year ended December 31,2015 Of this amount $1,299,824(0331%) is used in connection with lobbying activities Officers and/or Board members of THR may, to an insubstantial degree, make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities that THR serves In pursuing this activity, officers and/or Board members may engage in conversations and/or write letters to various federal, state, and local officials regarding such matters A portion of the dues paid to the American Hospital Association and Texas Hospital Association are used by these organizations to support lobbying activites The amount of time and money involved in the activities described above is negligible In no case has either THR, or any person acting on behalf of THR, intervened in any political campaign THR policy prohibits this type of activity for THR System employees

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		63,046,089		63,046,089
b Buildings		235,744,249	163,430,907	72,313,342
c Leasehold improvements		187,195,908	42,821,715	144,374,193
d Equipment		397,715,383	274,938,215	122,777,168
e Other		57,612,950		57,612,950
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				460,123,742

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) 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' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	1,642
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,709,645,708

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
SECURITY DEPOSIT	18,256
TRUSTEE FUNDS-SUPP RETIREMENT	3,082,616
TRUSTEE FUNDS-CAA	124,150
POST RETIREMENT BENEFITS	2,300,463
UNAMORTIZED RENT	2,505,989
OTHER LIABILITIES	5,546,615
ASSET RETIREMENT OBLIGATION	1,586,554
MALPRACTICE TRUST RESERVE	27,555,125
INTERCOMPANY PAYABLE	1,613,493,230
FMV SWAP AGREEMENT	400,221
MINORITY INTEREST	53,030,847

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		500,657
(2)					
(3)					
(4)					
(5)					
3a Sub-total					500,657
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					500,657

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Investments	The amount in column f reflects investments based on an accrual method of accounting

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other 900 %			
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			
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 eligibile 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)			8,608,236	6,220,667	2,387,569	1 380 %
b Medicaid (from Worksheet 3, column a)			7,515,859	3,907,690	3,608,169	2 080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			61,619	26,488	35,131	0 020 %
d **Total** Financial Assistance and Means-Tested Government Programs			16,185,714	10,154,845	6,030,869	3 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,845,645		1,845,645	1 070 %
f Health professions education (from Worksheet 5)			747,273		747,273	0 430 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			619,490		619,490	0 360 %
j **Total.** Other Benefits			3,212,408		3,212,408	1 860 %
k **Total.** Add lines 7d and 7j			19,398,122	10,154,845	9,243,277	5 340 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			38,250		38,250	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			3,533		3,533	
9	Other						
10	**Total**			41,783		41,783	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	16,501,722		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	27,694,095		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	28,333,476		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-639,381		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	See Additional Data Table				
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? 6

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)

Name of hospital facility or letter of facility reporting group Rockwall Regional Hospital

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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	☐ Hospital facility's website (list url) See Section C			
b	☐ Other website (list url) www texashealth org/chna			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www texashealth org/chna			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Rockwall Regional Hospital

Name of hospital facility or letter of facility reporting group

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Rockwall Regional Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Flower Mound Hospital Partners LLC

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

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	☐ Hospital facility's website (list url) www.texashealthflowermound.com/community			
b	☐ Other website (list url) www.texashealth.org/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www.texashealth.org/chna			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Flower Mound Hospital Partners LLC

Name of hospital facility or letter of facility reporting group

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Flower Mound Hospital Partners LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group USMD Hospital at Arlington

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

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	Yes	
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	☐ Hospital facility's website (list url) See Section C			
b	☐ Other website (list url) www.texashealth.org/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www.texashealth.org/chna			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Physicians Medical Center LLC

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

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	Yes	
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	☐ Hospital facility's website (list url) www.thcds.com/about			
b	☐ Other website (list url) www.texashealth.org/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www.texashealth.org/chna			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Physicians Medical Center LLC

Name of hospital facility or letter of facility reporting group

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Physicians Medical Center LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Southlake Specialty Hospital LLC

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

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	☐ Hospital facility's website (list url) See Section C			
b	☐ Other website (list url) www.texashealth.org/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www.texashealth.org/chna			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Southlake Specialty Hospital LLC

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Southlake Specialty Hospital LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group USMD Hospital at Fort Worth

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

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	Yes	
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	☐ Hospital facility's website (list url) See Section C			
b	☐ Other website (list url) www texashealth org/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www texashealth org/CHNA			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group USMD Hospital at Fort Worth

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

Billing and Collections

17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Texas Health Resources	

Additional Data

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

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

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Flower Mound Hosp	Hospital	54 8 %	0 2 %	42 43 %
2 Greenville Surg Ctr	Ambulatory Surgery Center	80 3 %		17 85 %
3 Physician Med Ctr	Hospital	6 05 %		45 3 %
4 Rockwall Regional	Hospital	60 23 %	42 %	36 47 %
5 Southlake Specialty	Hospital	6 08 %		47 22 %
6 Surg Caregivers FW	Ambulatory Surgery Center	51 03 %		38 4 %
7 Texas Health FM Orth	Orthopedic Surgery Center	51 %		49 %
8 THR-STT Rockwall ASC	Ambulatory Surgery Center	51 %		49 %
9 THR-STT Southlake	Ambulatory Surgery Center	51 %		49 %
10 USMD Arlington	Hospital	51 %		49 %
11 USMD Fort Worth	Hospital	50 97 %		49 03 %
12 Denton Surgery Ctr	Ambulatory Surgery Center	60 32 %		39 68 %
13 TH Craig Ranch	Ambulatory Surgery Center	57 5 %		36 5 %
14 N Dallas Surgical	Ambulatory Surgery Center	51 %		28 8 %
15 TX Health Spine Ctr	Ambulatory Surgery Center	61 89 %		27 43 %
16 Wilson Creek Surgery	Ambulatory Surgery Center	51 %		49 %
17 North Texas ACO	Accountable Care Organization	50 %		50 %
18 TH Surgery Ctr Prest	Ambulatory Surgery Center	51 %		39 91 %

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
6

	Name, address, primary website address, and state license number	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
1	Rockwall Regional Hospital 3150 Horizon Rd Rockwall, TX 75032 www texashealthrockwall com 008599	X	X					X			
2	Flower Mound Hospital Partners LLC 4400 Long Prairie Rd Flower Mound, TX 75028 www texashealthflowermound com 100056	X	X					X			
3	USMD Hospital at Arlington 801 W Interstate 20 Arlington, TX 76017 www usmdarlington com 007990	X	X					X			
4	Physicians Medical Center LLC 6020 Parker Rd Plano, TX 75093 www thcds com 008153	X	X					X			
5	Southlake Specialty Hospital LLC 1545 E Southlake Blvd Southlake, TX 76092 www texashealthsouthlake com 008128	X	X					X			
6	USMD Hospital at Fort Worth 5900 Dirks Rd Fort Worth, TX 76132 www usmdfortworth com 008614	X	X					X			

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

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

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

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

_____

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

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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," on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
Part I, Line 2 - Procedures for Monitoring Grants	Texas Health Resources (THR) receives various requests from the community for assistance THR management reviews these requests to verify that they are benefiting the community and they are in agreement with THR's mission The grants or assistance given by THR are generally to local organizations that have a longstanding record of benefiting the local community Since the vast majority of the assistance given by THR is to local organizations, management is able to monitor the use of the funds using personal inspection Many of the events are published in the local paper Many are community wide events where THR employees attend, or work as volunteers or coordinators

Additional Data

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

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

(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
American Diabetes Association 4100 Alpha Road Dallas,TX 75244	13-1623888	501(c)(3)	45,000				General Purpose
March of Dimes Foundation 12660 Coit Rd Ste 200 Dallas,TX 75251	13-1846366	501(c)(3)	45,000				General Purpose
American Cancer Society 8900 John W Carpenter Freeway Dallas,TX 75247	13-1788491	501(c)(3)	30,500				General Purpose

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

(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
YMCA of Metropolitan Dallas 601 N Akard St Dallas,TX 75201	75-0800696	501(c)(3)	13,500				General Purpose
YMCA of Metropolitan Fort Worth 512 Lamar St Fort Worth,TX 76102	75-0827471	501(C)(3)	8,500				General Purpose
Catholic Charities PO Box 15610 Fort Worth,TX 76119	75-0808769	501(C)(3)	7,500				General Purpose

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

(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
Dallas Momentum Inc 500 North Akard Street Suite 2600 Dallas,TX 75201	75-2940683	501(C)(6)	10,000				General Purpose
Dallas Regional Chamber 500 North Akard Street Suite 2600 Dallas,TX 75201	75-0223440	501(C)(6)	38,500				General Purpose
DFW Hospital Council 250 Decker Drive Irving,TX 75062	75-1254380	501(C)(6)	19,740				General Purpose

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

(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
Davy O'Brien Educational & Charitable Trust 306 West 7th Street Fort Worth, TX 76102	75-1620423	501(C)(3)	12,000				General Purpose
Fort Worth Chamber of Commerce 777 Taylor St 900 Fort Worth, TX 76102	75-0275060	501(C)(6)	6,400				General Purpose
Fort Worth Stockshow Syndicate PO Box 17005 Fort Worth, TX 76102	75-1790417	501(C)(3)	16,664				General Purpose

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

(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
Kwanzaafest Inc 510 E 5th St Dallas,TX 75203	75-2851704	501(C)(3)	10,000				General Purpose
North Texas Commission 8445 Freeport Pkwy Irving,TX 75063	75-1364760	501(C)(6)	8,000				General Purpose
Parkland Foundation 2777 Stemmons Freeway Ste 1700 LB 6 Dallas,TX 75207	75-2089180	501(C)(3)	75,000				General Purpose

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

(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
Texas Hospital Association 1108 Lavaca Street No 700 Austin,TX 78701	74-1362741	501(C)(6)	26,865				General Purpose
Project Gatehouse Endowment 670 Westport Pky Grapevine,TX 76051	46-3554397	501(C)(3)	10,000				General Purpose
United Way of Tarrant County 1500 N Main Street 200 Fort Worth,TX 76164	75-0858360	501(c)(3)	10,000				General Purpose

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

(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
UNIVERSITY OF NORTH TEXAS FOUNDATION 1155 Union Circle Denton, TX 76203	23-7232618	501(c)(3)	6,000				General Purpose
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER TC 3500 Camp Bowie Blvd Fort Worth, TX 76107	75-6064033	501(c)(3)	9,000				General Purpose
US PAN ASIAN AMERICAN CHAMBER-SW 2114 Franklin Dr Arlington, TX 76011	74-3032240	501(c)(6)	5,483				General Purpose

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

(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
Young Mens Christian Assoc of Arlington 1148 W Pioneer Pky Arlington,TX 76013	75-1000839	501(c)(3)	7,000				General Purpose
United States Hispanic Chamber of Commerce 1424 K Street NW 401 Washington,DC 20005	43-1249249	501(c)(6)	12,500				General Purpose
Cancer Support Community North Texas PO Box 601744 Dallas,TX 75360	75-2633654	501(c)(3)		293,680	FMV	Rent Payment	Cancer Support

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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" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a First Class Travel	The THR Board approved first class travel for the CEO associated with business travel on behalf of the system No costs associated with this are added to the taxable wages of the CEO All other THR personnel follow a system travel policy which reimburses business air travel at the most economical fare reasonably available
Schedule J, Part I, Line 1a - Travel for Companions	In accordance with the THR Travel policy, the organization allows spouses/guests to accompany eligible employees, officers or board members of the organization on business related travel The value of the spouse/guest travel is included in the taxable compensation of the employee
Schedule J, Part I, Line 1a - Gross-Up Payments	Certain imputed income is grossed-up to include employment taxes paid on the listed persons behalf All tax indemnification payments provided to employees are included in the taxable compensation of the employee
Schedule J, Part I, Line 1a - Discretionary Spending Account	EACH EXECUTIVE AT THE VICE PRESIDENT LEVEL AND ABOVE RECEIVES A PERK ALLOWANCE WHICH IS INCLUDED IN THE TAXABLE COMPENSATION OF THE EMPLOYEE This allowance covers costs such as business use of their personal vehicles in lieu of reimbursement for auto mileage
Schedule J, Part I, Line 1a - Housing Allowance	Chaplains are provided a ministerial housing allowance This allowance is included in the chaplains taxable wages In 2015, the Senior Chaplain is the only employee listed on this Form 990 who received this benefit
Schedule J, Part I, Line 1a- Personal Services	THE FOUNDING CEO EMERITUS (FCE) IS PROVIDED FINANCIAL PLANNING AND TAX PREPARATION SERVICES THESE SERVICES ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE FCE
Schedule J, Part I, Line 4a - Severance Settlement	THE SEVERANCE PAYMENT WAS PAID OUT AS PART OF A MUTUALLY AGREED UPON EMPLOYMENT TRANSITION AGREEMENT THAT RESULTED IN A SEPARATION OF EMPLOYMENT Edwards, Carol Susan 132,720 80 Marx, Edward 392,003 20
Schedule J, Part I, Line 4a - Position Elimination	THR'S SEPARATION PAY PLAN PROVIDES PAYMENTS TO EMPLOYEES WHOS POSITIONS WERE ELIMINATED BY THE ORGANIZATION BASED ON THE EMPLOYEE'S YEARS OF SERVICE AND THE LEVEL OF THE AFFECTED POSITION THE LISTED EMPLOYEES QUALIFIED FOR SEVERANCE BASED ON AN INVOLUNTARY SEPARATION FROM SERVICE WITHOUT A COMPARABLE POSITION BEING OPEN AND AVAILABLE AT THE TIME OF SEPARATION Gerbig, Linda Mary 514,733 60
Schedule J, Part I, Line 4b - Nonqualified Retirement Plan	PARTICIPATION IN THE PLAN IS MADE AVAILABLE TO A SELECT GROUP OF MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES, AS DETERMINED BY THE THR BOARD OF TRUSTEES, WHO ARE PROVIDING SERVICES IN KEY POSITIONS OF MANAGEMENT AND RESPONSIBILITY FOR THE ACTIVE RESTORATION ACCOUNT (ACCOUNT BALANCES AFTER 12/31/2009), SERP BENEFITS VEST WHILE THE PARTICIPANT IS EMPLOYED IF THE PARTICIPANT * REACHES AGE 65, * BECOMES DISABLED or DIES, * REACHES THE FOLLOWING YEARS OF SERVICE 2 YEARS - 25%, 3 YEARS -50%, 4 YEARS - 75%, AND 5 OR MORE - 100% PARTICIPANTS MUST BE EMPLOYED ON DEC 1 TO QUALIFY FOR THE CURRENT YEAR'S SERP benefit UNLESS SEPARATION IS DUE TO DEATH, DISABILITY, RETIREMENT (AGE 65) OR EARLY RETIREMENT (SEPARATION FROM SERVICE AT OR AFTER AGE 55 WITH 75 YEARS OF COMBINED AGE AND CONTINUOUS SERVICE WITH THE SYSTEM) SERP benefits ARE CALCULATED EACH DEC 1 VESTED BALANCES ARE TAXED to the employee AND THE NET BALANCES BEGIN ACCRUING EARNINGS VESTED BALANCES ARE PAID IN A CASH LUMP SUM WITHIN a 90 DAY PERIOD COMMENCING ON THE EARLIER OF DEATH, DISABILITY, OR SEPARATION FROM SERVICE The deferred portion is included in Schedule J, Part II, column c In FROZEN RESTORATION ACCOUNTS (ACCOUNT BALANCES PRIOR TO 1/1/2010), THE PARTICIPANT OR BENEFICIARY SHALL BE TAXED ON HIS OR HER VESTED SERP BENEFITS UPON THE EARLIEST OF * Continued employment in THR until AGE 68 * TERMINATION OF EMPLOYMENT FOR DISABILITY OR DEATH * INVOLUNTARY TERMINATION OF EMPLOYMENT WITHOUT REASONABLE CAUSE, OR * SATISFYING A 24 MONTH NON-COMPETE PERIOD FOLLOWING HIS/HER TERMINATION OF EMPLOYMENT PAYMENT follows THE BEFORE MENTIONED EVENTS, EXCEPT IN THE CASE OF INVOLUNTARY SEPARATION when THE PARTICIPANT MUST WAIT 24 MONTHS TO RECEIVE THE PREVIOUSLY TAXED BENEFIT Payouts TO THE FOLLOWING EMPLOYEES WERE MADE DURING THE YEAR THE AMOUNTS BELOW ARE INCLUDED IN THE AMOUNT REPORTED ON SCH J, PART II, COLUMN B(III) AND COLUMN (F) Amparan,Oscar L 323,686 76 Berdan,Barclay E 9,818 51 Bujnowski, Aaron Mark 472 32 Edwards,Carol Susan 2,392 38 Gaida,John B 42,185 09 Gerbig,Linda Mary 4,260 10 Hanson,Stephen C 158,661 29 Harvey,Gayla Dawn 2,313 70 Hawthorne,Douglas D 132,533 23 Hay,Debra Ann 1,869 91 Jones,Robert Douglas 4,360 37 Marx,Edward 72,652 92 Mims,Krystal 10,096 20 Nguyen,Tricia H 2,981 40 Peterson,Lisa Kaye 6,103 60 Ransom,Elizabeth 7,757 67 Scholl,Jonathan Wade 48,552 29 Sudomir Jr,Joseph M 81 46 Szablowski,Paul A 1,012 52 Varga,Daniel W 6,783 03

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BerdanBarclay E CHIEF EXECUTIVE OFFICER	(I)	1,073,202	417,182	199,992	181,176	39,804	1,911,356	49,442
	(II)	0	0	0	0	0	0	0
1SchollJonathan Wade EVP CHIEF STRATEGY OFFICER	(I)	309,083	688,668	57,657	15,900	33,245	1,104,553	319,461
	(II)	0	0	0	0	0	0	0
2McClungBrett S EVP ZONE OPERATIONS LEADER	(I)	512,782	435,778	88,971	83,702	43,413	1,164,646	309,250
	(II)	0	0	0	0	0	0	0
3VargaDaniel W EVP SR & CHIEF CLINICAL OFFICE	(I)	684,760	219,457	127,708	124,540	48,492	1,204,957	20,128
	(II)	0	0	0	0	0	0	0
4LongRonald R EVP RSRC DEVL & DEPLOY & CFO	(I)	678,693	226,608	125,792	328,196	41,601	1,400,890	37,728
	(II)	0	0	0	0	0	0	0
5CanoseJeffrey L EVP SR & COO THR	(I)	687,287	220,259	110,825	322,467	41,238	1,382,076	29,378
	(II)	0	0	0	0	0	0	0
6NguyenTricia H EVP Poplt̃n Hlth Mgmt/Pres Inst	(I)	561,066	163,320	90,234	98,940	39,037	952,597	2,981
	(II)	0	0	0	0	0	0	0
7BoesCharles EVP GENERAL COUNSEL/Asst Sec	(I)	493,855	157,708	112,943	19,875	39,605	823,986	25,860
	(II)	0	0	0	0	0	0	0
8BerenzweigHarold K EVP ZONE CLINICAL LEADER	(I)	511,183	164,509	82,802	84,227	40,504	883,225	24,136
	(II)	0	0	0	0	0	0	0
9RansomElizabeth EVP ZONE CLINICAL LEADER	(I)	495,933	151,032	99,336	79,926	46,188	872,415	23,260
	(II)	0	0	0	0	0	0	0
10LesterMark C EVP ZONE CLINICAL LEADER	(I)	496,643	150,818	98,774	79,657	38,853	864,745	16,195
	(II)	0	0	0	0	0	0	0
11KingJames Kirk EVP ZONE OPERATIONS LEADER	(I)	461,755	122,904	104,938	181,515	47,798	918,910	25,734
	(II)	0	0	0	0	0	0	0
12KramerKenneth J Assistant Secretary	(I)	306,934	288,282	74,609	59,034	50,502	779,361	213,851
	(II)	0	0	0	0	0	0	0
13McWhorterRick E Assistant Secretary/ Sr VP	(I)	361,032	94,454	62,470	129,475	32,369	679,800	11,875
	(II)	0	0	0	0	0	0	0
14AmparanOscar L EVP ZONE OPERATIONS LEADER	(I)	27,625	372,798	114,120	10,098	9,322	533,963	207,930
	(II)	0	0	0	0	0	0	0
15StoutLuanne R Corporate Secretary	(I)	190,958	41,692	27,785	65,856	28,830	355,121	0
	(II)	0	0	0	0	0	0	0
16BerrettBritt R Former Officer	(I)	0	0	0	0	0	0	0
	(II)	0	521,741	0	0	0	521,741	521,741
17PetersonLisa Kaye Former Officer	(I)	0	0	0	0	0	0	0
	(II)	339,181	84,714	55,116	15,900	46,701	541,612	6,104
18HansonStephen C Former Officer	(I)	134,123	24,538	0	0	0	158,661	158,661
	(II)	0	0	0	0	0	0	0
19BellBonnie LFormer Officer	(I)	0	111,724	653	0	0	112,377	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 GerbigLinda Mary SVP PERF IMPROV & QUAL OUTCOME	(I)	247,391	66,755	600,936	9,292	22,083	946,457	0
	(II)	0	0	0	0	0	0	0
1 MimsKrystal SVP CARE CONTINUUM & COLLABORA	(I)	436,039	207,096	71,506	74,671	43,024	832,336	87,184
	(II)	0	0	0	0	0	0	0
2 MarxEdward SVP CHIEF INFO OFFICER	(I)	146,327	112,972	436,277	11,161	21,742	728,479	0
	(II)	0	0	0	0	0	0	0
3 VelascoFerdinand T SVP & CHIEF HLTH INFO OFFICER	(I)	437,838	116,391	53,595	158,826	48,187	814,837	15,984
	(II)	0	0	0	0	0	0	0
4 GaidaJohn B SVP SUPPLY CHAIN MGMT	(I)	416,352	106,710	67,879	52,327	43,595	686,863	56,606
	(II)	0	0	0	0	0	0	0
5 Shinkus ClarkJoan Frances SVP CHIEF NURSING EXECUTIVE	(I)	394,385	110,100	50,978	45,898	40,249	641,610	14,320
	(II)	0	0	0	0	0	0	0
6 KirbyMichelle Riddle SVP CHIEF PEOPLE OFFICER	(I)	380,292	109,824	63,264	60,954	8,968	623,302	12,286
	(II)	0	0	0	0	0	0	0
7 SzablowskiPaul A SVP BRAND EXPERIENCE	(I)	370,827	94,542	55,202	51,093	37,181	608,845	1,013
	(II)	0	0	0	0	0	0	0
8 EdwardsCarol Susan SVP HEART & VASCULAR SVC LINE	(I)	218,532	68,812	225,019	10,930	33,544	556,837	0
	(II)	0	0	0	0	0	0	0
9 JonesRobert Douglas SVP TREASURER/CHIEF INVEST OFF	(I)	338,264	101,305	46,445	45,605	47,265	578,884	17,170
	(II)	0	0	0	0	0	0	0
10 TesmerDavid J SVP COMMUN ENGAG & ADVOCACY TH	(I)	323,057	93,747	61,036	54,480	38,270	570,590	12,152
	(II)	0	0	0	0	0	0	0
11 HumphreyRichard I SVP FINANCE	(I)	333,384	74,205	68,306	43,414	48,392	567,701	0
	(II)	0	0	0	0	0	0	0
12 AndersonSusan Elaine SVP & Chief Compliance Officer	(I)	307,668	90,336	62,195	19,875	27,121	507,195	11,470
	(II)	0	0	0	0	0	0	0
13 SaldanaLuis EduardoCMIO	(I)	437,488	0	789	15,900	46,600	500,777	0
	(II)	0	0	0	0	0	0	0
14 HolmesKevin B SVP REAL ESTATE DEVL & DEPLOY	(I)	282,733	84,715	62,858	45,425	52,004	527,735	11,568
	(II)	0	0	0	0	0	0	0
15 HarveyGayla Dawn SVP FINAN / CHIEF REV OFFICER	(I)	231,110	110,700	81,929	7,080	17,624	448,443	2,314
	(II)	0	0	0	0	0	0	0
16 MitchellJohn D SVP BUSINESS DEVELOPMENT	(I)	274,141	79,766	63,559	44,435	46,119	508,020	10,605
	(II)	0	0	0	0	0	0	0
17 PearsonGeorge SVP MED STF AFFRS PHYS RLTNS	(I)	263,109	78,918	59,452	43,518	35,007	480,004	10,718
	(II)	0	0	0	0	0	0	0
18 Sudomir JrJoseph M SVP CHIEF INFO OFFICER	(I)	263,808	75,809	46,832	25,924	41,543	453,916	28,595
	(II)	0	0	0	0	0	0	0
19 HawthorneDouglas D FOUNDING CEO EMERITUS (FCE)	(I)	374,931	677,459	67,223	90,237	38,136	1,247,986	229,780
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 WilliamsMarcie L DIR SR ENTPRSE/CLIN RISK MGMT	(I)	151,486	12,228	360,201	12,366	42,512	578,793	0
	(II)	0	0	0	0	0	0	0
1 EngelhardJohn CHAPLAIN SR (DIR)	(I)	78,025	7,486	430,288	10,827	25,008	551,634	0
	(II)	0	0	0	0	0	0	0
2 SchornickAmy C VP PAYOR RLTNS & CONTRACTING	(I)	299,184	59,172	35,511	37,947	43,361	475,175	0
	(II)	0	0	0	0	0	0	0
3 HayDebra Ann CHIEF NURSING OFFICER THPR	(I)	262,691	94,248	31,249	28,131	31,868	448,187	37,820
	(II)	0	0	0	0	0	0	0
4 Bujnowski Aaron Mark SVP Strategy & Planning	(I)	271,775	66,958	41,150	51,480	46,555	477,918	3,671
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Texas Health Resources

Employer identification number

75-2702388

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	68,985,000	0	190,065,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	620,432,581	109,908,750	366,264,054	151,950,525
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	617,372,104	0	327,900,000	150,425,000
7	Issuance costs from proceeds	3,060,477	529,732	1,868,320	1,525,525
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	109,379,018	36,495,734	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2009	2009	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 160 %		0 %		0 030 %		0 030 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 060 %		0 060 %	
6	Total of lines 4 and 5	1 160 %				0 090 %		0 090 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Part IV, Line 2c, Column C	Rebate calculations for the the 2008 Series were completed 11/7/13

Return Reference	Explanation
Part IV, Line 2c, Column D	Rebate calculations for the 2010 series were completed 12/21/15

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Texas Health Resources

Employer identification number

75-2702388

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551		11-30-2010	135,000,000	Construction & Equip Health Facili		X		X		X
B	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TEH2	10-04-2012	50,000,000	Construction & Equipment Health Fa		X		X		X
C	Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TEz2	05-21-2015	60,000,000	Construction & Equipment Health Fa		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	280,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	135,000,000	50,037,844	60,555,459	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	444,565	0	247,878	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	134,555,435	50,037,844	22,499,378	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	37,788,144	
13	Year of substantial completion	2013	2014		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0 %		0 %		
6	Total of lines 4 and 5				0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
See Additional Data Table												
Total		▶ $				4,152,867						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jennifer Velasco	Family Member of Key Empl	13,763	Compensation - Employee		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Amparan Oscar	oFFICER	Split Dollar Life		X	130,273	130,273		No	Yes		Yes	
(2) Anderson Elaine	Key Employee	Split Dollar Life		X	132,286	132,286		No	Yes		Yes	
(3) Bell Bonnie	Former Officer	Split Dollar Life		X	87,418	87,418		No	Yes		Yes	
(4) Berdan Barclay	Officer	Split Dollar Life		X	447,133	447,133		No	Yes		Yes	
(5) Boes Charles	Officer	Split Dollar Life		X	340,168	340,168		No	Yes		Yes	
(6) Canose Jeffrey L	Officer	Split Dollar Life		X	279,040	279,040		No	Yes		Yes	
Hawthorne (7) Douglas	Former Officer	Split Dollar Life		X	686,258	686,258		No	Yes		Yes	
(8) Holmes Kevin B	Key Employee	Split Dollar Life		X	128,248	128,248		No	Yes		Yes	
(9) Kirby Michelle R	Key Employee	Split Dollar Life		X	62,732	62,732		No	Yes		Yes	
(10) Kramer Kenneth Jr	Officer	Split Dollar Life		X	148,042	148,042		No	Yes		Yes	
(11) Long Ronald R	Officer	Split Dollar Life		X	694,161	694,161		No	Yes		Yes	
(12) Pearson George L	Key Employee	Split Dollar Life		X	331,227	331,227		No	Yes		Yes	
(13) Tesmer David J	Key Employee	Split Dollar Life		X	166,320	166,320		No	Yes		Yes	
(14) Giada John	Key Employee	Split Dollar Life		X	329,015	329,015		No	Yes		Yes	
(15) McClung Brett	Officer	Split Dollar Life		X	190,546	190,546		No	Yes		Yes	

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Texas Health Resources	75-2702388

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

Return Reference	Explanation
Governing Documents Part VI, Section A, Line 4	The governing documents w ere amended effective 1/1/15 w ith the follow ing significant changes * THR changed from a member organization to a non-member organization The Founding/Sponsoring member no longer has reserved pow ers or any authority to approve amendments to governing documents These pow ers now remain at the THR Board level *Changed language to allow non-hospital w holly-controlled entities to be supported organizations * THR is now self-nominating and electing * In order to assure geographic Board diversity, w ording w as added regarding the Board composition and the balance of community leaders selected for their competency traits and from across primary market areas served *Clarification that the CEO may be removed w ith or w ithout cause and that any corporate officer removed for any reason w ill automatically be relieved from all elected corporate officer positions and all board seats held

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

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

Return Reference	Explanation
Compensation Determination-Part VI, Section B, Line 15	TEXAS HEALTH RESOURCES (THR) uSEd THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO * THR HAS A Governance Committee COMPRISED OF EXTERNAL BOARD MEMBERS THAT REVIEW COMPENSATION PHILOSOPHY AND DESIGN One function of the governance committee is to serve as a compensation committee for the THR system * THR BOARD HIRED INDEPENDENT COMPENSATION CONSULTANTS * THR & THE INDEPENDENT COMPENSATION CONSULTANTS UTILIZE PUBLISHED THIRD-PARTY COMPENSATION SURVEYS AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT IS HIRED BY THE THR BOARD OF TRUSTEES (BOARD) TO REVIEW BASE PAY ANNUALLY AS COMPARED TO A PEER GROUP OF EMPLOYERS SIMILAR IN SIZE AND SCOPE TO THR EVERY THREE YEARS THE INDEPENDENT COMPENSATION CONSULTANT REVIEWS ALL ASPECTS OF EXECUTIVE COMPENSATION (BASE, INCENTIVES, BENEFITS, ETC) WHICH INCLUDES * REVIEW AND CONFIRMATION OF THE EXECUTIVE COMPENSATION PHILOSOPHY * MARKET REVIEW OF BASE AND INCENTIVE PAY FOR ALL POSITIONS NATIONAL, REGIONAL, AND LOCAL DATA IS REVIEWED WHEN AVAILABLE. * MARKET REVIEW OF BENEFITS AND PERQUISITES, * INTERVIEW OF SELECTED OFFICERS AND MEMBERS OF THE GOVERNANCE COMMITTEE (COMPENSATION COMMITTEE) OF THE THR BOARD OF TRUSTEES, AND * REVIEW OF FINANCIAL REPORTS, JOB DESCRIPTIONS, ORGANIZATIONAL CHARTS, CURRENT SALARIES, INCENTIVE OPPORTUNITIES, INCENTIVE PAYMENTS, BENEFITS, PERQUISITES AND PLAN DOCUMENTS THE INDEPENDENT COMPENSATION CONSULTANT MEETS DIRECTLY WITH THE GOVERNANCE COMMITTEE TO REPORT THE RESULTS OF THE TOTAL COMPENSATION STUDY AT THE BEGINNING OF EACH YEAR, THE GOVERNANCE COMMITTEE REVIEWs A DETAILED REPORT CONTAINING THE BELOW INFORMATION THE BOARD REVIEWS AN EXECUTIVE SUMMARY OF THE DETAILED REPORT * MARKET ANALYSIS BASED ON THE RESULTS OF THE OUTSIDE CONSULTANT'S REVIEW * OFFICER BASE SALARY ADJUSTMENTS INCLUDING MERIT AND MARKET/EQUITY ADJUSTMENTS * PRIOR YEAR EXECUTIVE ANNUAL INCENTIVE AWARDS * CURRENT YEAR EXECUTIVE ANNUAL INCENTIVE PLAN TARGETS, KEY PERFORMANCE INDICATORS AND POTENTIAL PAYOUT AMOUNTS

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

Return Reference	Explanation
Other Changes in Fund Balance-Part XI, Line 9	Controlled Joint Venture Treasury Shares ($758,575) Transfers from controlled entity 83,769

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

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONSULTING SERVICES TOTAL FEES 39399955

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 11260819

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 8013061

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUILDING SERVICES TOTAL FEES 3705065

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RECRUITING SERVICES TOTAL FEES 772114

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY SERVICES TOTAL FEES 538301

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMIN SERVICES TOTAL FEES 471088

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 95857

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CBO SERVICES TOTAL FEES 164743

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION IT SERVICES TOTAL FEES 10209

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL WASTE REMOVAL TOTAL FEES 325

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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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Texas Health Partners LLC 612 E Lamar Blvd Arlington, TX 76011 02-0546958	Mgmt Co	TX	16,901,735	6,395,753	TH Resources
(2) THR-SCA Holdings LLC 612 E Lamar Blvd Arlington, TX 76011 46-1096461	Holding Co	TX	17,447,013	71,303,191	TH Resources
(3) Texas Health Resources Trust 612 E Lamar Blvd Arlington, TX 76011 36-6406740	Investments	TX	13,905,242	230,943,041	TH Resources

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

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

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Johnson County Community Care Corp 612 E Lamar Blvd Arlington, TX 76011 45-2793120	Support Org	TX	501(c)(3)	11a	TH Cleburne		No
North Texas Healthy Communities 612 E Lamar Blvd Arlington, TX 76011 46-4513182	Comm Support	TX	501(c)(3)	7	TH Resources	Yes	
Texas Health Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76011 75-0972805	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Back Care 9229 LBJ Freeway Dallas, TX 75243 47-4724257	Phys Clinic	TX	501(c)(3)	9	TH Phys Grou		No
Texas Health Alliance 10864 Texas Health Trail Fort Worth, TX 76244 45-1502252	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Azle 108 Denver Trail Azle, TX 76020 75-1748586	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Cleburne 201 Walls Dr Cleburne, TX 76033 75-1977850	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Fort Worth 1301 Pennsylvania Ave Fort Worth, TX 76104 75-6001743	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Hurst-Euless-Bedford 1600 Hospital Parkway Bedford, TX 76022 75-1438726	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Southwest Fort Worth 6100 Harris Parkway Fort Worth, TX 76132 75-2678857	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Stephenville 411 Belknap Stephenville, TX 76401 75-1752253	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Huguley Inc 11801 S Freeway Burleson, TX 76028 45-2694620	Hospital	FL	501(c)(3)	3	TH Resources	Yes	
TX Health Outpatient Surg Ctr Alliance 10840 Texas Health Trail Fort Worth, TX 76244 80-0800294	Hospital	TX	501(c)(3)	3	TH Alliance		No
Texas Health Physicians Group 9229 LBJ Freeway Dallas, TX 75243 75-2613493	Phys Clinic	TX	501(c)(3)	9	TH Resources	Yes	
Texas Health Resources Foundation 612 E Lamar Blvd Arlington, TX 76011 75-2022128	Fundraising	TX	501(c)(3)	7	TH Resources	Yes	
Texas Health Allen 1105 Central Expressway N Allen, TX 75013 75-2890358	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Dallas 8200 Walnut Hill Ln Dallas, TX 75231 75-1047527	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Denton 3000 North Interstate 35 Denton, TX 76201 43-2008974	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Kaufman 850 Ed Hall Drive Kaufman, TX 75142 75-2771437	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
Texas Health Plano 6200 W Parker Rd Plano, TX 75093 75-2770738	Hospital	TX	501(c)(3)	3	TH Resources	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
TX Health Research & Education Institute 612 E Lamar Blvd Arlington, TX 76011 75-2562191	Edu& Research	TX	501(c)(3)	4	TH Resources	Yes	
Texas Health Resources 612 E Lamar Blvd Arlington, TX 76011 75-2702388	Mgmt Supp Org	TX	501(c)(3)	11c	NA		
TX Health Resources Self-Insurance Trust 612 E Lamar Blvd Arlington, TX 76011 75-6335902	Insur Trust	TX	501(c)(3)	11c	TH Resources	Yes	
TH Specialty Hospital Fort Worth 1301 Pennsylvania Ave Fort Worth, TX 76104 75-1648589	LT Hospital	TX	501(c)(3)	3	TH Resources	Yes	
WW Ward Endowment Fund Trust 612 E Lamar Blvd Arlington, TX 76011 75-6196065	Support Org	TX	501(c)(3)	11a	TH Foundatio		No
Dallas County Indigent Care Corporation PO Box 655999 Dallas, TX 75203 26-0610562	Support Org	TX	501(c)(3)	11a	NA		No
Healthy Tarrant County Collaboration PO Box 8040 Fort Worth, TX 76124 43-2087946	Support Org	TX	501(c)(3)	11a	TH Resources	Yes	
Tarrant County Indigent Care Corporation 612 E Lamar Blvd Arlington, TX 76011 26-0648532	Support Org	TX	501(c)(3)	11a	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMH Cath Labs LLC 811 Wright St Arlington, TX 76012 20-3003947	Hospital	TX	NA	N/A								
Cleburne Imaging LLC PO Box 820519 Dallas, TX 75382 46-0767278	Outpatient Diagno	TX	NA	N/A								
Cleburne Surgical Center LLC 2010 W Katherine P Raines Blvd St Cleburne, TX 76033 20-3742012	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,589,348	2,232,127		No	0	Yes		51 000 %
Denton Surgery Center LLC 207 North Bonnie Brea Denton, TX 76201 47-0926556	Amb Surg Ctr	TX	THR-SCA Holding	Related	3,613,239	3,403,054		No	0	Yes		60 320 %
Flower Mound Hospital Partners LLC 612 E Lamar Blvd Ste 600 Arlington, TX 76011 26-0684968	Hospital	TX	TH Resources	Related	16,312,172	71,859,567		No	0		No	55 390 %
Fort Worth Endoscopy Centers LLC 900 W Magnolia Ave 101 Fort Worth, TX 76104 77-0368346	Endoscopy Center	TX	THR-SCA Holding	Related	9,882,087	5,536,707		No	0	Yes		51 000 %
Greenville Surgery Center LLC 7150 Greenville Ave Ste 200 Dallas, TX 75231 74-2411643	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,348,537	2,598,865		No	0	Yes		80 300 %
Health Imaging Partners LLC 8610 Explorer Drive Ste 300 Colorado Springs, CO 80920 27-1385885	Outpatient Diagno	TX	TH Resources	Related	14,191,588	42,236,292		No	0		No	51 000 %
North Dallas Surgical Center LLC 17980 Dallas Parkway Ste 100 Dallas, TX 75287 27-2248103	Amb Surg Ctr	TX	THR-SCA Holding	Related	531,473	1,176,436		No	0	Yes		51 000 %
Physician Medical Center LLC 612 E Lamar Blvd 6th Flr Arlington, TX 76011 48-1281376	Hospital	TX	TH Plano	Related	1,563,661	1,832,077		No	0		No	6 500 %
Presbyterian Cancer Center-Dallas LLC 1220 Senlac Drive 2nd Flr Carrollton, TX 75006 26-0422749	Cancer Treatment	TX	NA	N/A								
Rockwall Regional Hospital LLC 612 E Lamar Blvd 6th Flr Arlington, TX 76011 20-2848116	Hospital	TX	TH Resources	Related	14,219,780	45,824,561		No	0	Yes		60 410 %
Southlake Specialty Hospital LLC 612 E Lamar Blvd 6th Flr Arlington, TX 76011 02-0555370	Hospital	TX	TH HEB	Related	775,837	1,723,402		No	0	Yes		6 080 %
Surgical Caregivers of Fort Worth LLC 2001 W Rosedale Street Fort Worth, TX 76104 75-1925497	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,606,870	4,050,000		No	0	Yes		51 500 %
Texas Health Craig Ranch Surgery Center 8080 State Hwy 121 Ste 100 McKinney, TX 75070 38-3897811	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,933,774	4,138,756		No	0	Yes		57 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Texas Health Flower Mound Orthopedic Sur 5000 Long Prairie Road Flower Mound, TX 75028 80-0866449	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,788,714	4,762,405		No	0	Yes		51 000 %
Texas Health MedSynergies LLC 909 Hidden Ridge Ste 300 Irving, TX 75038 80-0272951	Mgmt Services	TX	TH Resources	Related	1,005,971	20,249,434		No	0		No	89 610 %
Texas Health Spine Center Arlington 1545 E Southlake Blvd Ste 100 Southlake, TX 76092 46-4143686	Inactive	TX	TH Resources	Related	0	316,791		No	0	Yes		61 890 %
Texas Health Surgery Center Preston Plaz 17950 Preston Road Ste 75 Dallas, TX 75252 20-3991622	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,722,352	2,624,862		No	0		No	51 000 %
Texas Health Surgery Center Rockwall LL 569 Brookwood Village Ste 901 Birmingham, AL 35209 47-4425996	Inactive	TX	THR-SCA Holding	Related	0	0		No	0	Yes		51 000 %
Texas Institute for Surgery LLP 7715 Greenville Ave Ste 100 Dallas, TX 75231 77-0628004	Hospital	TX	NA	N/A								
THR-STT Rockwall ASC LLC 1545 E Southlake Blvd Southlake, TX 76092 26-2429878	Amb Surg Ctr	TX	TH Resources	Related	791,321	2,292,425		No	0	Yes		51 000 %
THR-STT Southlake ASC LLC 1545 E Southlake Blvd Southlake, TX 76092 20-1728912	Amb Surg Ctr	TX	TH Resources	Related	3,196,328	5,339,450		No	0	Yes		51 000 %
USMD Hospital at Arlington LP 801 I -20 West Arlington, TX 76017 73-1662763	Hospital	TX	TH Resources	Related	9,961,043	50,006,902		No	0		No	51 000 %
USMD Hospital at Fort Worth LP 6333 North State Hwy 161 Ste 200 Irving, TX 75038 20-3571243	Hospital	TX	TH Resources	Related	1,178,240	5,027,594		No	0		No	51 000 %
Wilson Creek Surigcal Center LLC 569 Brookwood Village Ste 901 Birmingham, AL 35209 27-4816583	Amb Surg Ctr	TX	THR-SCA Holding	Related	3,566,339	2,249,621		No	0	Yes		51 000 %
Women's Specialty Surgery Center 8230 Walnut Hill Ln Ste 101 Dallas, TX 75231 26-2310072	Amb Surg Ctr	TX	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Grace Indemnity Company Ltd 1159 CARIBBEAN PLAZA GRAND CAYMAN KY 1-1102 CJ 98-1209573	Captive Insurance	CJ	TH Resources	C Corp	0	43,190,367	100 000 %	Yes	
(1) Huguley Medical Associates Inc 11801 South Freeway Burleson, TX 76028 75-2547668	Phys Clinics	TX	NA	C Corp					No
(2) Magnum Health Holdings Inc 612 E Lamar Blvd Ste 600 Arlington, TX 76011 47-5486814	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(3) Magnum Health Plan Inc 612 E Lamar Blvd Ste 600 Arlington, TX 76011 47-5548221	Inactive	TX	NA	C Corp					No
Texas Health Biomedical Advancement (4) Cent 612 E Lamar Blvd Arlington, TX 76011 75-2636884	Research	TX	NA	C Corp					No
Texas Health Resources Casualty (5) Company 612 E Lamar Blvd Arlington, TX 76011 03-0310676	Insurance	VT	TH Resources	C Corp	34,838	0	100 000 %	Yes	
(6) Texas Health Resources Bundled Products 612 E Lamar Blvd Arlington, TX 76011 46-5588632	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(7) TH Resources Primary Care Ext Physcian N 612 E Lamar Blvd Arlington, TX 76011 46-5365421	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(8) Texas Health Resources Spine Services 612 E Lamar Blvd Arlington, TX 76011 46-5347751	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(9) Texas Health Resources Women's Services 612 E Lamar Blvd Arlington, TX 76011 46-5330487	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(10) Charitable Remainder Trusts (4) 612 E Lamar Blvd Arlington, TX 76011	CR Trust	TX	TH Foundation	Trust					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Flower Mound Hospital Partners LLC	a	73,600	Lease
(1)	Health Imaging Partners LLC	a	367,365	Lease
(2)	Southlake Specialty Hospital LLC	a	23,100	Lease
(3)	Texas Health Huguley Inc	a	130,775	Lease
(4)	Texas Health Allen	a	371,544	Lease
(5)	Texas Health Alliance	a	847,581	Lease
(6)	Texas Health Arlington Memorial	a	41,540	Lease
(7)	Texas Health Azle	a	246,581	Lease
(8)	Texas Health Cleburne	a	38,997	Lease
(9)	Texas Health Dallas	a	843,587	Lease
(10)	Texas Health Denton	a	1,703,284	Lease
(11)	Texas Health Fort Worth	a	4,377,994	Lease
(12)	Texas Health HEB	a	1,036,365	Lease
(13)	Texas Health Kaufman	a	62,715	Lease
(14)	Texas Health Outpatient Surgery Cntr Alliance	a	793,463	Lease
(15)	Texas Health Plano	a	2,438,718	Lease
(16)	Texas Health Physician Group	a	9,216,150	Lease
(17)	Texas Health Resources Foundation	a	397,936	Lease
(18)	Texas Health Stephenville	a	78,294	Lease
(19)	Texas Health Specialty Hospital	a	95,648	Lease
(20)	Texas Health Southwest	a	1,049,825	Lease
(21)	Texas Health Research & Education Inst	a	309,666	Lease
(22)	Health Imaging Partners LLC	b	1,185,713	JV Agreement
(23)	North Dallas Surgical Center LLC	b	81,490	JV Agreement
(24)	Texas Health Craig Ranch Surgery Center LLC	b	836,011	JV Agreement

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Cleburne Surgical Center LLC	c	2,453,308	JV Agreement
(1)	Denton Surgery Center LLC	c	4,141,367	JV Agreement
(2)	Flower Mound Hosptial Partners LLC	c	11,999,656	JV Agreement
(3)	Fort Worth Endoscopy Center LLC	c	8,897,130	JV Agreement
(4)	Greenville Surgery Center LLC	c	1,889,245	JV Agreement
(5)	Health Imaging Partner LLC	c	11,489,586	JV Agreement
(6)	Physician Medical Center LLC	c	1,548,508	JV Agreement
(7)	Rockwall Regional Hosptial LLC	c	10,241,599	JV Agreement
(8)	Southlake Specialty Hosptials LLC	c	803,111	JV Agreement
(9)	Surgical CareGivers of Fort Worth LLC	c	4,381,784	JV Agreement
(10)	Texas Health Craig Ranch Surgery Center LLC	c	2,360,705	JV Agreement
(11)	TH Flower Mound Orthopedic Surgery Center	c	4,931,407	JV Agreement
(12)	Texas Health Surgery Center Preston Plaza LLC	c	1,265,152	JV Agreement
(13)	THRSTT Rockwall ASC LLC	c	1,314,348	JV Agreement
(14)	THRSTT Southlake ASC LLC	c	3,251,966	JV Agreement
(15)	USMD Hospital at Arlington LP	c	7,600,936	JV Agreement
(16)	USMD Hosptial at Fort Worth LP	c	468,602	JV Agreement
(17)	Wilson Creek Surgical Center LLC	c	2,246,627	JV Agreement
(18)	Flower Mound Hospital Partner LLC	l	9,586,351	Contract
(19)	Health Imaging Partners LLC	l	3,075,664	Contract
(20)	Physician Medical Center LLC	l	4,659,448	Contract
(21)	Rockwall Regional Hospital LLC	l	7,867,735	Contract
(22)	Southlake Specialty Hosptial LLC	l	4,139,319	Contract
(23)	STTTHR Southlake ASC	l	100,000	Contract
(24)	USMD Hospital Arlington LP	l	100,000	Contract

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	USMD Hospital Fort Worth LP	l	100,000	Contract
(1)	Cleburne Surgical Center LLC	q	50,261	Interco Billing
(2)	Denton Surgery Center LLC	q	83,265	Interco Billing
(3)	Flower Mound Hospital Partners LLC	q	687,146	Interco Billing
(4)	Fort Worth Endoscopy Centers LLC	q	96,560	Interco Billing
(5)	Health Imaging Partners LLC	q	521,938	Interco Billing
(6)	Physician Medical Center	q	481,669	Interco Billing
(7)	Rockwall Regional hospital LLC	q	615,602	Interco Billing
(8)	Southlake Specialty Hospital LLC	q	391,524	Interco Billing
(9)	Surgical CareGivers of Fort Worth LLC	q	102,516	Interco Billing
(10)	Texas Health Medsynergies LLC	q	159,251	Interco Billing
(11)	Texas Health Craig Ranch Surgery Center LLC	q	62,005	Interco Billing
(12)	TH Flower Mound Orthopedic Surgery Center LLC	q	74,887	Interco Billing
(13)	THRSTT Southlake ASC LLC	q	61,910	Interco Billing
(14)	Flower Mound Hospital Partners LLC	p	207,066	Interco Billing
(15)	Health Imaging Partners LLC	p	131,397	Interco Billing
(16)	Rockwall Regional Hospital LLC	p	219,260	Interco Billing
(17)	Southlake Specialty Hospital LLC	p	88,782	Interco Billing
(18)	THR Bundled Products	l	1,048,952	Interco Billing
(19)	USMD Hospital at Arlington LP	p	150,291	Interco Billing
(20)	USMD Hospital at Fort Worth LP	p	73,499	Interco Billing