

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

1806

06/30/2018

A For the 2017 calendar year, or tax year beginning

07/01/2017, and ending

B Check if applicable.

Address
change
Name change
Initial return
Final return/
terminated
Amended
return
Application
pendingC Name of organization
TRINITY CLINIC

Doing business as SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address)

D Employer identification number

75-2616977

1315 DOCTORS DRIVE

Room/suite

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

E Telephone number

TYLER, TX 75701

(903) 606-5639

F Name and address of principal officer ELIZABETH PULLIAM

G Gross receipts \$ 269,031,966.

1315 DOCTORS DRIVE TYLER, TX 75701

H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c)() (insert no.)

4947(a)(1) or

527

J Website ► WWW.TMFHC.ORG/TRINITYCLINIC

H(c) Group exemption number ►

K Form of organization: Corporation Trust Association Other ► L Year of formation 1995 M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PROVIDE PHYSICIAN SERVICES WITH A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	836	
	6 Total number of volunteers (estimate if necessary)	6	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34b	7b	0	
Expenses	8 Contributions and grants (Part VIII, line 1h)	R5	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	164,856,293	75,070	251,417
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	296	164,856,293	250,061,616
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,029,074	296	5,022
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,960,733	168,960,733	269,031,966
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	2,600
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,070,642	167,070,642	274,754,104
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0	42,271,976	42,271,976	80,121,952
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	209,342,618	209,342,618	354,878,656
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-40,381,885	-40,381,885	-85,846,690
	19 Revenue less expenses Subtract line 18 from line 12			
		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	46,332,852	75,838,421	
	21 Total liabilities (Part X, line 26)	92,996,865	92,996,865	205,964,533
	22 Net assets or fund balances Subtract line 21 from line 20	-46,664,013	-46,664,013	-130,126,112

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	<i>Elizabeth Pulliam</i>	Date 5-13-19
	ELIZABETH PULLIAM SYSTEM CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

GSI

Part III Statement of Program Service Accomplishments

Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
TO PROVIDE PHYSICIAN SERVICES WITH A FULL RANGE OF COMPREHENSIVE
HEALTHCARE SERVICES WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL
ORIGIN, HANDICAP, AGE OR ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 315,979,653 Including grants of \$ 2,600) (Revenue \$ 25,061,616)
ATTACHMENT 1

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 ► 315,979,653.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN-48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
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		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	1a	0.
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	1b	0.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	836
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state?	13b	
<i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8b	X
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 CRISSY RAMSEY 1315 DOCTORS DRIVE TYLER, TX 75701 903-606-5639

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 21
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent 0

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
CHRISSEY RAMSEY 1315 DOCTORS DRIVE TYLER, TX 75701 903-606-5639

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
			Or individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(15) ALEC LAW, M.D.		12.00								
DIRECTOR (AS OF 01/2018)		28.00	X					221,561.	0.	0.
(16) BILL TORRES, M.D.		12.00								
DIRECTOR (AS OF 01/2018)		0.	X					334,879.	0.	14,479.
(17) CLINT MCGEHEE, M.D.		12.00								
DIRECTOR (AS OF 01/2018)		28.00	X					605,741.	0.	13,995.
(18) JAMES DOUGHTIE, M.D.		12.00								
DIRECTOR (AS OF 01/2018)		28.00	X					482,838.	0.	15,834.
(19) JOHN MCDONALD, D.O.		9.00								
DIRECTOR (AS OF 01/2018)		0.	X					126,425.	0.	7,567.
(20) SUMAN SINHA, M.D.		12.00								
DIRECTOR (AS OF 01/2018)		28.00	X					384,142.	336,562.	6,844.
(21) SUSHAMA BRIMMER, M.D.		9.00								
DIRECTOR (AS OF 01/2018)		0.	X					225,511.	0.	11,207.
(22) J. CHRIS GLENNEY		1.00								
SVP		39.00		X				0.	733,991.	145,798.
(23) FADI NASRALLAH, M.D.		40.00								
SR VP		0.		X				897,551.	0.	10,995.
(24) KAI XIA, M.D.		40.00								
PHYSICIAN		0.			X			1,362,896.	0.	35,284.
(25) MING LU, M.D.		40.00								
PHYSICIAN		0.			X			1,728,782.	0.	17,134.
1b Sub-total								9,142,354.	0.	289,790.
c Total from continuation sheets to Part VII, Section A								11,564,382.	1,501,658.	432,457.
d Total (add lines 1b and 1c)								20,706,736.	1,501,658.	722,247.

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 ► 445

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

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
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 51		

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

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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 ► 445

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

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.

Part VIII Statement of RevenueCheck 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				
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d	61,453			
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f	189,964			
g Noncash contributions included in lines 1a-1f \$					
h Total Add lines 1a-1f ►		251,417			
Program Service Revenue					
2a NET PATIENT SERVICE REVENUE	Business Code				
	621500	211,867,868	211,867,868		
b WELLNESS CENTER REVENUE		48,000	48,000		
c ER COVERAGE NET CHARGE		36,233,071	36,233,071		
d MANAGEMENT FEE REVENUE		1,906,186	1,906,186		
e EDUCATION / SEMINARS REVENUE		6,491	6,491		
f All other program service revenue					
g Total Add lines 2a-2f ►		250,061,616			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts). ►		5,022			5,022
4 Income from investment of tax-exempt bond proceeds . ►		0			
5 Royalties ►		0			
6a Gross rents	(i) Real				
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ►		0			
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ►		0			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events ►		0			
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ►		0			
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory ►		0			
Miscellaneous Revenue	Business Code				
11a LIFE & HEALTH INSURANCE	900099	3,226,561			3,226,561
b WELLNESS SERVICE FEE	900099	433,513			433,513
c CHARGE-OUT	900099	15,053,837			15,053,837
d All other revenue	900099				
e Total. Add lines 11a-11d ►		10,713,911			
12 Total revenue. See instructions ►		269,031,966	250,061,616		18,718,933

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	2,600.	2,600.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	11,854,278.	10,926,088.	928,190.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,101,630.	2,858,772.	242,858.	
7 Other salaries and wages	234,207,321.	215,868,888.	18,338,433.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,000.	21,000.		
9 Other employee benefits	21,355,614.	21,355,614.		
10 Payroll taxes	4,214,261.	2,682,377.	1,531,884.	
11 Fees for services (non-employees)				
a Management	17,930,443.	17,930,443.		
b Legal	26,830.		26,830.	
c Accounting	104.		104.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	150.		150.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,050,981.	9,308,891.	8,742,090.	
12 Advertising and promotion	393,743.	33,744.	359,999.	
13 Office expenses	1,778,289.	483,161.	1,295,128.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,604,218.	2,917,690.	5,686,528.	
17 Travel	406,170.	71,242.	334,928.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,806,451.	1,779,896.	26,555.	
20 Interest	762,045.	762,045.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,734,372.	424,401.	1,309,971.	
23 Insurance	-83,382.	-80,764.	-2,618.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	8,244,247.	8,244,247.		
b PROV FOR UNCOLLECTIBLE ACCOUNTS	16,913,401.	16,913,401.		
c INTERCOMPANY ALLOCATION	1,854,121.	1,854,121.		
d LICENSE / SUBSCRIPTIONS	1,148,334.	1,148,334.		
e All other expenses	551,435.	473,462.	77,973.	
25 Total functional expenses Add lines 1 through 24e	354,878,656.	315,979,653.	38,899,003.	
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)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	96,016.	1 140,926.	
	2 Savings and temporary cash investments	0.	2 0.	
	3 Pledges and grants receivable, net	0.	3 0.	
	4 Accounts receivable, net	13,052,970.	4 25,606,067.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5 0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6 0.	
	7 Notes and loans receivable, net	985,547.	7 14,509.	
	8 Inventories for sale or use	178,598.	8 182,654.	
	9 Prepaid expenses and deferred charges	1,413,798.	9 160,621.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 18,621,131		
	b Less accumulated depreciation	10b 3,056,955.	10c 967,399. 15,564,182.	
	11 Investments - publicly traded securities	28,787,188.	11 30,312,260.	
	12 Investments - other securities See Part IV, line 11	0.	12 0.	
	13 Investments - program-related See Part IV, line 11	0.	13 0.	
	14 Intangible assets	435,207.	14 439,902.	
	15 Other assets See Part IV, line 11	416,129.	15 3,417,300.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,332,852.	16 75,838,421.		
Liabilities	17 Accounts payable and accrued expenses	37,166,275.	17 45,338,807.	
	18 Grants payable	0.	18 0.	
	19 Deferred revenue	0.	19 0.	
	20 Tax-exempt bond liabilities	0.	20 0.	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21 0.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22 0.	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23 0.	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24 0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	55,830,590.	25 160,625,726.	
	26 Total liabilities. Add lines 17 through 25	92,996,865.	26 205,964,533.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-46,664,013.	27 -130,126,112.	
	28 Temporarily restricted net assets	0.	28 0.	
	29 Permanently restricted net assets	0.	29 0.	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	-46,664,013.	33 -130,126,112.	
	34 Total liabilities and net assets/fund balances	46,332,852.	34 75,838,421.	

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck 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)	1 269,031,966.
2 Total expenses (must equal Part IX, column (A), line 25)	2 354,878,656.
3 Revenue less expenses Subtract line 2 from line 1	3 -85,846,690.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 -46,664,013.
5 Net unrealized gains (losses) on investments	5 0.
6 Donated services and use of facilities	6 0.
7 Investment expenses	7 0.
8 Prior period adjustments	8 0.
9 Other changes in net assets or fund balances (explain in Schedule O)	9 2,384,591.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 -130,126,112.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

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.)

g. Provide the following information about the supported organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1 000

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2017. 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 - 2016 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 in line 12 on 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		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

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)

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

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

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)

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**.

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)

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)

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**.

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**.

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**.

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 10b below

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?	11a
b	A family member of a person described in (a) above?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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)			
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		
<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)			

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018 Add lines 3j and 4c			
8 Breakdown of line 7.			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.)

FORM 990, SCHEDULE A, PART I, LINE 3

TRINITY CLINIC IDENTIFIED ITSELF AS A HOSPITAL OR COOPERATIVE HOSPITAL

SERVICE ORGANIZATION UNDER SECTION 170(B)(A)(III) IN SCHEDULE A.

HOWEVER, TRINITY CLINIC IS NOT REQUIRED TO COMPLETE SCHEDULE H BECAUSE IT
IS NOT LICENSED AS A HOSPITAL.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017**Open to Public
Inspection**Name of the organization
TRINITY CLINIC

Employer identification number

75-2616977

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. ► \$

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Schedule D (Form 990) 2017

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PAGE 26

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	3,522,036.	3,185,371.	2,885,950.	2,762,072.	2,414,694.
b Contributions	30,000.		445,000.		
c Net investment earnings, gains, and losses	200,996.	345,766.	-118,741.	124,878.	360,569.
d Grants or scholarships	76,399.	9,101.	26,838.	1,000.	13,191.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,676,633.	3,522,036.	3,185,371.	2,885,950.	2,762,072.

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 ► 69.1100 %

c Temporarily restricted endowment ► 30.8900 %

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

(ii) related organizations

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

Yes	No
3a(i)	X
3a(ii)	X
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					
b Buildings			228,549.	22,963.	205,586.
c Leasehold improvements			576,840.	454,359.	122,481.
d Equipment			17,815,748.	2,579,633.	15,236,115.
e Other					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ► 15,564,182.

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 (D) 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	
(2) PENSION LIABILITY	7,813,735
(3) INTERCOMPANY LIABILITY	138,731,392
(4) RESERVE FOR MEDFRACTICE SELF-INS	3,503,756
(5) CAPITAL LEASE	10,495,910
(6) SALES TAX PAYABLE	933
(7)	
(8)	
(9)	

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 160,625,726.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

FORM 990, SCHEDULE D, PART V, LINE 4

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND ITEMS SUPPORTED BY THE ENDOWMENT WHILE SEEKING TO MAINTAIN ITS PURCHASING POWER.

LIABILITY FOR UNCERTAIN TAX POSITIONS

PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2018 AND 2017.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017Open to Public
InspectionName of the organization
TRINITY CLINICEmployer identification number
75-2616977**Part I Questions Regarding Compensation**

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

<input type="checkbox"/>	First-class or charter travel	<input checked="" 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 (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee

4 During the year, did any person listed 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 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?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
1b	X	
2	X	
4a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 aren't 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				
1 DIRECTOR ANDRIA CARDINALLI-STEIN	(i) 199,345.	462.	0.	6,453.	395.	206,655.	
	(ii) 0.	0.	0.				
2 DIRECTOR BRENDA MORRIS, M.D.	(i) 395,168.	0.	2,865.	10,125.	2,220.	410,378.	
	(ii) 0.	0.	0.				
3 DIRECTOR BRENT (ROY) WADLE, D.O.	(i) 432,344.	0.	2,565.	11,377.	5,709.	451,995.	
	(ii) 0.	0.	0.				
4 SVP J. CHRIS GLENNEY	(i) 0.	0.	0.				
	(ii) 474,087.	259,904.	0.	126,015.	19,783.	879,789.	
5 DIRECTOR FAGG SANFORD, M.D.	(i) 848,873.	0.	5,325.	28,125.	8,455.	890,778.	
	(ii) 0.	0.	0.				
6 DIRECTOR/VICE-CHAIR HAMP WILLIAMS, M.D.	(i) 459,308.	0.	5,325.	11,475.	0.	476,108.	
	(ii) 0.	0.	0.				
7 DIRECTOR/SECRETARY JAMES CACCITOLO, M.D.	(i) 1,326,163.	0.	2,445.	11,475.	5,709.	1,345,792.	
	(ii) 0.	0.	0.				
8 CHAIR JAMES STANFORD, M.D.	(i) 394,356.	0.	12,289.	29,139.	7,800.	443,584.	
	(ii) 0.	0.	0.				
9 DIRECTOR JANET HURLEY, M.D.	(i) 352,878.	0.	2,640.	11,117.	5,660.	372,295.	
	(ii) 0.	0.	0.				
10 DIRECTOR JAYESH PATEL, M.D.	(i) 835,086.	0.	3,555.	28,125.	2,927.	869,693.	
	(ii) 0.	0.	0.				
11 DIRECTOR JOE ZASIK, M.D.	(i) 520,880.	0.	4,553.	28,125.	5,709.	559,267.	
	(ii) 0.	0.	0.				
12 DIRECTOR (EFF 01/2017) JOHN LANE SCHNELL, M.D.	(i) 509,780.	0.	2,370.	10,125.	5,709.	527,984.	
	(ii) 0.	0.	0.				
13 DIRECTOR/CHAIR MARK ANDERSON, M.D.	(i) 585,025.	244,823.	11,603.	10,125.	4,683.	856,259.	
	(ii) 0.	0.	0.				
14 DIRECTOR SCOTT SMITH, M.D.	(i) 569,539.	334,355.	7,688.		19,002.	930,584.	
	(ii) 0.	0.	0.				
15 DIRECTOR/PRESIDENT STEVE KEUER, M.D.	(i) 687,434.	377,462.	5,850.		20,026.	1,090,772.	
	(ii) 0.	0.	0.				
16 DIRECTOR (TERMED 12/2016) TODD PATRICK, M.D.	(i) 1,688,314.	0.	0.	10,125.	5,709.	1,704,148.	
	(ii) 0.	0.	0.				

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VI.

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				
1 KAI XIA, M.D. PHYSICIAN	(i) 1,351,786.	0.	11,110.	28,975.	6,309.	1,398,180.	
	(ii) 0.	0.					
2 MING LU, M.D. PHYSICIAN	(i) 1,725,459.	0.	3,323.	10,125.	7,009.	1,745,916.	
	(ii) 0.	0.					
3 PETER SIRIANNI, M.D. ANESTHESIOLOGIST	(i) 1,484,449.	0.	2,565.	11,475.	5,709.	1,504,198.	
	(ii) 0.	0.					
4 THOMAS HARGROVE, M.D. PHYSICIAN/FORMER VP	(i) 383,533.	0.	11,754.	29,475.	9,807.	434,569.	
	(ii) 0.	0.					
5 RAMON KUMAR, M.D. CARDIOLOGIST	(i) 1,419,676.	0.	2,370.	9,201.	5,709.	1,436,956.	
	(ii) 0.	0.					
6 JAMES GREGORY STOVAL FORMER OFFICER	(i) 156,381.	0.	2,148.	2,510.	4,589.	165,628.	
	(ii) 0.	0.					
7 ROGER FOWLER FORMER OFFICER	(i) 41,487.	0.	1,379.	1,269.	2,538.	46,673.	
	(ii) 323,052.	93,408.	14,645.	45,169.	10,035.	486,309.	
8 FADI NASRALLAH, M.D. SR VP	(i) 621,451.	263,498.	12,602.	8,775.	2,220.	908,546.	
	(ii) 0.	0.					
9 ALEC LAW, M.D. DIRECTOR (AS OF 01/2018)	(i) 220,571.	0.	990.	0.	0.	221,561.	
	(ii) 0.	0.					
10 BILL TORRES, M.D. DIRECTOR (AS OF 01/2018)	(i) 227,284.	75,875.	31,720.	5,751.	8,728.	349,358.	
	(ii) 0.	0.					
11 CLINT MCGEHEE, M.D. DIRECTOR (AS OF 01/2018)	(i) 601,296.	0.	4,445.	11,475.	2,520.	619,736.	
	(ii) 0.	0.					
12 JAMES DOUGHTIE, M.D. DIRECTOR (AS OF 01/2018)	(i) 479,223.	0.	3,615.	10,125.	5,709.	498,672.	
	(ii) 0.	0.					
13 SUMAN SINHA, M.D. DIRECTOR (AS OF 01/2018)	(i) 383,854.	0.	288.	0.	0.	384,142.	
	(ii) 336,412.	0.	150.	0.	6,844.	343,406.	
14 SUSHAMA BRIMMER, M.D. DIRECTOR (AS OF 01/2018)	(i) 134,431.	73,580.	17,500.	0.	11,207.	236,718.	
	(ii) 0.	0.					
15 MERRI MURPHY VP-OPERATIONS	(i) 233,229.	82,756.	0.	8,100.	17,936.	342,021.	
	(ii) 0.	0.					
16	(i) 0.	0.					
	(ii) 0.	0.					

Schedule J (Form 990) 2017

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.

COMPENSATION CONTINGENT ON THE NET EARNINGS OF THE ORGANIZATION

FORM 990, SCHEDULE J, PART I, LINE 6A

SOME PHYSICIANS ARE PAID BASED ON THE COMPENSATION FORMULA OF THEIR INDIVIDUAL RESPECTIVE DEPARTMENTS.

SUPPLEMENT COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II

W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

PARTICIPATION IN OR PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS IN 457 (F) REPORTED IN W-2

JAMES STANFORD, M.D.	\$ 7,896
ROGER FOWLER	\$ 639
THOMAS HARGROVE, M.D.	\$ 8,399

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

DEFERRED COMPENSATION

FORM 990, SCHEDULE J, PART II, COLUMN C

DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT,

SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER

CONTRIBUTION TO 403 (B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND
ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN.

ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE
CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES

ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED
PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL

RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH
BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY

OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS,

THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH
BALANCE PLAN ACCRUAL.

SCHEDULE L
(Form 990 or 990-EZ)**Transactions With Interested Persons**

OMB No 1545-0047

2017Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information

Open To Public
InspectionName of the organization
TRINITY CLINICEmployer identification number
75-2616977**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
			Yes	No	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To From	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule L (Form 990 or 990-EZ) 2017

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 ATTACHMENT 1	(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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV:

WAGES OF \$750,612 WERE PAID TO JOSHUA STEIN, HUSBAND OF

DR. CARDINALLI-STEIN, FOR SERVICES TO TRINITY CLINIC DURING FY2018.

Schedule L (Form 990 or 990-EZ) 2017

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON JOSHUA STEIN
 (B) RELATIONSHIP ANDRIA CARDINALLI-STEIN, DIRECTOR
 (C) AMOUNT 750,612
 (D) DESCRIPTION OF TRANSACTION SEE SUPPLEMENTAL INFORMATION
 (E) SHARING ORGANIZATION REVENUE? YES NO

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
TRINITY CLINIC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2017**Open to Public
Inspection**Employer identification number
75-2616977

DOING BUSINESS AS

FORM 990, PAGE1, ITEM C,

TRINITY CLINIC OPERATES UNDER THE FOLLOWING NAMES:

TCL

TRINCARE CLINICAL LABORATORIES

TRINCARE REFERENCE LABORATORIES

TRINITY OPTICAL

TRL

CHRISTUS TRINITY CLINIC - HOPE

CHRISTUS TRINITY CLINIC - RICHMOND ROAD

CHRISTUS TRINITY CLINIC - JEFFERSON AVENUE - TEXARKANA

CHRISTUS PRIMARY CARE - SHREVEPORT

CHRISTUS TRINITY CLINIC

CHRISTUS TRINITY CLINIC - BUFFALO

CHRISTUS TRINITY CLINIC - BUSINESS SERVICES

CHRISTUS TRINITY CLINIC - CROCKETT

CHRISTUS TRINITY CLINIC - ELKHART

CHRISTUS TRINITY CLINIC - FAIRFIELD

CHRISTUS TRINITY CLINIC - GRAPELAND

CHRISTUS TRINITY CLINIC - HALLSVILLE

CHRISTUS TRINITY CLINIC - TENNESSEE COLONY

CHRISTUS TRINITY CLINIC - URGENT CARE

CHRISTUS TRINITY CLINIC - URGENT CARE - LONGVIEW

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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CHRISTUS TRINITY CLINIC ADMINISTRATIVE SERVICES BUILDING - PALESTINE

CHRISTUS TRINITY CLINIC BILL OWENS PKWY - LONGVIEW

CHRISTUS TRINITY CLINIC DEHAVEN EYE CENTER - LONGVIEW

CHRISTUS TRINITY CLINIC DEHAVEN EYE CENTER - MINEOLA

CHRISTUS TRINITY CLINIC DEHAVEN EYE CENTER - SULPHUR SPRINGS

CHRISTUS TRINITY CLINIC DEHAVEN EYE CENTER - TYLER

CHRISTUS TRINITY CLINIC GYNECOLOGY SPECIALIST - TEXARKANA

CHRISTUS TRINITY CLINIC LOOP 256 - PALESTINE

CHRISTUS TRINITY CLINIC MAGNOLIA MEDICAL PLAZA - PALESTINE

CHRISTUS TRINITY CLINIC MEDICAL BUILDING 1 - HENDERSON

CHRISTUS TRINITY CLINIC MEDICAL BUILDING 2 - HENDERSON

CHRISTUS TRINITY CLINIC MEDICAL DRIVE 1 - PALESTINE

CHRISTUS TRINITY CLINIC MEDICAL DRIVE 2 - PALESTINE

CHRISTUS TRINITY CLINIC PADON ST. - LONGVIEW

CHRISTUS TRINITY CLINIC ROYALL - PALESTINE

CHRISTUS TRINITY CLINIC SLEEP CENTER - PALESTINE

CHRISTUS TRINITY CLINIC SURGERY ASSOCIATES - TEXARKANA

CHRISTUS TRINITY CLINIC URGENT CARE - NEW BOSTON

CHRISTUS TRINITY CLINIC URGENT CARE - SULPHUR SPRINGS

TRINITY PATHOLOGY ASSOCIATES

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM IS THE SOLE MEMBER OF
TRINITY CLINIC.

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY

FORM 990, PART VI, LINE 7A

THE SOLE MEMBER, CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM, HAS THE POWER TO APPOINT ALL DIRECTORS AND THEIR SUCCESSORS TO THE GOVERNING BOARD.

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

FORM 990, PART VI, LINE 7B

CHRISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS: APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION; APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS; APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS; APPOINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS; APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY; APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION; APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION; APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION; APPROVE CAPITAL PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION; APPROVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENTURE, ANY TRANSACTION INVOLVING A

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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SYSTEM PARTIICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY; AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS.

THE CHRISTUS HEALTH CEO HAS THE FILLLOWING POWERS: POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION; APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION; APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION; APPROVE THE FILING ORGANIZATION'S BUDGET; SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION.

THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO). THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS: APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY
BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION; APPROVE THE
CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY
COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE BY CHANGE
IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION
OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN
CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING
ORGANIZATION; AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION,
DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS
DESIGNATED MINISTRY PROPERTY.

PROCESS TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED AND REVIEWED BY THE CHRISTUS HEALTH TAX
DEPARTMENT. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH THE TAX
DEPARTMENT IN PREPARATION AND REVIEW OF THE FORM 990. THE FILING
ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990.

THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS WAS REVIEWED PRIOR TO
FILING WITH THE IRS IN THE SPRING 2019 BY THE ORGANIZATION'S PRESIDENT
AND SECRETARY, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY
CHRISTUS HEALTH. AT A BOARD MEETING SUBSEQUENT TO FILING WITH THE IRS,
THE PRESIDENT AND SECRETARY WILL REPORT TO THE FULL BOARD ON THE FORM
990.

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR. THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS.

THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION.

COMPENSATION DETERMINATION PROCESS

FORM 990, PART VI, LINE 15A & 15B

THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH CENTRAL LOUISIANA. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND.

THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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OTHER SILILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS
IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING
INFORMATION OF COMPENSATION DECISIONS.

ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT:

1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM
EXECUTIVES BASED ON MARKET COMPARABILITY.
2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON
THE MARKET CHANGES.
3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO
RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND
APPROVAL.

ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW
OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS.

THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY
LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE
COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR
COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS
AND INTERNAL EQUITY.

UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE
COMPENSATION COMMITTEE MAKES FINAL COMPENDATION DECISION. ADDITIONALLY,
THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS
FOR EXCESS BENEFIT TRANSACTIONS.

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND
FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD.

THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY
USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS
DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING
INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES
ARE APPROVED BY THE FILING ORGANIZATION. BASED ON THE AFOREMENTIONED
PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWD BY A COMPENSATION
COMMITTEE.

PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T
FORM 990, PART VI, LINE 18
CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS
1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED
STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS
LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S
WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL
CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS
HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, LINE 19
THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE
AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE

Name of the organization

TRINITY CLINIC

Employer identification number

75-2616977

ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
NOT MADE AVAILABLE TO THE PUBLIC.

COMPENSATION FROM RELATED ORGANIZATIONS

FORM 990, PART VII, LINE 1A

THE GOVERNING BOARD OF CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM,
UPON ADVICE FROM NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS, WHO
PERIODICALLY REVIEW ALL EXECUTIVE COMPENSATION, APPROVED A DEFERRED
COMPENSATION PLAN THAT PROVIDES A 65% TOTAL RETIREMENT BENEFIT FOR SENIOR
EXECUTIVES THAT SERVE 20 YEARS OR MORE. THIS PROGRAM HAS BOTH
RETENTION AND NON-COMPETITION CLAUSES THAT A RISK OF FORFEITURE.

DEFERRED COMPENSATION IS SUBJECT TO A RISK OF FORFEITURE BASED ON
RETENTION, NON-COMPETITION AND OTHER CONTRACTUAL FACTORS. ACCRUALS OF
DEFERRED COMPENSATION ARE NOT INCLUDIBLE IN W-2 COMPENSATION UNTIL PAID.
OTHER EMPLOYEE BENEFITS INCLUDE QUALIFIED PENSION PLANS, HEALTH, DENTAL,
AND LIFE INSURANCE PLANS, DISABILITY INSURANCE, ETC.

TAXABLE EXPENSES ARE INCLUDED IN THE W-2 PAID COMPENSATION SALARY.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

TRANSFER FROM AFFILIATE \$2,384,591

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
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ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OUR COMMITMENT TO OUR COMMUNITY EXTENDS TO FREE OR SUBSIDIZED INDIVIDUAL CARE, SUBSIDIZED EDUCATION OF HEALTHCARE PROFESSIONALS, DISCOUNTED FEES FOR PARTICIPANTS IN GOVERNMENT PROGRAMS, COMMUNITY HEALTH EDUCATION, AND DONATIONS TO OTHER COMMUNITY AGENCIES.

SPECIFIC COMMUNITY SERVICES AND PROGRAMS INCLUDE: WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREEING PROGRAMS, SENIOR CITIZEN HEALTH AWARENESS PROGRAMS, AWARENESS PROGRAMS FOR YOUTH AT RISK, AWARENESS PROGRAMS FOR PERSONS WITH SPECIAL PHYSICAL OR MENTAL NEEDS, CHILDREN WITH DIABETES SUMMER CAMP, SPORTS CARE PROGRAMS, SAFETY TRAINING FOR LOCAL BUSINESSES, AND RESEARCH PROGRAMS.

CHRISTUS TRINITY CLINIC IS THE AREA'S PREFERERD MULTI-SPECIALTY MEDICAL GROUP, WITH MORE THAN 400 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS PRESENTING 36 SPECIALTIES IN 34 LOCATIONS SERVING NORTHEAST TEXAS ACROSS 41 COUNTIES.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DELTA LOCUM TENENS LLC P.O.BOX 202940 DALLAS, TX 75320	PHYSICIAN SERVICES	2,649,824.
UNIVERSITY OF TEXAS HEALTH CENTER AT TYL 11937 US HWY 271 TYLER, TX 75708-3154	MEDICAL SERVICES	963,287.
DAVID HARRISON MD 4330 GILBERT AVENUE	MEDICAL SERVICES	687,600.

Name of the organization TRINITY CLINIC	Employer identification number 75-2616977
<u>ATTACHMENT 2 (CONT'D)</u>	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DALLAS, TX 75219		
GAHC3 EAST TEXAS MOB PORTOLIO LLC 33042 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0330	RENT	634,724.
MAGNOLIA MOB LLC 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209	RENT	538,894.

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
TRINITY CLINIC
OMB No 1545-0047
2017
Open to Public
InspectionName of the organization
TRINITY CLINIC

75-2616977

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) MOTHER FRANCES HOSPITAL REGIONAL HC CTR 1315 DOCTORS DRIVE TYLER, TX 75701	75-0818167 HOSPITAL	TX	501 (C) (3)	3	CTMFHS	X
(2) MOTHER FRANCES HOSPITAL - JACKSONVILLE 1315 DOCTORS DRIVE TYLER, TX 75701	75-1976930 HOSPITAL	TX	501 (C) (3)	3	CTMFHS	X
(3) CHRISTUS-TRINITY MOTHER FRANCES FDN 1315 DOCTORS DRIVE TYLER, TX 75701	75-2028241 SUPPORT	TX	501 (C) (3)	12, TYPE I	CTMFHS	X
(4) REGIONAL MEDICAL SERVICES ASSOCIATION 1315 DOCTORS DRIVE TYLER, TX 75701	75-2511459 HEALTHCARE	TX	501 (C) (3)	3	MFH REG	X
(5) CHRISTUS TRINITY MF HEALTH SYSTEM 1315 DOCTORS DRIVE TYLER, TX 75701	75-2616975 SUPPORT	TX	501 (C) (3)	12, TYPE II CH		X
(6) MOTHER FRANCES HOSPITAL - WINNSBORO 1315 DOCTORS DRIVE TYLER, TX 75701	75-2771569 HOSPITAL	TX	501 (C) (3)	3	CTMFHS	X
(7) ALIGNED PROVIDERS OF EAST TEXAS 1315 DOCTORS DRIVE TYLER, TX 75701	46-5720165 HEALTHCARE	TX	501 (C) (3)	3	MFH REG	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

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

Department of the Treasury
Internal Revenue Service
Name of the organization

TRINITY CLINIC

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization

75-2616977

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) CSFN MISSION AND MINISTRY, INC 4001 GRANT AVENUE	20-5728802 PHILADELPHIA, PA 19114	SPONSORSHIP PA	501 (C) (3)	1	N/A	Yes
(2) CHRISTUS HEALTH 919 HIDDEN RIDGE	76-0590551 IRVING, TX 75038	SPT HLTH SVCS TX	501 (C) (3)	10	N/A	No
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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PAGE 51

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionately more than 20% of Schedule K-1 (Form 1065)	(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	Yes	No	Yes	No	Yes
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity	Yes	No
(1) TRI-STATE FINANCIAL, LLC 1315 DOCTORS DRIVE TYLER, TX 75701	75-2728218	DORMANT	TX	CTMFHS	C-CORPORATION					
(2) TRINCARE, INC 1315 DOCTORS DRIVE TYLER, TX 75701	75-2161369	RETAIL HEALTH	TX	CTMFHS	C-CORPORATION					
(3) HEALTHPLAN OF TEXAS, INC 1315 DOCTORS DRIVE TYLER, TX 75701	75-2636832	THIRD PARTY A	TX	CTMFHS	C-CORPORATION					
(4) THE REGIONAL HEALTHCARE ALLIANCE 1315 DOCTORS DRIVE TYLER, TX 75701	75-2481109	PREFER PROVID	TX	CTMFHS	C-CORPORATION					
(5) TEXAS HEALTH FACILITY INSUR CORP, LTD P O BOX 1109 BWI, CJ	98-0136025	INSURANCE	CJ	MFH REG	C-CORPORATION					
(6)										
(7)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

	Yes	No	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a)	(b)	(c)	(d)
Name of related organization	Transaction type (Exs)	Amount involved	Method of determining amount involved
(1) CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	K	1,039,582.	ACCRUAL
(2) CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	M	1,854,121.	ACCRUAL
(3)			
(4)			
(5)			
(6)			

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 501(c)(3) organizations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(f) Share of total income	(g) Share of end-of-year assets	(h) Proportionate allocations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(k) Percentage ownership partner?		
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.