

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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 \$ 2,171,803,614

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)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	4,041
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	2,256,830
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,346,246	2,064,849
9 Program service revenue (Part VIII, line 2g)	615,753,514	675,783,239
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133,923,820	111,171,862
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,829,319	7,972,410
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	754,852,899	796,992,360

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	826,708	995,428
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)	261,181,405	283,014,839
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)	281,685,635	315,763,696
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	543,693,748	599,773,963
19 Revenue less expenses Subtract line 18 from line 12	211,159,151	197,218,397

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,924,130,358	5,556,927,211
21 Total liabilities (Part X, line 26)	3,721,088,827	3,936,153,865
22 Net assets or fund balances Subtract line 21 from line 20	1,203,041,531	1,620,773,346

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
Signature of officer: *****
Date: 2017-11-13
Type or print name and title: RICK MCWHORTER Asst Secretary

Paid Preparer Use Only
Print/Type preparer's name: Melva Scott
Preparer's signature: Melva Scott
Date:
Check if self-employed
PTIN: P01207335
Firm's name: ▶ ERNST & YOUNG US LLP
Firm's address: ▶ 425 HOUSTON STREET STE 600
Phone no: (817) 335-1900
FORT WORTH, TX 76102

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 \$ 599,773,963 including grants of \$ 995,428) (Revenue \$ 680,942,488)
See Additional Data

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 ▶ 599,773,963

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (16), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 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
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

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	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	25,338,722	1,253,094	6,354,092

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 ▶ 499

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HC Beck Ltd, 1807 Ross Ave 500 DALLAS, TX 75201	Construction	14,530,912
Austin Industries Inc, 3535 Travis St 300 DALLAS, TX 75204	Construction	11,127,781
PriceWaterhousecooper Advisory Serv, PO Box 952282 DALLAS, TX 75395	Consulting	9,217,570
Skiles Group, 1810 N Greenville Ave RICHARDSON, TX 75081	Construction	7,416,703
Evolut Health LLC, 800 North Glebe Rd Ste 500 ARLINGTON, VA 22203	Consulting	5,886,784

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 ▶ 123

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	2,064,849				
	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 \$ _____		58,624				
	h Total. Add lines 1a-1f		2,064,849				
Program Service Revenue		Business Code					
	2a MANAGEMENT FEE	622110	487,107,578	487,032,581	74,997		
	b JV ACTIVITY	622110	122,683,313	121,604,386	1,078,927		
	c RENTAL FEE	531120	65,943,155	65,943,155			
	d EDUCATION REVENUE	624190	49,193	49,193			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		675,783,239					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,192,185			71,192,185	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		25,434			25,434	
	6a Gross rents	(i) Real	(ii) Personal				
		803,049	5,102				
		b Less rental expenses	33,010				
		c Rental income or (loss)	770,039	5,102			
	d Net rental income or (loss)			775,141	5,103	770,038	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,411,923,998	2,833,923				
		b Less cost or other basis and sales expenses	1,371,955,535	2,822,709			
		c Gain or (loss)	39,968,463	11,214			
	d Net gain or (loss)			39,979,677		39,979,677	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a SUPPLY CHAIN MGMT	900099	2,552,838	2,490,668	62,170			
b REBATE	900099	1,250,178	1,250,178				
c TELECOMMUNICATION	517919	1,035,633		1,035,633			
d All other revenue		2,333,186	1,418,403		914,783		
e Total. Add lines 11a-11d		7,171,835					
12 Total revenue. See Instructions		796,992,360	679,788,564	2,256,830	112,882,117		

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	995,428	995,428		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	28,124,044	28,124,044		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	205,541,810	205,541,810		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,471,069	6,471,069		
9 Other employee benefits	27,783,796	27,783,796		
10 Payroll taxes	15,094,120	15,094,120		
11 Fees for services (non-employees)				
a Management	25,757,366	25,757,366		
b Legal	2,430,654	2,430,654		
c Accounting	2,040,797	2,040,797		
d Lobbying	392,615	392,615		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	13,706,102	13,706,102		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,813,839	53,813,839		
12 Advertising and promotion	12,144,379	12,144,379		
13 Office expenses	7,684,015	7,684,015		
14 Information technology	72,063,454	72,063,454		
15 Royalties	0			
16 Occupancy	27,541,976	27,541,976		
17 Travel	1,941,353	1,941,353		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,811,220	1,811,220		
20 Interest	34,976,899	34,976,899		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	38,885,369	38,885,369		
23 Insurance	467,667	467,667		
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	9,019,398	9,019,398		
b COMMUNITY OUTREACH	3,445,432	3,445,432		
c LICENSE/DUES EXPENSE	3,258,965	3,258,965		
d BAD DEBTS	1,590,599	1,590,599		
e All other expenses	2,791,597	2,791,597		
25 Total functional expenses. Add lines 1 through 24e	599,773,963	599,773,963	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	25,552,704	1	21,818,854
	2 Savings and temporary cash investments	387,974,759	2	443,994,960
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	57,372,869	4	79,883,485
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	4,152,867	5	3,955,204
	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	6,331,120	7	9,019,632
	8 Inventories for sale or use	4,925,315	8	7,907,365
	9 Prepaid expenses and deferred charges	38,098,915	9	57,023,921
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,117,495,970		
	b Less accumulated depreciation	561,231,928		
		460,123,742	10c	556,264,042
	11 Investments—publicly traded securities	3,543,414,841	11	3,897,906,521
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	229,427,788	13	251,289,615
	14 Intangible assets	67,458,943	14	64,470,886
15 Other assets See Part IV, line 11	99,296,495	15	163,392,726	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,924,130,358	16	5,556,927,211	
Liabilities	17 Accounts payable and accrued expenses	210,309,775	17	290,784,911
	18 Grants payable	346,022	18	254,016
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	1,614,299,603	20	1,793,736,546
	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	159,134,638	23	144,418,546
	24 Unsecured notes and loans payable to unrelated third parties	27,353,081	24	31,792,689
	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	1,709,645,708	25	1,675,167,157
	26 Total liabilities. Add lines 17 through 25	3,721,088,827	26	3,936,153,865
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,203,041,531	27	1,620,773,346
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	1,203,041,531	33	1,620,773,346
	34 Total liabilities and net assets/fund balances	4,924,130,358	34	5,556,927,211

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	796,992,360
2	Total expenses (must equal Part IX, column (A), line 25)	2	599,773,963
3	Revenue less expenses Subtract line 2 from line 1	3	197,218,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,203,041,531
5	Net unrealized gains (losses) on investments	5	156,890,266
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	63,623,152
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,620,773,346

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 75-2702388

Name: Texas Health Resources

Form 990 (2016)

Form 990, Part III, Line 4a:

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.

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 Immediate Past Chair	3 0 0 0	X						0	0	0
Bloemendal Lee MD FACS Trustee	3 0 0 0	X						0	0	0
Curnutt Judge Mary Trustee	3 0 0 0	X						0	0	0
DeVries Jan DMin MDiv Trustee	3 0 0 0	X						0	0	0
Ferguson III John Chair	3 0 0 0	X						1,059	0	0
Fleschler Mark MD Trustee	3 0 0 0	X						0	0	0
Greene Richard Trustee	3 0 0 0	X						0	0	0
Haggar III Joseph Trustee	3 0 0 0	X						0	0	0
Hunt Hunter Trustee	3 0 0 0	X						0	0	0
Lowry Bishop J Michael Trustee	3 0 0 0	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			
Reeves Kenneth Trustee	3 0 0 0	X						0	0	0
Stripling W Dennis MD Trustee	3 0 0 0	X						928	0	0
Tatum Stephen Trustee	3 0 0 0	X						0	0	0
Turner Wesley Vice Chair	3 0 0 0	X						1,017	0	0
Vigness Richard MD Trustee	3 0 0 0	X						11,438	0	0
Wilder Jr Charles Trustee	3 0 0 0	X						0	0	0
Wynne James Trustee	3 0 0 0	X						690	0	0
Berdan Barclay E Chief Executive Officer	40 0 0 5			X				1,723,962	0	440,540
Long Ronald R EVP RSRC DEVL & DEPLOY & CFO	40 0 0 0			X				1,493,954	0	264,629
Canose Jeffrey L EVP SR & COO THR	40 0 0 5			X				1,491,947	0	266,931

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			
Varga Daniel W EVP SR & CHIEF CLINICAL OFFICE	40 0 2 0			X				1,208,860	0	466,486
King James Kirk EVP ZONE OPERATIONS LEADER	40 0 2 5			X				1,031,444	0	208,638
Nguyen Tricia H EVP Popltn Hlth Mgmt/Pres Inst	40 0 0 5			X				813,416	0	232,076
Boes Charles EVP General Counsel	40 0 0 5			X				779,622	0	31,117
McClung Brett S EVP ZONE OPERATIONS LEADER	40 0 2 0			X				766,269	0	214,773
Berenzweig Harold K EVP ZONE CLINICAL LEADER	40 0 2 0			X				743,909	0	212,496
Lester Mark C EVP ZONE CLINICAL LEADER	40 0 1 5			X				743,275	0	205,343
Ransom Elizabeth EVP ZONE CLINICAL LEADER	40 0 3 0			X				742,115	0	213,744
Kramer Kenneth J EVP General Counsel	40 0 6 0			X				645,136	0	170,671
McWhorter Ricky E SVP/CHIEF ACCTG OFFR/Asst Sec	40 0 6 0			X				545,901	0	212,205

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			
Stout Luanne R VP Chief Gov Offr & Corp Secr	40 0 6 0			X				404,579	0	49,116
Parobek Jr James S EVP PHYSICIAN ENTERPRISE THR	17 0 23 0			X				260,748	365,047	177,924
Velasco Ferdinand T SVP & Chief Hlth Info Officer	40 0 0 0				X			892,971	0	156,736
Mims Krystal SVP CARE CONTINUUM & COLLABORA	40 0 0 0				X			704,028	0	193,041
Kirby Michelle Riddle SVP CHIEF PEOPLE OFFICER	40 0 0 0				X			568,266	0	117,743
Gaida John B SVP SUPPLY CHAIN MGMT	40 0 0 0				X			554,116	0	140,759
Shinkus Clark Joan Frances SVP Chief Nursing Executive	40 0 0 0				X			551,299	0	132,059
Szablowski Paul A SVP BRAND EXPERIENCE	40 0 0 0				X			520,850	0	132,033
Jones Robert Douglas SVP Treasurer/Chief Invest Off	40 0 0 0				X			502,032	0	131,152
Humphrey Richard I SVP FINANCE	40 0 0 0				X			495,266	0	129,658

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			
Sudomir Jr Joseph M SVP CHIEF INFO OFFICER	40 0 0 0				X			484,032	0	87,914
Tesmer David J SVP COMMUN ENGAG & ADVOCACY TH	40 0 0 0				X			473,743	0	133,383
Mitchell John D SVP BUSINESS DEVELOPMENT	40 0 0 0				X			441,187	0	122,625
Holmes Kevin B SVP REAL ESTATE DEVL & DEPLOY	40 0 0 0				X			425,744	0	132,679
Bujnowski Aaron Mark SVP Strategy & Planning	40 0 0 0				X			417,257	0	162,173
Pearson George SVP MED STF AFFRS PHYS RLTN	40 0 0 0				X			400,688	0	110,248
Miao Winjie Tang SVP SYSTEM INTEGRATION OFFICER	40 0 0 0				X			389,534	0	148,157
Saldana Luis Eduardo CMIO	40 0 0 0				X			384,764	0	62,342
Osburn Ramona SVP THR BEHAVIORAL HLTH SVCS	40 0 0 0				X			315,813	0	91,919
Schornick Amy C VP PAYOR RLTN & CONTRACTING	40 0 0 0				X			423,500	0	102,562

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Adams Kenneth Kei VP POST ACUTE CLINICAL LEADER	40 0 0 0				X			401,109	0	423
Hay Debra Ann CHIEF NURSING OFFICER THPR	40 0 0 0				X			387,516	0	85,128
Kini Mrunalini A DIR SR MULTICULTURAL/COMM HLTH	40 0 0 0					X		503,723	0	42,425
Johnston Patricia B VP INFORMATION SVCS THR	40 0 0 0					X		490,860	0	6,840
Logsdon James D VP Revenue Cycle Operations	40 0 0 0					X		372,692	0	131,068
Beck Jesse St John VP STRATEGIC MARKETING	40 0 0 0					X		352,292	0	81,748
Sullivan Jon M VP REAL ESTATE OPS	40 0 0 0					X		348,205	0	59,069
Anderson Susan Elaine Former	0 0 0 0						X	126,966	0	5,630
Hawthorne Douglas D Former	0 0 40 0						X	0	453,028	221,044
Peterson Lisa Kaye Former Officer	0 0 40 0						X	0	435,019	66,845

SCHEDULE A
(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Texas Health Resources

Employer identification number

75-2702388

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

23

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	23					429,005,822

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		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).		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.		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.		
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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		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.		
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.		
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).	Yes	
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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 I of Schedule L (Form 990 or 990-EZ).		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 .		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined in line 9a) 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 .		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		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.)		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

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? <i>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.</i>		
		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? <i>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.</i>		
		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)? <i>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).</i>		
		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
		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? <i>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.</i>		
		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? <i>Provide details in Part VI.</i>		
		3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

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.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Additional Support - Part IV, Section A, Line 6	<p>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 THR's 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.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
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.

990 Schedule A, Supplemental Information

Return Reference	Explanation
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.

990 Schedule A, Supplemental Information

Return Reference	Explanation
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.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A Line 5a Supported Organizations	<p>Supported Organizations - Part IV, Section A Line 5a Texas Health Resources (THR) added the following supported organizations during the year Texas Health Back Care 47-4724257 Texas Health Recovery and Wellness Center 81-2813227 Texas Health Seay Behavioral Health Hospital 81-2792484 Texas Health Springwood Behavioral Health Hospital 81-2798838 Texas Health Behavioral Health Hospital Corinth 81-4317635 Each hospital listed is controlled by THR, and part of the THR healthcare network THR is continually evaluating the healthcare needs of the communities they serve, and the best method to meet those needs It was determined that the entities listed above were the best way for THR to provide the needed healthcare services to the communities served The addition of these entities as supported organizations is given to THR by Article 5C of its Articles of Incorporation The articles of Incorporation state that THR shall operate exclusively for the support and benefit of Texas Health Dallas (THD), Texas Health Fort Worth (THFW), Texas Health Arlington (THAM), and other hospitals, health care delivery organizations, and/or other organizations whose purpose and design aligns with and is supportive of and which are closely related to THD, THFW, and THAM in purpose or function through common control, ownership, or management All entities listed above have a purpose that aligns with and are closely related to THD, THFW, and THAM, thus qualifying for THR's support All new entities controlled by THR and supported by THR are approved by the board of THR</p>

Schedule A Form 990 of 990-E 2016

Additional Data**Software ID:****Software Version:****EIN:** 75-2702388**Name:** Texas Health Resources**Form 990, Sch A, Part I, Line 12g - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	750972805	3	Yes		0	35,372,301
(A) TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	750972805	3	Yes		0	35,372,301
(A) TEXAS HEALTH HARRIS METHODIST HOSPITAL ALLIANCE	451502252	3		No	0	13,289,893
(A) TEXAS HEALTH HARRIS METHODIST HOSPITAL ALLIANCE	451502252	3		No	0	13,289,893
(B) TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	751748586	3		No	0	5,955,415
(B) TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	751748586	3		No	0	5,955,415
(C) TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	751977850	3		No	0	10,697,675
(C) TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	751977850	3		No	0	10,697,675
(D) TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH	756001743	3	Yes		0	94,157,824
(D) TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH	756001743	3	Yes		0	94,157,824
(E) TEXAS HEALTH HARRIS METHODIST HOSPITAL HEB	751438726	3		No	0	34,915,268
(E) TEXAS HEALTH HARRIS METHODIST HOSPITAL HEB	751438726	3		No	0	34,915,268
(F) TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST	752678857	3		No	0	30,921,267
(F) TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST	752678857	3		No	0	30,921,267
(G) TEXA HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE	751752253	3		No	0	7,394,608
(G) TEXA HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE	751752253	3		No	0	7,394,608
(H) TEXAS HEALTH PHYSICIANS GROUP	752613493	10		No	0	30,276,019
(H) TEXAS HEALTH PHYSICIANS GROUP	752613493	10		No	0	30,276,019
(I) TEXAS HEALTH RESOURCES FOUNDATION	752022128	3		No	0	767,142
(I) TEXAS HEALTH RESOURCES FOUNDATION	752022128	3		No	0	767,142
(J) TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN	752890358	3		No	0	11,136,006
(J) TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN	752890358	3		No	0	11,136,006
(K) TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	751047527	3	Yes		0	76,977,230
(K) TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	751047527	3	Yes		0	76,977,230
(L) TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	432008974	3		No	0	27,271,339
(L) TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	432008974	3		No	0	27,271,339
(M) TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN	752771437	3		No	0	6,607,514
(M) TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN	752771437	3		No	0	6,607,514
(N) TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	752770738	3		No	0	41,786,089
(N) TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	752770738	3		No	0	41,786,089

Form 990, Sch A, Part I, Line 12g - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) TEXAS HEALTH RESEARCH & EDUCATION INSTITUTE	752562191	4		No	0	656,751
(P) TEXAS HEALTH RESEARCH & EDUCATION INSTITUTE	752562191	4		No	0	656,751
(A) TEXAS HEALTH SPECIALTY HOSPITAL FORT WORTH	751648589	3		No	0	648,681
(A) TEXAS HEALTH SPECIALTY HOSPITAL FORT WORTH	751648589	3		No	0	648,681
(B) TEXAS HEALTH OUTPATIENT SURGERY CENTER ALLIANCE	800800294	3		No	0	174,800
(B) TEXAS HEALTH OUTPATIENT SURGERY CENTER ALLIANCE	800800294	3		No	0	174,800
(C) TEXAS HEALTH BACK CARE	474724257	10		No	0	0
(C) TEXAS HEALTH BACK CARE	474724257	10		No	0	0
(D) TEXAS HEALTH RECOVERY AND WELLNESS CENTER	812813227	3		No	0	0
(D) TEXAS HEALTH RECOVERY AND WELLNESS CENTER	812813227	3		No	0	0
(E) TEXAS HEALTH SEAY BEHAVIORAL HEALTH HOSPITAL	812792484	3		No	0	0
(E) TEXAS HEALTH SEAY BEHAVIORAL HEALTH HOSPITAL	812792484	3		No	0	0
(F) TEXAS HEALTH SPRINGWOOD BEHAVIORAL HEALTH HOSPITAL	812798838	3		No	0	0
(F) TEXAS HEALTH SPRINGWOOD BEHAVIORAL HEALTH HOSPITAL	812798838	3		No	0	0
(G) TEXAS HEALTH BEHAVIORAL HEALTH HOSPITAL CORINTH	814317635	3		No	0	0
(G) TEXAS HEALTH BEHAVIORAL HEALTH HOSPITAL CORINTH	814317635	3		No	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Texas Health Resources	Employer identification number 75-2702388
--	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	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		6,375
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		153,120
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,399,388
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			1,558,883
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 \$4,182,939,000 for the year ended December 31,2016 Of this amount \$1,557,873(0372%) 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 on a personal level, and not as a representative of the organization A portion of the dues paid to the American Hospital Association and Texas Hospital Association are used by these organizations to support lobbying activities related to the healthcare industry 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		61,333,045		61,333,045
b Buildings		274,009,187	176,748,925	97,260,262
c Leasehold improvements		222,481,059	52,620,304	169,860,755
d Equipment		443,984,633	331,862,699	112,121,934
e Other		115,688,046		115,688,046
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				556,264,042

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	1,895
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,675,167,157

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	197,460
TRUSTEE FUNDS-SUPP RETIREMENT	3,625,927
TRUSTEE FUNDS-CAA	108,397
POST RETIREMENT BENEFITS	1,678,751
UNAMORTIZED RENT	6,045,841
OTHER LIABILITIES	422,992
ASSET RETIREMENT OBLIGATION	1,465,782
MALPRACTICE TRUST RESERVE	25,980,452
INTERCOMPANY PAYABLE	1,554,055,302
MINORITY INTEREST	81,584,358

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

OMB No 1545-0047

2016

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		8			48,758,307
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		8			48,758,307

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 separately 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)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* 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).

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

Return Reference	Explanation
Part I, Line 3f - Program Services	The amount in column f reflects program services based on an accrual method of accounting

Additional Data

Software ID:

Software Version:

EIN: 75-2702388

Name: Texas Health Resources

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean			Investments		48,736,934
North America		8	Program Service	Medical Conference	21,373

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Texas Health Resources

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.**

Employer identification number
 75-2702388

OMB No 1545-0047

2016

Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	3b Yes	
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 eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			6,498,791	2,093,570	4,405,220	1 530 %
b Medicaid (from Worksheet 3, column a)			10,239,623	6,166,620	4,406,519	1 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			72,823	21,188	51,635	0 020 %
d Total Financial Assistance and Means-Tested Government Programs			16,811,237	8,281,378	8,863,374	3 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,075,950	0	1,075,950	0 370 %
f Health professions education (from Worksheet 5)			3,740	0	3,740	0 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,045,887	0	1,045,887	0 360 %
j Total. Other Benefits			2,125,577	0	2,125,577	0 730 %
k Total. Add lines 7d and 7j			18,936,814	8,281,378	10,988,951	3 810 %

Part III 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			54,810	0		0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			3,453	0		0 %
9 Other						
10 Total			58,263	0		0.030 %

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 Healthcare Financial Management Association Statement No. 15?	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.		
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.		
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).	51,236,698	
6	Enter Medicare allowable costs of care relating to payments on line 5.	51,064,406	
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	172,292	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
	<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

7

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/chna</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.texashealth.org/chna</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Texas Health Flower Mound

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Texas Health Flower Mound

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

Texas Health Flower Mound

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.texashealth.org/chna</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Texas Health Rockwall

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Texas Health Rockwall

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

Texas Health Rockwall

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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
6 a	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.texashealth.org/chna</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **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	Yes
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	No
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
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	
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	
6b	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	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Texas Health 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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Texas Health Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

Texas Health Hospital

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.texashealth.org/chna</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Physicians Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

Physicians Medical Center

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.texashealth.org/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.texashealth.org/CHNA</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Texas Health Southlake

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Texas Health Southlake

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

Texas Health Southlake

Name of hospital facility or letter of facility reporting group _____

- 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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
6 a	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>WWW TexasHealth org/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	No
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WW TexasHealth ORG/CHNA</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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 Fort Worth

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? If "Yes," indicate the eligibility criteria explained in the FAP		No
a	<input checked="" type="checkbox"/> 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 500 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? 15

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Texas Health Resources	<p>Part I, Line 3c - Patient Eligibility The Schedule H for Texas Health Resources (THR) is filed solely because it has an ownership interest in six taxable joint ventures operating a s hospitals THR is a functionally integrated supporting organization and does not operate its own hospital THR supports a system of faith-based, non-profit hospitals, an employed physician organization and an organization for medical research and education THR has adopted a financial assistance policy which covers all 14 non-profit hospitals it supports Patients with family income at or below 200% of applicable FPG may be eligible for free care if the patient lacks sufficient funds and assets to pay the out-of-pocket portion of their hospital bill Patients with family income above 200% of applicable FPG who have unpaid medical bills exceeding a specified percentage of the patient's annual gross income, as determined on a sliding scale based on FPG, may be deemed medically indigent and eligible for charity care The patient may be eligible for a charity adjustment up to 100% of the unpaid balance of their hospital bill in excess of a specified patient responsible amount if the patient has insufficient funds/assets to pay his hospital bill without incurring an undue financial hardship The patient responsible amount is based on a percentage of the patient's annual income in relation to FPG A determination as to whether or not a patient has insufficient funds and/or assets to pay for purposes of determining both financial and medical indigence is made at the time a patient's financial assistance application is reviewed Assets considered when determining eligibility include cash, stocks, bonds and other financial assets that can be readily converted to cash An additional process to screen for charity patients using publicly available financial information is also in place for patients not submitting a financial assistance application Part I, Line 7 - Cost-to-Charge Ratio A cost-to-charge ratio is used in computing the amounts reported in Lines 7a-7c The cost-to-charge ratio is derived from Worksheet 2 - Ratio of Patient Care Cost-to-Charges , as found in the Schedule H Instructions The amounts reported on Lines 7e-7i were obtained using direct costs, as determined by a cash outlay Part II - Community Building The organization participates in community building activities that aim to address the socio-economic factors that influence the overall health of individuals in the communities served As identified in the community health needs assessment, there are areas of need that are not in alignment with the operations of a hospital system Our volunteerism, collaborations and partnerships with various aid organizations and various area coalitions aid in addressing the socio-economic factors that are the backbone for many underlying health concerns Part III, Lines 2, 3 & 4 - Bad Debts Bad debt expense is not included as a community benefit for purposes of reporting community benefits Each patient qualifying for charity care is treated as a charity patient and no charges related to that patient are included in bad debt expense Each joint venture hospital estimates bad debt expense utilizing various methods, analytical tools and benchmarks Typically, bad debt expense is based upon a combination of factors including, but not limited to, aging of receivables, analyzing revenue trends in the healthcare industry and payor class, and assessing historical collection experience considering business and economic conditions Pt III, Line 8 - Medicare Shortfall The state of Texas treats any Medicare shortfall as a community benefit for meeting the state statutory requirements for charity care & community benefit For state purposes, the shortfall is computed by comparing actual Medicare reimbursements with the estimated cost the hospital incurs in providing these services to Medicare patients Cost is determined by applying a cost-to-charge ratio (with costs determined in accordance with generally accepted accounting principles) to billed charges THR is the parent company of a healthcare system filing a combined community benefit report in Texas THR is not a hospital and does not have Medicare data to report to the state of Texas The data provided for Sch H is THR's share of operations from its taxable joint ventures which operate hospitals in Texas The Medicare amounts reported on Sch H are from the taxable joint venture hospitals cost accounting systems The taxable joint ventures are not required to file community benefit reports with or report Medicare shortfalls to the state of Texas Part III, Line 9b - Debt Collection During the year, standard collection procedures were in place and uniformly applicable to all patient accounts Except to the extent a patient receives a recovery from any third party or other source, no attempts are made to collect unpaid charges from patient accounts approved for adjustment under the Financial</p>

Form and Line Reference	Explanation
Texas Health Resources	<p>Assistance Policy Part VI, Line 2 - Needs Assessment The organization is part of the Texas Health Resources (THR) Healthcare System. In addition to the organizations Community Health Needs Assessment (CHNA), THR developed and implemented, as a healthcare system, a Community Benefit Framework (CBF) based on the Public Health Institutes Best Practices Advancing the State of the Art in Community Benefit (ASACB) Program. The CBF systematically integrates internal practices into the community to improve the efficiency and effectiveness of THR's Community Health Improvement (CHI) Strategy, to address disproportionate/unmet health needs (DUHN), to address primary prevention and to improve community capacity. The CBF provides a quantitative approach to parallel the CHNA in identifying key communities within THR's service area and the means to align them with a THR entity. The CBF contains five phases: assessment/profile, infrastructure, community health council, programmatic review and strategy development. THR works with each entity's Community Health Advocate to examine the entity's structure and programs for gaps, needs, strengths and alignment with the CBF, CHNA and ASACB standards. Part VI, Line 3 - Patient Education A description of the Financial Assistance Policy (FAP), the Plain Language Summary of the FAP (PLS) and the FAP application are available on the THR website at www.TexasHealth.org in English and other languages. The PLS is included in the patient's admission packets. Signs alerting patients of financial assistance and related contact information are posted in various areas of the hospital including admissions & registration and the emergency room. Additionally, financial assistance information is provided verbally and in writing to self-pay patients by financial counselors. As part of the financial counseling meeting, patients are screened for potential eligibility in other governmental assistance programs. If it is determined that the patient is potentially eligible for governmental assistance, the counselor will assist the patient in completing forms necessary to apply for the assistance. At the same time, patients are provided with a financial assistance application. The patient is informed that the hospital is a non-profit organization offering financial assistance to patients deemed medically or financially indigent. The PLS is included on the back of our patient bills. The patient is informed of how to qualify for financial assistance, how to ask for help, necessary documentation, and THR's collection process. The onsite financial counselors may assist the patient in completing the application and obtain available verification information. The counselors will continue to contact the patient to ensure all forms and verifications needed to file an application for governmental assistance and financial assistance have been provided. In certain cases, self-pay patients who are discharged before seeing a financial counselor receive both a phone call and a letter to alert them to the existence of the FAP. Each bill sent for hospital services also contains contact information alerting patients that Texas Health has a FAP. Part VI, Line 4 - Community Information THR does not operate its own hospitals, but has ownership in six joint ventures operating as hospitals. The joint ventures operate hospitals in various communities throughout North Texas. The communities served by the hospitals include those designated as medically underserved areas (MUA) and vary in age and race. The population of the communities range from 296,000 to 1.3 million and the percentage of the households in these communities who are uninsured varies from 4.1% to 5.4%. The median income of the communities served by the hospitals ranges from \$53,000 to \$86,000 with a range of 6.9% to 17.7% of the population in these communities living below the federal poverty level. Part VI, Line 5 - Promotion of Community Health The board of trustees is comprised of co</p>

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	53 62 %	0 2 %	46 18 %
2 Greenville Surg Ctr	Ambulatory Surgery Center	84 %	0 %	16 %
3 Physician Med Ctr	Hospital	49 29 %	0 %	50 71 %
4 Rockwall Regional	Hospital	60 62 %	0 42 %	38 96 %
5 Southlake Specialty	Short Stay Hospital	49 84 %	0 %	50 16 %
6 Surg Caregivers FW	Ambulatory Surgery Center	51 %	0 %	49 %
7 TH Flower Mound Orth	Orthopedic Surgery Center	51 %	0 %	49 %
8 THR-STT Rockwall ASC	Ambulatory Surgery Center	51 %	0 %	49 %
9 THR-STT Southlake	Ambulatory Surgery Center	51 %	0 %	49 %
10 USMD Arlington	Short Stay Hospital	51 %	0 %	49 %
11 USMD Fort Worth	Short Stay Hospital	50 97 %	0 %	49 03 %
12 Denton Surgery Ctr	Ambulatory Surgery Center	61 72 %	0 %	38 28 %
13 TH Craig Ranch	Ambulatory Surgery Center	58 5 %	0 %	41 5 %
14 N Dallas Surgical	Ambulatory Surgery Center	51 %	0 %	49 %
15 TX Health Spine Ctr	Ambulatory Surgery Center	61 89 %	0 %	38 11 %
16 Wilson Creek Surgery	Ambulatory Surgery Center	51 %	0 %	49 %
17 North Texas ACO	Accountable Care Organization	50 %	0 %	50 %
18 TH Surgery Ctr Prest	Ambulatory Surgery Center	53 49 %	0 %	46 51 %
19 Arlington Surgery Ce	Ambulatory Surgery Center	51 %	0 %	49 %
20 Ophthalmology Surgery	Ambulatory Surgery Center	51 %	0 %	49 %

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? 7		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	Texas Health Flower Mound 4400 Long Prairie Rd Flower Mound, TX 75028 www.texashealthflowermound.com 100056	X	X					X			
2	Texas Health Rockwall 3150 Horizon Rd Rockwall, TX 75032 www.texashealthrockwall.com 008599	X	X					X			
3	USMD Hospital at Arlington 801 W Interstate 20 Arlington, TX 76017 www.usmdarlington.com 007990	X	X					X			
4	Texas Health Hospital 1401 E Trinity Mills Rd Carrollton, TX 75006 www.texashealthhospital.com 100312	X	X					X			
5	Physicians Medical Center 6020 Parker Rd Plano, TX 75093 www.thcds.com 008153	X	X					X			
6	Texas Health Southlake 1545 E Southlake Blvd Southlake, TX 76092 www.texashealthsouthlake.com 008128	X	X					X			
7	USMD Hospital at Fort Worth 5900 Dirks Rd Fort Worth, TX 76132 www.usmdfortworth.com 008614	X	X					X			

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Texas Health Resources	<p>Facility #1 Texas Health Flower Mound Part V Section B, Line 5 Facility #1 Texas Health Flower Mound (THFM) Community Health Needs Assessment (CHNA) was a one-year collaborative process which utilized qualitative and quantitative data to assess the health needs of persons in the communities served by the hospital. The CHNA for THFM was conducted in conjunction with Texas Health Denton. As a means to further understand the needs of the community, THFM gathered feedback through key informant interviews, focus groups and an online community survey. Key informants and focus group participants included, but were not limited to faith community representatives, public health officials, lay community members, school officials and city administration. Seven persons with interests specific to the health of THFM's community participated in a focus group, two served as key informants and 16 individuals responded to the online survey. The online survey was conducted only in English. While the online survey may not have reached medically underserved, low-income or minority populations directly, organizations serving those populations were present at the focus group and served as key informants, these organizations included the Childrens Advocacy Center, the Community Christian Association, Court Appointed Special Advocates (CASA), Denton County Public Health, the City of Flower Mound Fire Department, Health Plan Finders, Special Abilities of North Texas, and North Central Texas College. In order to gain a comprehensive understanding of the significant health needs for THFM's service area, the findings from all three data sets (secondary data, interviews and focus groups, and the online community survey) were compared and studied together. The top five to seven health needs identified by each data source were analyzed for areas of overlap with the other two data sources. Health needs were determined to be significant if they were cited as a top need in at least two of the three data sources. Part V Section B, Line 6a Facility #1 The CHNA for THFM was conducted in collaboration with Texas Health Denton. Part V Section B, Line 7a Facility #1 The CHNA is available on the hospital's website at www.texashealthflowermound.com/about-us/community-health-needs-assessment. Part V Section B, Line 7d Facility #1 The hospital produced executive summaries of the completed CHNA along with other information that is of benefit to community members as well as a comparison between the health needs of the community and the state of Texas statistics. This information is widely available throughout the facility and given out at various community coalition and partnership meetings in an effort to disseminate the information through various community-based outlets. Part V Section B, Line 8 Facility #1 While a CHNA was conducted in 2016, the implementation strategy tied to the assessment was not adopted until 2017. In 2016, Texas Health Flower Mound (THFM) completed the three-year</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Texas Health Resources	<p>cycle of the hospitals previous CHNAs implementation strategy (2014-2016) Part V Section B, Line 11 Facility #1 The CHNA conducted in 2013 revealed a vast number of community health issues that required collective action to improve the health of the community In order to assist the organization in determining which health needs should be addressed, THFM categorized the community needs in alignment with the national objectives of Healthy People 2020 categories By using a strategic prioritization method to determine the top needs within the community aligned with the ability to address the issues, two areas were chosen and are being addressed through the 2014-2016 implementation plans The two priority areas chosen from the 2013 CHNA were Chronic Disease and Awareness, Literacy & Navigation In 2016, THFM continued to align and coordinate services and interventions with community partners for a collective impact to meet the two priority areas defined Below are some ways in which the priority areas were addressed by THFM 1 Chronic Disease 1a Community Health Improvement strategies include implementing new evidence-based and maintaining existing chronic disease programs provided at the hospital with a focus on self-management programs Active partnerships and sponsorships aligned with the strategic efforts to address chronic diseases remained a top priority 2 Awareness, Literacy & Navigation (ALN) 2a Community Health Improvement strategies included collaboration to develop the online database called Community Connect, which is an area resource guide of key services available to the local community, individuals and non-profit partners that addresses the social determinants of health In 2016, more than 2,200 searches for information regarding free and reduced-cost social services were conducted using this online database 2b The Texas Health Grant and Sponsorship Program provides community benefit grants, sponsorships, and other in-kind resources to improve the health status of the communities served Grants are limited to the specific areas of health disparities, disease management, wellness, disease prevention and health promotion programs, clinics, charitable care, and community health collaborations 2c THFM continued partnering with area collaborations working to address ALN and maintained and supported relationships with key partners Texas Health Flower Mound did not adopt new strategies for the following identified needs in the community for the reasons listed 1 Access Provider Supply Resource constraints and lack of effective intervention The facility will continue to address the need at its current level of support 2 Maternal, Infant, & Child Health This need is currently being addressed by multiple outside organizations in the community The facility will continue to address the need at its current level of support 3 Mental Health Resource constraints and lack of effective intervention The facility will continue to ad</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Texas Health Resources	<p>dress the need at its current level of support 4 Oral Health Lack of expertise 5 Other Clinical/Preventive The facility will continue to address the need at its current level of support 6 Preventive/Wellness This need is currently being addressed by multiple organizations in the community, and the facility will continue to address the need at its current level of support 7 Social Determinants Resource constraints, low priority assigned, and lack of effective intervention 8 Substance Abuse Resource constraints The facility will continue to address the need at its current level of support 9 Transportation Lack of expertise Part V Section B, Lines 16 a, b & c Facility #1 The FAP, FAP Application and the Plain Language Summary of the FAP were widely available at the following websites www.texashealthflowermound.com/patients-visitors/information-for-patients/ financial-assistance www.texashealth.org/financial-assistance Facility #2 Texas Health Rockwall Part V Section B, Line 5 Facility #2 Texas Health Rockwalls (THRW) Community Health Needs Assessment (CHNA) was a one-year collaborative process which utilized qualitative and quantitative data to assess the health needs of persons in the communities served by the hospital As a means to further understand the needs of the community, THRW gathered feedback through key informant interviews, focus groups and an online community survey Key informants and focus group participants included, but were not limited to faith community representatives, public health officials, lay community members, school officials and city administration Five persons with interests specific to the health of THRWs community participated in a focus group, three served as key informants and 14 individuals responded to the online survey The online survey was conducted only in English While the online survey may not have reached medically underserved, low-income or minority populations directly, organizations serving those populations were present at the focus group and served as key informants, these organizations included the Blue Ribbon News, Meals on Wheels Senior Services of Rockwall County, Helping Hands, Rockwall Independent School District, and the YMCA of Metropolitan Dallas In order to gain a comprehensive understanding of the significant health needs for THRWs service area, the findings from all three data sets (secondary data, interviews and focus groups, and the online community survey) were compared and studied together The top five to seven health needs identified by each data source were analyzed for areas of overlap with the other two data sources Health needs were determined to be significant if they were cited as a top need in at least two of the three data sources Part V Section B, Line 7a Facility #2 The CHNA is available on the hospital's website at www.texashealthrockwall.com/patients-visitors/community-health-needs-assessment-chna Part V Section B, Line 7d Facility #2 The hospital</p>

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

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

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

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

Name and address	Type of Facility (describe)
Health Imaging Partners LLC 8610 Explorer Dr 300 Colorado Springs, CO 80920	Outpatient Diagnostic Imaging
Ophthalmology Surgery Center of Dallas 10740 N Central Expressway Dallas, TX 75231	Ambulatory Surgery Center
Fort Worth Endoscopy Center LLC 900 W Magnolia Ave 101 Fort Worth, TX 76104	Ambulatory Surgery Center
TX Health Surgery Center Preston Plaza 17950 Preston Rd Ste 75 Dallas, TX 75252	Ambulatory Surgery Center
Texas Health Craig Ranch Surger Ctr LLC 8080 State Hwy 121 Ste 100 Mckinney, TX 75070	Ambulatory Surgery Center
THR-STT Southlake ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Ambulatory Surgery Center
TX Health Flower Mound Orthopedic Surg 5000 Long Prairie Rd Flower Mound, TX 75028	Ambulatory Surgery Center
Surgical Caregivers of Fort Worth 2001 W Rosedale St Fort Wort, TX 76104	Ambulatory Surgery Center
Denton Surgery Center 207 North Bonnie Brea Denton, TX 76201	Ambulatory Surgery Center
Cleburne Surgical Center LLC 2010 W Katherine P Raines Blvd Ste Cleburne, TX 76033	Ambulatory Surgery Center
Greenville Surgery Center LLC 7150 Greenville Ave Ste 200 Dallas, TX 75231	Ambulatory Surgery Center
Wilson Creek Surgical Center LLC 8855 Synergy Dr McKinney, TX 75070	Ambulatory Surgery Center
THR-STT Rockwall ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Ambulatory Surgery Center
North Dallas Surgical Center LLC 17980 Dallas Pkw Ste 100 Dallas, TX 75287	Ambulatory Surgery Center
Arlington Surgery Center LLC 918 N Davis Dr Arlington, TX 76012	Ambulatory Surgery Center

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Texas Health Resources

Employer identification number

75-2702388

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry, corresponding to the columns in the header above.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)	44,000				General Purpose
March of Dimes Foundation 12660 Coit Rd Ste 200 Dallas, TX 75251	13-1846366	501(c)(3)	45,000				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
American Cancer Society 8900 John W Carpenter Freeway Dallas, TX 75247	13-1788491	501(c)(3)	30,000				General Purpose
YMCA of Metropolitan Dallas 601 N Akard St Dallas, TX 75201	75-0800696	501(c)(3)	12,000				General Purpose

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

(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 Fort Worth 512 Lamar St Fort Worth, TX 76102	75-0827471	501(C)(3)	7,000				General Purpose
Dallas Regional Chamber 500 North Akard Street Suite 2600 Dallas, TX 75201	75-0223440	501(C)(6)	36,630				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
DFW Hospital Council 250 Decker Drive Irving, TX 75062	75-1254380	501(C)(6)	9,100				General Purpose
Fort Worth Chamber of Commerce 777 Taylor St 900 Fort Worth, TX 76102	75-0275060	501(C)(6)	26,180				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
Fort Worth Stockshow Syndicate PO Box 17005 Fort Worth, TX 76102	75-1790417	501(C)(3)	17,610				General Purpose
North Texas Commission 8445 Freeport Pkwy Irving, TX 75063	75-1364760	501(c)(6)	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
Parkland Foundation 2777 Stemmons Freeway Ste 1700 LB 6 Dallas, TX 75207	75-2089180	501(C)(3)	50,000				General Purpose
Texas Hospital Association 1108 Lavaca Street No 700 Austin, TX 78701	74-1362741	501(C)(6)	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
UNTHSC Foundation 3500 Camp Bowie Blvd Fort Worth, TX 76107	47-1744274	501(c)(3)	503,500				General Purpose
Young Mens Christian Assoc of Arlington 1148 W Pioneer Pky Arlington, TX 76013	75-1000839	501(c)(3)	7,000				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
DFW American College Healthcare Executives 300 Decker Dr 300 Irving, TX 75062	35-2225477	501(c)(6)	7,200				General Purpose
Dallas Citizens Council 901 Main St 6212 Dallas, TX 75202	75-6035901	501(c)(6)	8,750				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 Women's Foundation 8150 N Central Expy 110 Dallas, TX 75206	75-2048261	501(c)(3)	10,000				General Purpose
International Sister Cities Assoc of Fort Worth 908 Monroe St 5th Flr Fort Worth, TX 76102	75-2057300	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
JDRF International 9400 N Central Expy 1201 Dallas, TX 75243	23-1907729	501(c)(3)	10,000				General Purpose
North Texas Commission Foundation 8445 Freeport Pkw 640 Irving, TX 75063	75-2948710	501(c)(3)	8,000				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
Tarrant Area Food Bank 2600 Cullen Street Fort Worth, TX 76107	75-1822473	501(c)(3)	15,000				General Purpose
Yellow Rose Gala Foundation PO Box 192131 Dallas, TX 75219	47-1982785	501(c)(3)	12,500				General Purpose

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization Texas Health Resources	Employer identification number 75-2702388
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	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								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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
See Additional Data	

Additional Data

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

Part III, Supplemental 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

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A - GROSS-UP PAYMENTS	CERTAIN IMPUTED INCOME IS GROSSED-UP TO INCLUDE EMPLOYMENT TAXES PAID ON THE LISTED PERSON'S BEHALF ALL TAX INDEMNIFICATION PAYMENTS PROVIDED TO EMPLOYEES ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE EMPLOYEE

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
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 from THR Boes, Charles 471,686

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A - POSITION ELIMINATION	THR'S SEPARATION PAY PLAN PROVIDES PAYMENTS TO EMPLOYEES WHO'S 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 Johnston,Patricia B 457,367 Kini,Mrunalini A 345,297

Part III, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE J, PART I, LINE 4B - NONQUALIFIED RETIREMENT PLAN</p>	<p>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) Anderson,Susan Elaine 47,587 Beck,Jesse St John 1,788 Berdan,Barclay E 42,735 Berenzweig,Harold K 24,136 Boes,Charles 153,713 Bujnowski,Aaron Mark 3,199 Canose,Jeffrey L 419,149 Gaida,John B 14,421 Hawthorne,Douglas D 97,246 Hay,Debra Ann 35,950 Holmes,Kevin B 11,568 Johnston,Patricia B 2,679 Jones,Robert Douglas 12,809 King,James Kirk 330,424 Kirby,Michelle Riddle 12,286 Kramer,Kenneth J 11,618 Long,Ronald R 479,318 McClung,Brett S 17,900 McWhorter,Ricky E 11,875 Miao,Winjie Tang 8,373 Mims,Krystal 77,087 Mitchell,John D 10,605 Osburn,Ramona 1,844 Pearson,George 10,718 Ransom,Elizabeth 15,504 Shinkus Clark,Joan Frances 14,320 Stout,Luanne R 136,588 Sodomir Jr,Joseph M 28,514 Tesmer,David J 12,152 Varga,Daniel W 13,345 Velasco,Ferdinand T 302,545</p>

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				
1Berdan Barclay E Chief Executive Officer	(i)	993,734	478,429	251,799	399,869	40,671	2,164,502	42,735
	(ii)	0	0	0	0	0	0	0
1Long Ronald R EVP RSRC DEVL & DEPLOY & CFO	(i)	650,651	710,685	132,618	221,036	43,593	1,758,583	479,318
	(ii)	0	0	0	0	0	0	0
2Canose Jeffrey L EVP SR & COO THR	(i)	679,439	646,236	166,272	227,522	39,409	1,758,878	419,149
	(ii)	0	0	0	0	0	0	0
3Varga Daniel W EVP SR & CHIEF CLINICAL OFFICE	(i)	674,413	381,952	152,495	416,714	49,772	1,675,346	27,176
	(ii)	0	0	0	0	0	0	0
4King James Kirk EVP ZONE OPERATIONS LEADER	(i)	444,075	478,848	108,521	159,775	48,863	1,240,082	264,798
	(ii)	0	0	0	0	0	0	0
5Nguyen Tricia H EVP Popltn Hlth Mgmt/Pres Inst	(i)	550,971	172,236	90,209	191,139	40,937	1,045,492	7,888
	(ii)	0	0	0	0	0	0	0
6Boes Charles EVP General Counsel	(i)		150,600	629,022	6,605	24,512	810,739	26,128
	(ii)	0	0	0	0	0	0	0
7McClung Brett S EVP ZONE OPERATIONS LEADER	(i)	484,927	182,778	98,564	170,080	44,693	981,042	17,900
	(ii)	0	0	0	0	0	0	0
8Berenzweig Harold K EVP ZONE CLINICAL LEADER	(i)	478,216	182,260	83,433	171,102	41,394	956,405	24,136
	(ii)	0	0	0	0	0	0	0
9Lester Mark C EVP ZONE CLINICAL LEADER	(i)	464,109	178,583	100,583	165,728	39,615	948,618	16,195
	(ii)	0	0	0	0	0	0	0
10Ransom Elizabeth EVP ZONE CLINICAL LEADER	(i)	465,406	175,626	101,083	166,362	47,382	955,859	15,504
	(ii)	0	0	0	0	0	0	0
11Kramer Kenneth J EVP General Counsel	(i)	419,511	113,769	111,856	118,564	52,107	815,807	11,618
	(ii)	0	0	0	0	0	0	0
12McWhorter Ricky E SVP/CHIEF ACCTG OFFR/Asst Sec	(i)	365,938	114,611	65,352	179,337	32,868	758,106	11,875
	(ii)	0	0	0	0	0	0	0
13Stout Luanne R VP Chief Gov Offr & Corp Secr	(i)	204,324	177,198	23,057	16,395	32,721	453,695	105,035
	(ii)	0	0	0	0	0	0	0
14Parobek Jr James S EVP PHYSICIAN ENTERPRISE THR	(i)	173,470	51,378	35,900	51,562	22,573	334,883	1,203
	(ii)	242,858	71,929	50,260	72,187	31,602	468,836	1,684
15Velasco Ferdinand T SVP & Chief Hlth Info Officer	(i)	401,147	421,384	70,440	107,853	48,883	1,049,707	302,545
	(ii)	0	0	0	0	0	0	0
16Mims Krystal SVP CARE CONTINUUM & COLLABORA	(i)	393,289	218,884	91,855	148,738	44,303	897,069	77,087
	(ii)	0	0	0	0	0	0	0
17Kirby Michelle Riddle SVP CHIEF PEOPLE OFFICER	(i)	375,065	121,223	71,978	107,475	10,268	686,009	12,286
	(ii)	0	0	0	0	0	0	0
18Gaida John B SVP SUPPLY CHAIN MGMT	(i)	349,386	120,545	84,185	96,244	44,515	694,875	14,421
	(ii)	0	0	0	0	0	0	0
19Shinkus Clark Joan Frances SVP Chief Nursing Executive	(i)	378,025	121,202	52,072	90,696	41,363	683,358	14,320
	(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 Szablowski Paul A SVP BRAND EXPERIENCE	(i)	353,805	98,799	68,246	93,213	38,820	652,883	3,179
	(ii)	0	0	0	0	0	0	0
1 Jones Robert Douglas SVP Treasurer/Chief Invest Off	(i)	341,673	105,412	54,947	85,865	45,287	633,184	12,809
	(ii)	0	0	0	0	0	0	0
2 Humphrey Richard I SVP FINANCE	(i)	319,611	93,737	81,918	81,045	48,613	624,924	0
	(ii)	0	0	0	0	0	0	0
3 Sudomir Jr Joseph M SVP CHIEF INFO OFFICER	(i)	314,664	99,746	69,622	45,025	42,889	571,946	28,514
	(ii)	0	0	0	0	0	0	0
4 Tesmer David J SVP COMMUN ENGAG & ADVOCACY TH	(i)	312,653	102,096	58,994	92,894	40,489	607,126	12,152
	(ii)	0	0	0	0	0	0	0
5 Mitchell John D SVP BUSINESS DEVELOPMENT	(i)	263,927	101,243	76,017	77,713	44,912	563,812	10,605
	(ii)	0	0	0	0	0	0	0
6 Holmes Kevin B SVP REAL ESTATE DEVL & DEPLOY	(i)	261,725	91,140	72,879	79,916	52,763	558,423	11,568
	(ii)	0	0	0	0	0	0	0
7 Bujnowski Aaron Mark SVP Strategy & Planning	(i)	281,693	77,596	57,968	114,003	48,170	579,430	3,199
	(ii)	0	0	0	0	0	0	0
8 Pearson George SVP MED STF AFFRS PHYS RLTN	(i)	247,195	82,620	70,873	75,437	34,811	510,936	10,718
	(ii)	0	0	0	0	0	0	0
9 Miao Winjie Tang SVP SYSTEM INTEGRATION OFFICER	(i)	255,495	75,014	59,025	121,400	26,757	537,691	8,373
	(ii)	0	0	0	0	0	0	0
10 Saldana Luis Eduardo CMIO	(i)	378,834	0	5,930	19,875	42,467	447,106	0
	(ii)	0	0	0	0	0	0	0
11 Osburn Ramona SVP THR BEHAVIORAL HLTH SVCS	(i)	217,421	56,639	41,753	61,893	30,026	407,732	1,844
	(ii)	0	0	0	0	0	0	0
12 Schomick Amy C VP PAYOR RLTN & CONTRACTING	(i)	290,839	73,286	59,375	60,467	42,095	526,062	0
	(ii)	0	0	0	0	0	0	0
13 Adams Kenneth Kei VP POST ACUTE CLINICAL LEADER	(i)	303,083	62,779	35,247	0	423	401,532	0
	(ii)	0	0	0	0	0	0	0
14 Hay Debra Ann CHIEF NURSING OFFICER THPR	(i)	257,001	98,700	31,815	51,807	33,321	472,644	38,708
	(ii)	0	0	0	0	0	0	0
15 Anderson Susan Elaine Former	(i)	25,206	88,283	13,477	2,716	2,914	132,596	11,470
	(ii)	0	0	0	0	0	0	0
16 Hawthorne Douglas D Former	(i)	0	0	0	0	0	0	0
	(ii)	275,931	107,165	69,932	185,226	35,818	674,072	97,246
17 Peterson Lisa Kaye Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	297,177	76,537	61,305	15,900	50,945	501,864	0
18 Kini Mrunalini A DIR SR MULTICULTURAL/COMM HLTH	(i)	112,656	11,981	379,086	7,942	34,483	546,148	0
	(ii)	0	0	0	0	0	0	0
19 Johnston Patricia B VP INFORMATION SVCS THR	(i)	3,259	0	487,601	2,531	4,309	497,700	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				
41 Logsdon James D VP Revenue Cycle Operations	(i)	270,920	63,243	38,529	89,404	41,664	503,760	0
	(ii)	0	0	0	0	0	0	0
1 Beck Jesse St John VP STRATEGIC MARKETING	(i)	252,090	58,349	41,853	45,045	36,703	434,040	2,734
	(ii)	0	0	0	0	0	0	0
2 Sullivan Jon M VP REAL ESTATE OPS	(i)	231,148	57,320	59,737	19,875	39,194	407,274	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Texas Health Resources

Employer identification number
 75-2702388

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
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	87638RCL5	10-30-2008	366,120,000	Refund 1/31/89 & 5/14/03 Bonds		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	575,605,000	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	0	0	0	0
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	178,040,202	134,555,431
11 Other spent proceeds	617,372,104	0	186,355,532	15,869,569
12 Other unspent proceeds	0	0	0	0
13 Year of substantial completion	2007	2009	2009	2010
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X
15 Were the bonds issued as part of an advance refunding issue?	X		X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 ▶	1 300 %		0 060 %		0 800 %		0 780 %	
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	1 300 %		0 060 %		0 860 %		0 840 %	
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?		X		X		X		X
b Exception to rebate?		X		X		X		X
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 I, Column e and Part II, Line 3	If the amount of total proceeds of issue reported in Part II, Line 3 differs from the amount of the issue price reported in Part I, Column e, the difference relates to investment earnings

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Texas Health Resources

Employer identification number
 75-2702388

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
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 & Equip Health Facili		X		X		X
C	Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551	87638TEZ2	05-21-2015	60,535,400	Construction & Equip Health Facili		X		X		X
D	Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551	87638TFM0	11-18-2016	708,403,645	Refund 2007A bonds & Capital Impro		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	475,000		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	135,000,000		50,037,844		61,433,172		723,854,924	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		496,001,038	
7	Issuance costs from proceeds	444,565		0		247,878		5,049,349	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	134,555,435		50,037,844		61,185,294		121,915,497	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		100,889,040	
13	Year of substantial completion	2013		2014		2016			
		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	
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 ▶	0 %		0 %		0 %		0 520 %	
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 ▶								
6 Total of lines 4 and 5							0 520 %	
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?		X	X		X		X	
b Exception to rebate?		X		X		X		X
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).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Employer identification number

75-2702388

Part I 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?		(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
See Additional Data Table												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 25c, 25d, 25e, 25f, 25g, 25h, 25i, 25j, 25k, 25l, 25m, 25n, 25o, 25p, 25q, 25r, 25s, 25t, 25u, 25v, 25w, 25x, 25y, 25z, 25aa, 25ab, 25ac, 25ad, 25ae, 25af, 25ag, 25ah, 25ai, 25aj, 25ak, 25al, 25am, 25an, 25ao, 25ap, 25aq, 25ar, 25as, 25at, 25au, 25av, 25aw, 25ax, 25ay, 25az, 25ba, 25bb, 25bc, 25bd, 25be, 25bf, 25bg, 25bh, 25bi, 25bj, 25bk, 25bl, 25bm, 25bn, 25bo, 25bp, 25bq, 25br, 25bs, 25bt, 25bu, 25bv, 25bw, 25bx, 25by, 25bz, 25ca, 25cb, 25cc, 25cd, 25ce, 25cf, 25cg, 25ch, 25ci, 25cj, 25ck, 25cl, 25cm, 25cn, 25co, 25cp, 25cq, 25cr, 25cs, 25ct, 25cu, 25cv, 25cw, 25cx, 25cy, 25cz, 25da, 25db, 25dc, 25dd, 25de, 25df, 25dg, 25dh, 25di, 25dj, 25dk, 25dl, 25dm, 25dn, 25do, 25dp, 25dq, 25dr, 25ds, 25dt, 25du, 25dv, 25dw, 25dx, 25dy, 25dz, 25ea, 25eb, 25ec, 25ed, 25ee, 25ef, 25eg, 25eh, 25ei, 25ej, 25ek, 25el, 25em, 25en, 25eo, 25ep, 25eq, 25er, 25es, 25et, 25eu, 25ev, 25ew, 25ex, 25ey, 25ez, 25fa, 25fb, 25fc, 25fd, 25fe, 25ff, 25fg, 25fh, 25fi, 25fj, 25fk, 25fl, 25fm, 25fn, 25fo, 25fp, 25fq, 25fr, 25fs, 25ft, 25fu, 25fv, 25fw, 25fx, 25fy, 25fz, 25ga, 25gb, 25gc, 25gd, 25ge, 25gf, 25gg, 25gh, 25gi, 25gj, 25gk, 25gl, 25gm, 25gn, 25go, 25gp, 25gq, 25gr, 25gs, 25gt, 25gu, 25gv, 25gw, 25gx, 25gy, 25gz, 25ha, 25hb, 25hc, 25hd, 25he, 25hf, 25hg, 25hh, 25hi, 25hj, 25hk, 25hl, 25hm, 25hn, 25ho, 25hp, 25hq, 25hr, 25hs, 25ht, 25hu, 25hv, 25hw, 25hx, 25hy, 25hz, 25ia, 25ib, 25ic, 25id, 25ie, 25if, 25ig, 25ih, 25ii, 25ij, 25ik, 25il, 25im, 25in, 25io, 25ip, 25iq, 25ir, 25is, 25it, 25iu, 25iv, 25iw, 25ix, 25iy, 25iz, 25ja, 25jb, 25jc, 25jd, 25je, 25jf, 25jg, 25jh, 25ji, 25jj, 25jk, 25jl, 25jm, 25jn, 25jo, 25jp, 25jq, 25jr, 25js, 25jt, 25ju, 25jv, 25jw, 25jx, 25jy, 25jz, 25ka, 25kb, 25kc, 25kd, 25ke, 25kf, 25kg, 25kh, 25ki, 25kj, 25kk, 25kl, 25km, 25kn, 25ko, 25kp, 25kq, 25kr, 25ks, 25kt, 25ku, 25kv, 25kw, 25kx, 25ky, 25kz, 25la, 25lb, 25lc, 25ld, 25le, 25lf, 25lg, 25lh, 25li, 25lj, 25lk, 25ll, 25lm, 25ln, 25lo, 25lp, 25lq, 25lr, 25ls, 25lt, 25lu, 25lv, 25lw, 25lx, 25ly, 25lz, 25ma, 25mb, 25mc, 25md, 25me, 25mf, 25mg, 25mh, 25mi, 25mj, 25mk, 25ml, 25mn, 25mo, 25mp, 25mq, 25mr, 25ms, 25mt, 25mu, 25mv, 25mw, 25mx, 25my, 25mz, 25na, 25nb, 25nc, 25nd, 25ne, 25nf, 25ng, 25nh, 25ni, 25nj, 25nk, 25nl, 25nm, 25nn, 25no, 25np, 25nq, 25nr, 25ns, 25nt, 25nu, 25nv, 25nw, 25nx, 25ny, 25nz, 25oa, 25ob, 25oc, 25od, 25oe, 25of, 25og, 25oh, 25oi, 25oj, 25ok, 25ol, 25om, 25on, 25oo, 25op, 25oq, 25or, 25os, 25ot, 25ou, 25ov, 25ow, 25ox, 25oy, 25oz, 25pa, 25pb, 25pc, 25pd, 25pe, 25pf, 25pg, 25ph, 25pi, 25pj, 25pk, 25pl, 25pm, 25pn, 25po, 25pp, 25pq, 25pr, 25ps, 25pt, 25pu, 25pv, 25pw, 25px, 25py, 25pz, 25qa, 25qb, 25qc, 25qd, 25qe, 25qf, 25qg, 25qh, 25qi, 25qj, 25qk, 25ql, 25qm, 25qn, 25qo, 25qp, 25qq, 25qr, 25qs, 25qt, 25qu, 25qv, 25qw, 25qx, 25qy, 25qz, 25ra, 25rb, 25rc, 25rd, 25re, 25rf, 25rg, 25rh, 25ri, 25rj, 25rk, 25rl, 25rm, 25rn, 25ro, 25rp, 25rq, 25rr, 25rs, 25rt, 25ru, 25rv, 25rw, 25rx, 25ry, 25rz, 25sa, 25sb, 25sc, 25sd, 25se, 25sf, 25sg, 25sh, 25si, 25sj, 25sk, 25sl, 25sm, 25sn, 25so, 25sp, 25sq, 25sr, 25ss, 25st, 25su, 25sv, 25sw, 25sx, 25sy, 25sz, 25ta, 25tb, 25tc, 25td, 25te, 25tf, 25tg, 25th, 25ti, 25tj, 25tk, 25tl, 25tm, 25tn, 25to, 25tp, 25tq, 25tr, 25ts, 25tt, 25tu, 25tv, 25tw, 25tx, 25ty, 25tz, 25ua, 25ub, 25uc, 25ud, 25ue, 25uf, 25ug, 25uh, 25ui, 25uj, 25uk, 25ul, 25um, 25un, 25uo, 25up, 25uq, 25ur, 25us, 25ut, 25uu, 25uv, 25uw, 25ux, 25uy, 25uz, 25va, 25vb, 25vc, 25vd, 25ve, 25vf, 25vg, 25vh, 25vi, 25vj, 25vk, 25vl, 25vm, 25vn, 25vo, 25vp, 25vq, 25vr, 25vs, 25vt, 25vu, 25vv, 25vw, 25vx, 25vy, 25vz, 25wa, 25wb, 25wc, 25wd, 25we, 25wf, 25wg, 25wh, 25wi, 25wj, 25wk, 25wl, 25wm, 25wn, 25wo, 25wp, 25wq, 25wr, 25ws, 25wt, 25wu, 25wv, 25ww, 25wx, 25wy, 25wz, 25xa, 25xb, 25xc, 25xd, 25xe, 25xf, 25xg, 25xh, 25xi, 25xj, 25xk, 25xl, 25xm, 25xn, 25xo, 25xp, 25xq, 25xr, 25xs, 25xt, 25xu, 25xv, 25xw, 25xx, 25xy, 25xz, 25ya, 25yb, 25yc, 25yd, 25ye, 25yf, 25yg, 25yh, 25yi, 25yj, 25yk, 25yl, 25ym, 25yn, 25yo, 25yp, 25yq, 25yr, 25ys, 25yt, 25yu, 25yv, 25yw, 25yx, 25yy, 25yz, 25za, 25zb, 25zc, 25zd, 25ze, 25zf, 25zg, 25zh, 25zi, 25zj, 25zk, 25zl, 25zm, 25zn, 25zo, 25zp, 25zq, 25zr, 25zs, 25zt, 25zu, 25zv, 25zw, 25zx, 25zy, 25zz

(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 Employee Ferdinand Velasco	93,490	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
Anderson Elaine	Former	Split Dollar Life		X	26,482	26,482		No	Yes		Yes	
Berdan Barclay	Officer	Split Dollar Life		X	468,378	468,378		No	Yes		Yes	
Boes Charles	Officer	Split Dollar Life		X	65,034	65,034		No	Yes		Yes	
Canose Jeffrey L	Officer	Split Dollar Life		X	279,040	279,040		No	Yes		Yes	
Hawthorne Douglas	Former Officer	Split Dollar Life		X	941,540	941,540		No	Yes		Yes	
Holmes Kevin B	Key Employee	Split Dollar Life		X	129,502	129,502		No	Yes		Yes	
Kirby Michelle R	Key Employee	Split Dollar Life		X	62,732	62,732		No	Yes		Yes	
Kramer Kenneth Jr	Officer	Split Dollar Life		X	149,629	149,629		No	Yes		Yes	
Long Ronald R	Officer	Split Dollar Life		X	771,290	771,290		No	Yes		Yes	
Pearson George L	Key Employee	Split Dollar Life		X	332,402	332,402		No	Yes		Yes	
Tesmer David J	Key Employee	Split Dollar Life		X	78,280	78,280		No	Yes		Yes	
Giada John	Key Employee	Split Dollar Life		X	330,195	330,195		No	Yes		Yes	
McClung Brett	Officer	Split Dollar Life		X	192,822	192,822		No	Yes		Yes	
King James Kirk	Officer	Split Dollar Life		X	127,878	127,878		No	Yes		Yes	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Hospital Beds)	X	1	58,624	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Texas Health Resources

Employer identification number

75-2702388

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Filing-Part VI, Section B, Line 11b	<p>The Texas Health Resources (THR) tax department staff prepares the Forms 990 for THR and all of its wholly controlled affiliates. In order to accurately prepare the returns, the tax staff works closely with various other departments to gather and review the information needed to complete the return. The departments involved in this process include, but are not limited to accounting, finance, treasury, human resources, payroll, legal, governance, and corporate compliance. The returns are then reviewed twice within the tax department before being given to the Financial Reporting department to review and to ensure that the financial information is accurate and up to date. All THR System Forms 990 are provided to members of the Audit and Compliance Committee of the THR Board, giving them an opportunity to review, comment and ask questions regarding the Forms 990. The tax department Sr Director provides an overview presentation to the committee highlighting various areas of the Form 990. A resolution to approve all of the returns is voted upon at this meeting. Once the Audit and Compliance Committee has approved the returns, each return is then reviewed and signed by the Sr Vice President of Finance. The members of the governing Boards are provided a copy of the Form 990 for their respective entity after the Audit and Compliance Committee approval process and before the Form 990 is filed.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 organizations CEO, officer and key employees #The Compensation committee (which includes independent persons) performs reviews and makes recommendations to the THR Board #Independent consultants may be hired #Compensation surveys or studies are utilized #Approval by the Board or Compensation committee is required The board of THR hires an independent third party compensation consultant to review base pay of the CEO annually Every 3 years , the independent third party compensation consultant is hired to review all aspects of executive compensation, which includes a review and confirmation of the executive compensation philosophy Each year the compensation committee of the THR board of trustees reviews a detailed report analyzing CEO, Executive, and Senior officer compensation packages

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes in Fund Balance-Part XI, Line 9	Controlled Joint Venture Treasury Shares (\$298,126) Transfers from controlled entity \$63,921,278

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Employer identification number

75-2702388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Texas Health Partners LLC 612 E Lamar Blvd Arlington, TX 76011 02-0546958	Mgmt Co	TX	15,376,751	5,406,215	TH Resources
(2) THR-SCA Holdings LLC 612 E Lamar Blvd Arlington, TX 76011 46-1096461	Holding Co	TX	20,111,650	85,781,992	TH Resources
(3) Texas Health Resources Trust 612 E Lamar Blvd Arlington, TX 76011 36-6406740	Investments	TX	-87,595	259,329,038	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.

See Additional Data Table

(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

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	No
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	No
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO Box 655999 Dallas, TX 75203 26-0610562	Support Org	TX	501(c)(3)	12a	NA		No
(1) PO Box 8040 Fort Worth, TX 76124 43-2087946	Support Org	TX	501(c)(3)	12A	NA		No
(2) 612 E Lamar Blvd Arlington, TX 76011 45-2793120	Support Org	TX	501(c)(3)	12a	TH Cleburne		No
(3) 612 E Lamar Blvd Arlington, TX 76011 46-4513182	Comm Support	TX	501(c)(3)	7	TH Resources	Yes	
(4) 5323 Harry Hines Blvd Dallas, TX 75390 81-1575989	Support Org	TX	501(c)(3)	12b	TH Resources	Yes	
(5) 612 E Lamar Blvd Arlington, TX 76011 26-0648532	Support Org	TX	501(c)(3)	12a	NA		No
(6) 800 West Randol Mill Rd Arlington, TX 76011 75-0972805	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(7) 9229 LBJ Freeway Dallas, TX 75243 47-4724257	Phys Clinic	TX	501(c)(3)	10	TH Phys Grou		No
(8) 612 E Lamar Blvd Arlington, TX 76011 81-4317635	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(9) 10864 Texas Health Trail Fort Worth, TX 76244 45-1502252	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(10) 108 Denver Trail Azle, TX 76020 75-1748586	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(11) 201 Walls Dr Cleburne, TX 76033 75-1977850	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(12) 1301 Pennsylvania Ave Fort Worth, TX 76104 75-6001743	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(13) 1600 Hospital Parkway Bedford, TX 76022 75-1438726	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(14) 6100 Harris Parkway Fort Worth, TX 76132 75-2678857	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(15) 411 Belknap Stephenville, TX 76401 75-1752253	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(16) 11801 S Freeway Burleson, TX 76028 45-2694620	Hospital	FL	501(c)(3)	3	TH Resources	Yes	
(17) 612 E Lamar Blvd Arlington, TX 76011 81-2833150	Spec Drugs	TX	501(c)(3)	10	TH Resources	Yes	
(18) 10840 Texas Health Trail Fort Worth, TX 76244 80-0800294	Hospital	TX	501(c)(3)	3	TH Alliance		No
(19) 9229 LBJ Freeway Dallas, TX 75243 75-2613493	Phys Clinic	TX	501(c)(3)	10	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
(21) 612 E Lamar Blvd Arlington, TX 76011 81-2813227	Resd Trmt Ctr	TX	501(c)(3)	3	TH Resources	Yes	
(1) 612 E Lamar Blvd Arlington, TX 76011 75-2022128	Fundraising	TX	501(c)(3)	7	TH Resources	Yes	
(2) 1105 Central Expressway N Allen, TX 75013 75-2890358	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(3) 8200 Walnut Hill Ln Dallas, TX 75231 75-1047527	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(4) 3000 North Interstate 35 Denton, TX 76201 43-2008974	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(5) 850 Ed Hall Drive Kaufman, TX 75142 75-2771437	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(6) 6200 W Parker Rd Plano, TX 75093 75-2770738	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(7) 612 E Lamar Blvd Arlington, TX 76011 75-2562191	Edu& Research	TX	501(c)(3)	4	TH Resources	Yes	
(8) 612 E Lamar Blvd Arlington, TX 76011 75-2702388	Mgmt Supp Org	TX	501(c)(3)	12c	NA		No
(9) 6110 W Parker Rd Plano, TX 75093 81-2792484	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(10) 2717 Tibbets Dr Bedford, TX 76022 81-2798838	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(11) 1301 Pennsylvania Ave Fort Worth, TX 76104 75-1648589	LT Hospital	TX	501(c)(3)	3	TH Resources	Yes	
(12) 612 E Lamar Blvd Arlington, TX 76011 75-6196065	Support Org	TX	501(c)(3)	12a	TH Foundatio		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMH Cath Labs LLC 811 Wright St Arlington, TX 76012 20-3003947	Hospital	TX	NA	N/A								
(1) Arlington Surgery Ctr LLC 918 N Davis Dr Arlington, TX 76012 75-2055800	Amb Surg Ctr	TX	THR-SCA Holding	Related	601,377	912,726		No		Yes		51 000 %
(2) Cleburne Imaging LLC PO Box 820519 Dallas, TX 75382 46-0767278	Medical Imaging	TX	NA	N/A								
(3) Cleburne Surgical Ctr LLC 2010 W Katherine P Raines Blvd St Cleburne, TX 76033 20-3742012	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,245,996	3,073,456		No		Yes		51 000 %
(4) Denton Surgery Ctr LLC 207 North Bonnie Brea Denton, TX 76201 47-0926556	Amb Surg Ctr	TX	THR-SCA Holding	Related	3,830,765	3,769,533		No		Yes		61 717 %
(5) Flower Mound Hospital Ptrs LLC 4400 Long Prairie Rd Flower Mound, TX 75028 26-0684968	Hospital	TX	TH Resources	Related	23,342,996	73,736,145		No		Yes		53 625 %
(6) Fort Worth Endoscopy Ctr LLC 900 W Magnolia Ave 101 Fort Worth, TX 76104 77-0368346	Endoscopy Ctr	TX	THR-SCA Holding	Related	9,245,574	5,985,776		No		Yes		51 000 %
(7) FTH DFW Partners LLC 1401 E trinity Mills Rd Carrollton, TX 75006 47-3426036	Hospital/ER	TX	TH Resources	Related				No			No	51 000 %
(8) Greenville Surgery Ctr LLC 7150 Greenville Ave Ste 200 Dallas, TX 75231 74-2411643	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,753,858	3,018,001		No		Yes		84 000 %
(9) Health Imaging Ptrs LLC 8610 Explorer Drive Ste 300 Colorado Springs, CO 80920 27-1385885	Medical Imaging	TX	TH Resources	Related	20,959,515	37,333,861		No			No	51 000 %
(10) North Dallas Surgical Ctr LLC 17980 Dallas Parkway Ste 100 Dallas, TX 75287 27-2248103	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,102,093	1,852,802		No		Yes		51 000 %
(11) Ophthalmology Surgery Ctr of Dallas LLC 10740 N Central Expressway Ste 400 Dallas, TX 75231 26-1914835	Amb Surg Ctr	TX	THR-SCA Holding	Related	6,659,192	7,006,438		No		Yes		51 000 %
(12) Physician Medical Ctr LLC 6020 W Parker Rd Plano, TX 75093 48-1281377	Hospital	TX	TH Resources	Related	15,134,417	16,923,460		No		Yes		53 128 %
(13) Presbyterian Cancer Ctr-Dallas LLC PO Box 819607 Dallas, TX 75381 26-0422749	Cancer Ctr	TX	NA	N/A								
(14) Rockwall Regional Hospital LLC 3150 Horizon Rd Rockwall, TX 75032 20-2848116	Hospital	TX	TH Resources	Related	13,107,789	46,089,349		No		Yes		60 952 %

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) Huguley Medical Associates Inc 11801 South Freeway Burleson, TX 76028 75-2547668	Phys Clinics	TX	NA	C Corp					No
(1) Magnum Health Holdings Inc 612 E Lamar Blvd Arlington, TX 76011 47-5486814	Holding Co	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(2) Texas Health Aetna Health Plan 612 E Lamar Blvd Arlington, TX 76011 47-5548221	Med Insurance	TX	NA	C Corp					No
(3) TH Biomedical Advancement Center Inc 612 E Lamar Blvd Arlington, TX 76011 75-2636884	Research	TX	NA	C Corp					No
(4) SWHR Specialty Programs Groups 612 E Lamar Blvd Arlington, TX 76011 46-5588632	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(5) THR Primary Care Ext Physcian Network 612 E Lamar Blvd Arlington, TX 76011 46-5365421	Inactive	TX	TH Resources	C Corp	0	0	100 000 %	Yes	
(6) 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	
(7) 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	
(8) Charitable Remainder Trusts (4) 612 E Lamar Blvd Arlington, TX 76011 46-5330487	CR Trust	TX	NA	Trust	0	0	0 %		No
(9) Grace Indemnity Company Ltd 1159 Caribbean Plaza Grand Cayman KY 1-1102 CJ 98-1209573	Captive Insurance	CJ	TH Resources	C Corp	0	48,736,934	100 000 %	Yes	

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)	Health Imaging Partners LLC	j	390,991	Lease
(1)	Fort Worth Endoscopy Center LLC	a	446,493	Lease
(2)	Texas Health Allen	a	391,169	Lease
(3)	Texas Health Alliance	a	924,037	Lease
(4)	Texas Health Arlington Memorial	a	50,692	Lease
(5)	Texas Health Azle	a	344,029	Lease
(6)	Texas Health Cleburne	a	107,771	Lease
(7)	Texas Health Dallas	a	870,300	Lease
(8)	Texas Health Denton	a	1,747,917	Lease
(9)	Texas Health Fort Worth	a	4,781,368	Lease
(10)	Texas Health HEB	a	1,069,307	Lease
(11)	Texas Health Kaufman	a	61,093	Lease
(12)	Texas Health Outpatient Surgery Cntr Alliance	j	768,798	Lease
(13)	Texas Health Plano	a	2,672,774	Lease
(14)	Texas Health Physician Group	a	10,348,957	Lease
(15)	Texas Health Resources Foundation	a	401,206	Lease
(16)	Texas Health Stephenville	a	78,171	Lease
(17)	Texas Health Specialty Hospital	a	95,648	Lease
(18)	Texas Health Southwest	a	1,517,810	Lease
(19)	Texas Health Research & Education Inst	a	286,573	Lease
(20)	Ophthalmology Surgery Center Dallas LLC	b	266,616	JV Agreement
(21)	Southlake Specialty Hospital LLC	b	419,005	JV Agreement
(22)	Magnum Holdings Inc	b	10,806,538	Corp Articles
(23)	Cleburne Surgical Center LLC	c	2,211,803	JV Agreement
(24)	Denton Surgery Center LLC	c	3,690,868	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)	Flower Mound Hospital Partners LLC	c	15,709,060	JV Agreement
(1)	Fort Worth Endoscopy Center LLC	c	9,884,605	JV Agreement
(2)	Greenville Surgery Center LLC	c	1,366,840	JV Agreement
(3)	Health Imaging Partner LLC	c	18,049,476	JV Agreement
(4)	Physician Medical Center LLC	c	13,372,212	JV Agreement
(5)	Rockwall Regional Hospital LLC	c	10,272,915	JV Agreement
(6)	Southlake Specialty Hospitals LLC	c	5,261,954	JV Agreement
(7)	Surgical CareGivers of Fort Worth LLC	c	4,572,840	JV Agreement
(8)	Texas Health Craig Ranch Surgery Center LLC	c	3,252,127	JV Agreement
(9)	TH Flower Mound Orthopedic Surgery Center	c	3,269,019	JV Agreement
(10)	Texas Health Surgery Center Preston Plaza LLC	c	4,978,909	JV Agreement
(11)	THRSTT Rockwall ASC LLC	c	1,398,508	JV Agreement
(12)	THRSTT Southlake ASC LLC	c	3,365,978	JV Agreement
(13)	USMD Hospital at Arlington LP	c	11,509,635	JV Agreement
(14)	USMD Hospital at Fort Worth LP	c	451,550	JV Agreement
(15)	Wilson Creek Surgical Center LLC	c	3,139,439	JV Agreement
(16)	North Dallas Surgical Center LLC	c	343,908	JV Agreement
(17)	Ophthalmology Surgery Center of Dallas	c	1,397,410	JV Agreement
(18)	Texas Health MedSynergies LLC	c	23,771,470	JV Agreement
(19)	TH Spine Center Arlington LLC	c	258,504	JV Agreement
(20)	Cleburne Surgical Center LLC	l	141,118	Monthly Billing
(21)	Denton Surgery Center LLC	l	151,414	Monthly Billing
(22)	Fort Worth Endoscopy LLC	l	341,871	Monthly Billing
(23)	Flower Mound Hospital Partners LLC	l	10,744,138	Monthly Billing
(24)	FTH DFW Partners LLC	l	642,473	Monthly Billing

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)	Greenville Surgery Center LLC	I	86,743	Monthly Billing
(1)	Health Imaging Partners LLC	I	1,623,026	Monthly Billing
(2)	North Dallas Surgical Center LLC	I	84,380	Monthly Billing
(3)	Ophthalmology Surgery Center of Dallas LLC	I	288,022	Monthly Billing
(4)	Physicians Medical Center LLC	I	4,222,841	Monthly Billing
(5)	Rockwall Regional Hospital LLC	I	8,933,957	Monthly Billing
(6)	Surgical Caregivers of Fort Worth	I	189,251	Monthly Billing
(7)	Southlake Specialty Hospital LLC	I	4,312,279	Monthly Billing
(8)	STT-THR Rockwall ASC LLC	I	73,973	Monthly Billing
(9)	STT-THR Southlake ASC LLC	I	75,000	Monthly Billing
(10)	Texas Health Huguley Hospital	I	114,400	Monthly Billing
(11)	Texas Health Craig Ranch Surgery Center LLC	I	91,520	Monthly Billing
(12)	TH Flower Mound Orthopedic Surgery Ctr LLC	I	140,528	Monthly Billing
(13)	TH Surgery Center Preston Plaza LLC	I	195,228	Monthly Billing
(14)	USMD Hospital at Arlington LP	I	75,000	Monthly Billing
(15)	USMD Hospital at Fort Worth LP	I	75,000	Monthly Billing
(16)	Wilson Creek Surgical Center LLC	I	133,683	Monthly Billing
(17)	Cleburne Surgical Center LLC	q	50,967	Interco Billing
(18)	Denton Surgery Center LLC	q	64,862	Interco Billing
(19)	Flower Mound Hospital Partners LLC	q	615,912	Interco Billing
(20)	Fort Worth Endoscopy Centers LLC	q	135,575	Interco Billing
(21)	Health Imaging Partners	q	484,762	Interco Billing
(22)	Physicians Medical Center LLC	q	382,195	Interco Billing
(23)	Rockwall Regional Hospital LLC	q	512,083	Interco Billing
(24)	Southlake Specialty Hospital LLC	q	284,482	Interco Billing

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
(76)	Surgical Caregivers of Fort Worth LLC	q	88,772	Interco Billing
(1)	Texas Health MedSynergies LLC	q	133,434	Interco Billing
(2)	Texas Health Craig Ranch Surgery Ctr LLC	q	54,872	Interco Billing
(3)	TH Flower Mound Orthopedic Surgery Ctr LLC	q	84,832	Interco Billing
(4)	TH Surgery Center Preston Plaza LLC	q	54,634	Interco Billing
(5)	THR-STT Southlake ASC LLC	q	53,326	Interco Billing
(6)	Wilson Creek Surgical Center LLC	q	58,051	Interco billing
(7)	Flower Mound Hospital Partners LLC	p	198,077	Interco Billing
(8)	Health Imaging Partners	p	180,733	Interco Billing
(9)	Physicians Medical Center LLC	p	114,674	Interco Billing
(10)	Rockwall Regional Hospital LLC	p	183,072	Interco Billing
(11)	Southlake Specialty Hospital LLC	p	81,479	Interco Billing
(12)	Surgical Caregivers of Fort Worth LLC	p	63,942	Interco Billing
(13)	USMD Hospital at Arlington LP	p	153,332	Interco Billing
(14)	USMD Hospital at Fort Worth LP	p	51,623	INterco Billing
(15)	SWHR Specialty Programs Groups	l	5,837,296	Interco Billing