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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

METHODIST HOSPITAL GROUP

Doing business as

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

6565 FANNIN NO GB240

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

HOUSTON, TX 770302703

F Name and address of principal officer

KEVIN J BURNS

6565 FANNIN NO GB240

HOUSTON, TX 770302703

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☐ Yes ☒ No

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

H(c) Group exemption number ▶ 5792

D Employer identification number

35-2410801

E Telephone number

(832) 667-6160

G Gross receipts \$ 2,148,724,262

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOUSTONMETHODIST ORG

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

L Year of formation

M State of legal domicile

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

35,142,16239,241,868

1,677,193,9112,019,557,680

-1,160,612-100,395

85,278,22889,492,383

1,796,453,6892,148,191,536

30,557,00024,037,085

00

799,187,462880,068,034

00

848,505,685984,191,213

1,678,250,1471,888,296,332

118,203,542259,895,204

Beginning of Current Year

End of Year

3,542,925,2543,825,836,551

1,363,987,2901,219,117,794

2,178,937,9642,606,718,757

Part II

Signature Block

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

Sign Here

Signature of officer

2019-11-14

KEVIN J BURNS EXECUTIVE VICE PRESIDENT, CFO, CBO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00287234

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200

Phone no (317) 464-8600

INDIANAPOLIS, IN 462045108

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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 \$ 1,650,485,705	including grants of \$ 24,037,085	(Revenue \$ 2,100,777,680)
See Additional Data				




















4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	1,650,485,705
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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	

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	12,589	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
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		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 91		
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 48		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ EDWARD L TYRRELL FACHE 6565 FANNIN GB240 HOUSTON, TX 77030 (832) 667-6160

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

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

☒

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

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

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								26,078,338	6,052,405	2,816,145

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 **984**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HUNT CONSTRUCTION GROUP INC 426 N 44TH STREET SUITE 410 PHOENIX, AZ 85008	CONSTRUCTION SERVICES	80,754,300
J T VAUGHN CONSTRUCTION LLC 10355 WESTPARK DR HOUSTON, TX 77042	CONSTRUCTION SERVICES	65,124,512
TELLEPSSEN BUILDERS LP 777 BENMAR DR SUITE 400 HOUSTON, TX 77060	CONSTRUCTION SERVICES	39,041,000
ARAMARK HEALTHCARE FOOD LOCKBOX 27310 NETWORK PLACE CHICAGO, IL 606731273	CONTRACTED FOOD SERVICE PREP	22,988,777
BRIVIC MEDIA INC 10200 RICHMOND AVE STE 110 HOUSTON, TX 77042	ADVERTISING AGENCY	17,640,004

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **185**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants and Other Similar Amounts**

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d	13,260,275		
e Government grants (contributions)	1e	25,981,593		
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f \$				
h Total. Add lines 1a-1f		39,241,868		

Program Service Revenue

	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2a PATIENT CARE SERVICES	622110	1,942,210,174	1,942,210,174		
b GROSS RENTS	531120	45,384,133	45,384,133		
c RELATED RESEARCH	541700	13,918,164	13,918,164		
d PARKING INCOME	900099	9,792,531	9,792,531		
e					
f All other program service revenue		8,252,678			8,252,678
g Total. Add lines 2a-2f		2,019,557,680			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	(ii) Personal		
b Less rental expenses				
c Rental income or (loss)				
d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b Less cost or other basis and sales expenses				
c Gain or (loss)				
d Net gain or (loss)			-100,395	-100,395
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				
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				
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				
Miscellaneous Revenue	Business Code			
11a INTERCOMPANY SUPPORT	900099	86,092,745	86,092,745	
b OTHER INCOME	900099	3,399,638	3,399,638	
c				
d All other revenue				
e Total. Add lines 11a-11d		89,492,383		
12 Total revenue. See Instructions		2,148,191,536	2,100,797,385	0

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	24,037,085	24,037,085		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	9,958,923	7,347,188	2,611,735	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	654,846,151	631,531,500	23,314,651	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	28,467,311	27,422,102	1,045,209	
9 Other employee benefits.	139,256,250	133,968,399	5,287,851	
10 Payroll taxes.	47,539,399	45,697,307	1,842,092	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	70,080		70,080	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	119,399,410	106,656,498	12,742,912	
12 Advertising and promotion.	5,683,146	587,578	5,095,568	
13 Office expenses.	25,856,465	24,142,435	1,714,030	
14 Information technology.	944,914	875,704	69,210	
15 Royalties.				
16 Occupancy.	27,789,885	27,002,816	787,069	
17 Travel.	2,615,491	2,203,340	412,151	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,571,840	516,142	1,055,698	
20 Interest.				
21 Payments to affiliates.	178,131,459		178,131,459	
22 Depreciation, depletion, and amortization.	140,388,225	140,388,225		
23 Insurance.	915	880	35	
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 & LAB	346,506,389	346,485,395	20,994	
b INTERCOMPANY PHYSICIAN	81,374,675	81,374,675		
c RESEARCH EXPENSES	27,426,259	27,426,259		
d PHYSICIAN, RESEARCH & E	14,256,994	13,714,831	542,163	
e All other expenses	12,175,066	9,107,346	3,067,720	
25 Total functional expenses. Add lines 1 through 24e.	1,888,296,332	1,650,485,705	237,810,627	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		74,502	1	74,936	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		255,637,915	4	240,277,826	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	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			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		28,470,395	8	31,381,835	
	9	Prepaid expenses and deferred charges		900,038	9	2,310,292	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	3,358,212,544			
	b	Less: accumulated depreciation	10b	1,259,977,113	1,946,300,593	10c	2,098,235,431
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		51,944,967	14	51,219,967	
	15	Other assets. See Part IV, line 11		1,259,596,844	15	1,402,336,264	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,542,925,254	16	3,825,836,551		
Liabilities	17	Accounts payable and accrued expenses		142,042,838	17	174,630,888	
	18	Grants payable			18		
	19	Deferred revenue		4,615,385	19	2,884,615	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	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			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,217,329,067	25	1,041,602,291	
	26	Total liabilities. Add lines 17 through 25		1,363,987,290	26	1,219,117,794	
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		2,178,937,964	27	2,606,718,757	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	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		2,178,937,964	33	2,606,718,757		
34	Total liabilities and net assets/fund balances		3,542,925,254	34	3,825,836,551		

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	2,148,191,536
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,888,296,332
3	Revenue less expenses Subtract line 2 from line 1	3	259,895,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,178,937,964
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	167,885,589
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,606,718,757

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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 35-2410801

Name: METHODIST HOSPITAL GROUP

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT CHAO SEE SCHEDULE O	2 00 0 00	X						0	0	0
ANDREW VON ESCHENBACH MD SEE SCHEDULE O	2 00 0 00	X						0	0	0
ANTONIO GOTTO JR MD DPHIL EX OFFI SEE SCHEDULE O	2 00 0 00	X						1,500	0	0
AUGUSTINE MK CHOI MD EX OFFICIO SEE SCHEDULE O	2 00 0 00	X						0	0	0
BISHOP SCOTT JONES SEE SCHEDULE O	2 00 0 00	X						0	0	0
BRET T CURRAN SEE SCHEDULE O	50 00 0 00	X						550,945	0	54,642
BRIAN AQUINO MD SEE SCHEDULE O	2 00 0 00	X						0	0	0
CARLTON E BAUCUM SEE SCHEDULE O	6 00 0 00	X		X				0	0	0
CARRIE L BYINGTON MD EX OFFICIO SEE SCHEDULE O	2 00 0 00	X						0	0	0
CATHERINE S JODEIT SEE SCHEDULE O	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER ROBBEN MD SEE SCHEDULE O	2 00 48 00	X		X				0	505,773	58,628
CONNIE DYER SEE SCHEDULE O	2 00 0 00	X						0	0	0
DAN O DINGES SEE SCHEDULE O	2 00 0 00	X						0	0	0
DAVID C BAGGETT SEE SCHEDULE O	2 00 0 00	X						0	0	0
DAVID CHAO SEE SCHEDULE O	2 00 0 00	X						0	0	0
DAVID M UNDERWOOD JR SEE SCHEDULE O	2 00 2 00	X		X				0	0	0
DR EDMUND ROBB III SEE SCHEDULE O	2 00 0 00	X						0	0	0
DR THOMAS J PACE III SEE SCHEDULE O	2 00 0 00	X						0	0	0
EDWIN ED H KNIGHT SEE SCHEDULE O	2 00 0 00	X						0	0	0
ELIZABETH BLANTON WAREING SEE SCHEDULE O	4 00 2 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMILY A CROSSWELL SEE SCHEDULE O	6 00 2 00	X						0	0	0
ERNEST D COCKRELL II SEE SCHEDULE O	2 00 0 00	X						0	0	0
EVAN KATZ SEE SCHEDULE O	2 00 0 00	X						0	0	0
EWING WERLEIN JR SEE SCHEDULE O	8 00 2 00	X		X				0	0	0
GARY W EDWARDS SEE SCHEDULE O	2 00 0 00	X						0	0	0
GIORGIO BORLENGHI SEE SCHEDULE O	2 00 0 00	X						0	0	0
GREGORY TERRY MD SEE SCHEDULE O	2 00 48 00	X						0	328,946	37,481
GREGORY V NELSON SEE SCHEDULE O	8 00 2 00	X		X				0	0	0
HEATHER KOEHLER SEE SCHEDULE O	2 00 0 00	X						0	0	0
JANICE FINDER SEE SCHEDULE O	50 00 0 00	X						196,461	0	40,055

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE BOB PERKINS SEE SCHEDULE O	2 00 0 00	X		X				0	0	0
JOHN COOKE MD PHD SEE SCHEDULE O	2 00 48 00	X						0	414,281	26,362
JOHN F BOOKOUT SEE SCHEDULE O	6 00 2 00	X		X				0	0	0
JOHN F BOOKOUT III SEE SCHEDULE O	2 00 0 00	X		X				0	0	0
JOSEPH C RUSTY WALTER III SEE SCHEDULE O	4 00 2 00	X		X				0	0	0
JOSEPH R ROD CANION SEE SCHEDULE O	2 00 0 00	X						0	0	0
JOSHUA SEPTIMUS MD SEE SCHEDULE O	2 00 48 00	X						0	338,059	67,019
JULIA ANDRIENI MD SEE SCHEDULE O	48 00 2 00	X		X				559,261	0	40,056
JULIET S ELLIS SEE SCHEDULE O	2 00 0 00	X						0	0	0
KEVIN J BURNS SEE SCHEDULE O	44 00 6 00	X		X				1,510,521	0	60,833

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN J LILLY SEE SCHEDULE O	2 00 0 00	X						0	0	0
MAHENDRA JAIN MD SEE SCHEDULE O	2 00 48 00	X						0	380,158	48,604
MARC L BOOM MD SEE SCHEDULE O	48 00 2 00	X		X				3,121,886	0	57,386
MARK A HOUSER SEE SCHEDULE O	4 00 0 00	X		X				0	0	0
MARTHA DEBUSK SEE SCHEDULE O	2 00 0 00	X						0	0	0
MARTHA WALTON SEE SCHEDULE O	2 00 0 00	X						0	0	0
MARY A DAFFIN SEE SCHEDULE O	4 00 0 00	X		X				0	0	0
MARY ELIZA SHAPER SEE SCHEDULE O	2 00 0 00	X						0	0	0
MAURO FERRARI PHD EX OFFICIO SEE SCHEDULE O	50 00 0 00	X		X				1,439,187	0	70,876
MAYA PATEL MD SEE SCHEDULE O	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATALIE DRYDEN MD SEE SCHEDULE O	2 00 48 00	X						0	366,322	48,470
PETE ALFARO SEE SCHEDULE O	2 00 0 00	X		X				0	0	0
RACHEL BISHOP MD SEE SCHEDULE O	2 00 48 00	X						0	89,325	33,397
RAMON M CANTU SEE SCHEDULE O	50 00 0 00	X		X				1,590,205	0	73,704
REV KENNETH R LEVINGSTON SEE SCHEDULE O	6 00 0 00	X		X				0	0	0
REV REGINALD LILLIE SEE SCHEDULE O	2 00 0 00	X						0	0	0
RICARDO PARDO MD SEE SCHEDULE O	2 00 0 00	X						0	0	0
RICHARD A PEEBLES SEE SCHEDULE O	2 00 0 00	X		X				0	0	0
ROBERT A PHILLIPS MD SEE SCHEDULE O	48 00 2 00	X		X				1,386,231	0	47,355
ROBERT K MOSES JR SEE SCHEDULE O	6 00 2 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERTA L SCHWARTZ PHD SEE SCHEDULE O	50 00 0 00	X		X				1,492,207	0	58,666
RON A GENTRY MD SEE SCHEDULE O	0 00 0 00	X						0	355,399	70,926
SEVA PAPAGEORGE MD SEE SCHEDULE O	50 00 2 00	X						0	180,739	44,732
SIDNEY J SANDERS SEE SCHEDULE O	50 00 0 00	X		X				565,121	0	52,251
SPENCER TILLMAN SEE SCHEDULE O	2 00 0 00	X						0	0	0
STEPHEN CHAZEN SEE SCHEDULE O	2 00 0 00	X						0	0	0
STEVEN D ARNOLD SEE SCHEDULE O	2 00 0 00	X						0	0	0
STEVEN S LOOKE SEE SCHEDULE O	2 00 0 00	X						0	0	0
TIFFANY BURNS MD SEE SCHEDULE O	2 00 48 00	X						0	212,203	66,224
TIMOTHY B BOONE MD PHD SEE SCHEDULE O	2 00 48 00	X						0	1,014,841	68,657

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY IRVINE SEE SCHEDULE O	2 00 0 00	X						0	0	0
TODD TRASK MD SEE SCHEDULE O	2 00 48 00	X						0	578,391	97,755
TOM-THUAN NGUYEN MD SEE SCHEDULE O	2 00 0 00	X						0	0	0
VIDAL G MARTINEZ SEE SCHEDULE O	4 00 2 00	X						0	0	0
VIDAL RAMIREZ SEE SCHEDULE O	2 00 0 00	X						0	0	0
W BENJAMIN MORELAND SEE SCHEDULE O	4 00 2 00	X		X				0	0	0
WILLIAM F SCHWER SEE SCHEDULE O	2 00 0 00	X						0	0	0
FAISAL N MASUD SEE SCHEDULE O	2 00 48 00	X						0	569,325	71,824
DANIEL B NEWMAN SEE SCHEDULE O	48 00 2 00			X				446,330	0	65,546
DAVID P BERNARD SEE SCHEDULE O	48 00 2 00			X				522,413	0	65,883

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD L TYRRELL SEE SCHEDULE O	46 00 4 00			X				655,925	0	57,259
JEFF CARR SEE SCHEDULE O	2 00 48 00			X				0	319,741	51,114
CHRIS SIEBENALER SEE SCHEDULE O	48 00 2 00				X			960,463	0	67,102
DEBRA SUKIN SEE SCHEDULE O	48 00 2 00				X			949,687	0	71,464
EDWARD JONES SEE SCHEDULE O	50 00 0 00				X			596,720	0	53,588
JANET LEATHERWOOD SEE SCHEDULE O	50 00 0 00				X			374,182	0	51,255
JONATHAN STURGIS SEE SCHEDULE O	50 00 0 00				X			319,437	0	28,408
KATHERINE WALSH SEE SCHEDULE O	50 00 0 00				X			345,230	0	44,986
KEITH BARBER SEE SCHEDULE O	48 00 2 00				X			624,787	0	67,857
KERRIE GUERRERO SEE SCHEDULE O	50 00 0 00				X			306,020	0	26,334

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LIISA ORTEGON SEE SCHEDULE O	50 00 0 00				X			508,925	0	54,139
LINDA K KULHANEK SEE SCHEDULE O	50 00 0 00				X			377,054	0	39,437
LOWELL STANTON SEE SCHEDULE O	50 00 0 00				X			376,735	0	65,513
MICHAEL L GARCIA SEE SCHEDULE O	50 00 0 00				X			487,342	0	50,251
NANCY C KEENAN SEE SCHEDULE O	50 00 0 00				X			338,393	0	31,860
REBECCA CHALUPA SEE SCHEDULE O	50 00 0 00				X			326,658	0	51,933
VICTORIA BROWNEWELL SEE SCHEDULE O	50 00 0 00				X			371,113	0	55,198
WAYNE M VOSS SEE SCHEDULE O	48 00 2 00				X			762,492	0	68,326
BARBARA M QUANDT SEE SCHEDULE O	50 00 0 00				X			197,373	0	44,613
ALECIA L RISTER SEE SCHEDULE O	50 00 0 00				X			200,353	0	17,736

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRENT FULIN SEE SCHEDULE O	50 00 0 00				X			265,650	0	42,635
CARL T LITTLE SEE SCHEDULE O	50 00 0 00				X			247,446	0	16,792
CAROLE HACKETT SEE SCHEDULE O	50 00 0 00					X		901,014	0	43,428
CATHY L EASTER SEE SCHEDULE O	50 00 0 00					X		553,547	0	53,596
STEPHEN T WONG SEE SCHEDULE O	50 00 0 00					X		451,074	0	67,614
SUSAN H COULTER SEE SCHEDULE O	25 00 25 00					X		735,771	0	50,925
DANIEL W PANTERA SEE SCHEDULE O	50 00 0 00					X		462,679	0	66,801
SHAWN TITTLE MD SEE SCHEDULE O	0 00 50 00						X	0	398,902	48,649

TY 2018 Affiliate Listing

Name: METHODIST HOSPITAL GROUP
EIN: 35-2410801

TY 2018 Affiliate Listing

Name	Address	EIN	Name control
SAN JACINTO METHODIST HOSPITAL	4401 GARTH ROAD BAYTOWN, TX 77521	74-1287015	SANJ
DIAGNOSTIC CENTER HOSPITAL CORP OF TEXAS	6565 FANNIN GB240 HOUSTON, TX 77030	74-1542108	DIAG
TMH HEALTH CARE GROUP	6565 FANNIN GB240 HOUSTON, TX 77030	76-0125389	TMHH
TMH MEDICAL OFFICE BUILDINGS	6565 FANNIN GB240 HOUSTON, TX 77030	76-0249255	TMHM
METHODIST HEALTH CENTERS	6565 FANNIN GB240 HOUSTON, TX 77030	76-0545192	METH
THE METHODIST HOSPITAL RESEARCH INSTITUTE	6565 FANNIN GB240 HOUSTON, TX 77030	87-0721923	METH
TMH PHYSICIAN ASSOCIATES PLLC	6565 FANNIN GB240 HOUSTON, TX 77030	30-0520570	TMHP
METHODIST PATHOLOGY ASSOCIATES PLLC	6565 FANNIN GB240 HOUSTON, TX 77030	37-1520288	METH
METHODIST RADIOLOGY ASSOCIATES PLLC	6565 FANNIN GB240 HOUSTON, TX 77030	38-3768845	METH
TMH PHYSICIANS AND SURGEONS PLLC	6565 FANNIN GB240 HOUSTON, TX 77030	45-5185756	TMHP
HOUSTON METHODIST ST JOHN HOSPITAL	6565 FANNIN GB240 HOUSTON, TX 77030	46-4389870	HOUS
HOUSTON METHODIST ST CATHERINE HOSPITAL	6565 FANNIN GB240 HOUSTON, TX 77030	46-4402004	HOUS
HOUSTON METHODIST ST CATHERINE REAL PROPERTY COMPANY	6565 FANNIN GB240 HOUSTON, TX 77030	46-4608564	HOUS
LONE STAR PATHOLOGY PLLC	6565 FANNIN GB240 HOUSTON, TX 77030	47-2979550	LONE
HOUSTON METHODIST COORDINATED CARE	6565 FANNIN GB240 HOUSTON, TX 77030	81-2765582	HOUS

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

METHODIST HOSPITAL GROUP

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

35-2410801

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1

☐

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

2

☐

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

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11

☐

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

12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

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

b

☒

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

1

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)
			Yes	No	
(A) THE METHODIST HOSPITAL	741180155	3	Yes		0
Total	1				0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	SUPPORTED ORGANIZATIONS ARE DESIGNATED BY PURPOSE. THE METHODIST HOSPITAL IS THE PARENT OR ORGANIZATION OF HOUSTON METHODIST, AND IT IS SUPPORTED BY ALL OF THE NONPROFIT ENTITIES IN THE SYSTEM. THE GOVERNING DOCUMENTS OF TMH PHYSICIAN ASSOCIATES PLLC, METHODIST PATHOLOGY ASSOCIATES PLLC, METHODIST RADIOLOGY ASSOCIATES PLLC, TMH PHYSICIANS AND SURGEONS PLLC, AND LONE STAR PATHOLOGY PLLC INDICATE THE ENTITIES ARE OPERATED EXCLUSIVELY FOR TMH PHYSICIAN ORGANIZATION (D/B/A HM SPECIALTY PHYSICIAN GROUP), WHICH IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF THE METHODIST HOSPITAL. THEREFORE, THESE ORGANIZATIONS SUPPORT THE METHODIST HOSPITAL THROUGH TMH PHYSICIAN ORGANIZATION.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 2	THE METHODIST HOSPITAL RESEARCH INSTITUTE (D/B/A HOUSTON METHODIST RESEARCH INSTITUTE) AND TMH HEALTH CARE GROUP ARE TYPE I ORGANIZATIONS AS DESCRIBED IN SECTION 509(A)(3)

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C TYPE II SUPPORTING ORGANIZATIONS	<p>THE METHODIST HOSPITAL, (D/B/A HOUSTON METHODIST HOSPITAL (HMH)) IS THE SOLE CORPORATE MEMBER OF TMH HEALTHCARE GROUP (THG) WHICH IS THE SOLE CORPORATE MEMBER OF DIAGNOSTIC CENTER HOSPITAL, HOUSTON METHODIST HEALTH CENTERS, SAN JACINTO METHODIST HOSPITAL (D/B/A HOUSTON METHODIST BAYTOWN HOSPITAL), HOUSTON METHODIST COORDINATED CARE, TMH MEDICAL OFFICE BUILDINGS, AND TMH PHYSICIAN ORGANIZATION (D/B/A HOUSTON METHODIST SPECIALTY PHYSICIAN GROUP (HMSPG)) HMSPG IS THE SOLE CORPORATE MEMBER OF METHODIST PATHOLOGY ASSOCIATES, PLLC, TMH PHYSICIAN ASSOCIATES, PLLC, METHODIST RADIOLOGY ASSOCIATES, PLLC, TMH PHYSICIANS AND SURGEONS, PLLC, AND LONE STAR PATHOLOGY, PLLC HOUSTON METHODIST HOSPITAL IS ALSO THE SOLE CORPORATE MEMBER OF THE METHODIST HOSPITAL FOUNDATION, (D/B/A HOUSTON METHODIST HOSPITAL FOUNDATION)</p> <p>) THEREFORE, HMH HAS THE AUTHORITY TO APPOINT AND REMOVE ALL BOARD MEMBERS OF TMH MEDICAL OFFICE BUILDINGS, DIAGNOSTIC CENTER HOSPITAL, AND METHODIST PATHOLOGY ASSOCIATES, PLLC, TMH PHYSICIAN ASSOCIATES, PLLC, METHODIST RADIOLOGY ASSOCIATES, PLLC, TMH PHYSICIANS AND SURGEONS, PLLC, LONE STAR PATHOLOGY, PLLC AND HOUSTON METHODIST COORDINATED CARE</p>

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SCHEDULE D

(Form 990)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

METHODIST HOSPITAL GROUP

Employer identification number

35-2410801

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

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?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

Yes

No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		112,056,597		112,056,597
b Buildings		2,349,701,735	637,667,902	1,712,033,833
c Leasehold improvements		28,316,397	21,560,768	6,755,629
d Equipment		868,137,815	600,748,443	267,389,372
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,098,235,431

Schedule D (Form 990) 2018

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) CIP	126,527,669
(2) INVESTMENT IN SUBS	1,275,808,595
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,402,336,264

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
DUE TO RELATED ORGANIZATION	1,041,602,291	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,041,602,291	

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		2e		
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		4c		
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				
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		2e		
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 :		4c		
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				
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
METHODIST HOSPITAL GROUP

Employer identification number
35-2410801

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			75,053,822	12,200,000	62,853,822	3 330 %
b Medicaid (from Worksheet 3, column a)			103,367,365	116,378,654	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			575,321	206,165	369,156	0 020 %
d Total Financial Assistance and Means-Tested Government Programs			178,996,508	128,784,819	63,222,978	3 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			1,379,985	585,532	794,453	0 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			24,024,871	0	24,024,871	1 270 %
j Total. Other Benefits			25,404,856	585,532	24,819,324	1 310 %
k Total. Add lines 7d and 7j			204,401,364	129,370,351	88,042,302	4 660 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	53,737,675	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	318,652,827	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	424,055,345	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-105,402,518	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

7

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW HOUSTONMETHODIST ORG/CHNA/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HOUSTONMETHODIST ORG/PAY-YOUR-BILL/NEW-POLICIES/			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SAME AS 16 A			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SAME AS 16 A			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP B			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HOUSTONMETHODIST ORG/PAY-YOUR-BILL/NEW-POLICIES/			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SAME AS 16 A			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SAME AS 16 A			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	HOUSTON METHODIST, OF WHICH METHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH ARE PART OF HOUSTON METHODIST, PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC. THIS REPORT INCLUDES CHARITY CARE AND COMMUNITY BENEFITS PROVIDED BY METHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH AND ONE OTHER RELATED ACUTE CARE HOSPITAL, HOUSTON METHODIST HOSPITAL (HMH)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE IN PART I, LINES 7A THRU 7C, WAS A COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 (RATIO OF PATIENT CARE COST TO CHARGES), AS PROVIDED IN THE INSTRUCTIONS TO FORM 990 SCHEDULE H THE COSTING METHODOLOGY FOR LINES 7F THROUGH 7I WAS BASED ON ACTUAL EXPENDITURES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	METHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH HAVE NOT REPORTED ANY SUBSIDIZED HEALTH SERVICES IN PART I, LINE 7(G) PART II, COMMUNITY BUILDING ACTIVITIES METHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH HAVE NOT REPORTED ANY COMMUNITY BUILDING ACTIVITIES IN PART II, LINES 1-10

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT OF BAD DEBT EXPENSE (AT COST) REPORTED ON LINE 2 (NO AMOUNT WAS REPORTED ON LINE 3) WAS DERIVED FROM APPLYING THE RATIO OF PATIENT CARE COST TO CHARGES (FROM WORKSHEET 2, LINE 11) TO BAD DEBT PLUS SELF-PAY DISCOUNTS ATTRIBUTABLE TO PATIENT ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	HOUSTON METHODIST WILL NOT CLASSIFY AMOUNTS AS BAD DEBT IF PATIENT IS ELIGIBLE FOR CHARITY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	PLEASE REFER TO NOTE B OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF HOUSTON METHODIST, SECTION TITLED NET PATIENT REVENUE AND PATIENT ACCOUNTS RECEIVABLE, NET (PAGES 7 - 9)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE ALLOWABLE COSTS WERE DERIVED FROM HOUSTON METHODIST'S FILED MEDICARE COST REPORTS (BY FACILITY) FOR THE YEAR ENDED DECEMBER 31, 2018. THE ENTIRE MEDICARE SHORTFALL (\$105.4 MILLION) AS REPORTED IN PART III, LINE 7, AS WELL AS THE UNREIMBURSED COST OF THE MEDICARE MANAGED CARE PROGRAM (\$95.6 MILLION), AND TRICARE PROGRAMS (\$9.2 MILLION), SHOULD BE TREATED AS A COMMUNITY BENEFIT, SINCE THESE SHORTFALLS, OR SUBSIDIES, REDUCE THE FEDERAL GOVERNMENT'S BURDEN IN PROVIDING HEALTH CARE TO MEDICARE BENEFICIARIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	HOUSTON METHODIST HAS A WRITTEN BAD DEBT COLLECTION POLICY, HOWEVER, NO COLLECTION EFFORTS ARE PUT FORTH FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE ABOVE DESCRIBED PROCESS OF THE CHNA IN WHICH HOUSTON METHODIST UTILIZES SEVERAL DIFFERENT METHODS TO IDENTIFY THE HEALTH PRIORITIES (HEALTH CARE NEEDS) OF THE COMMUNITIES IT SERVES WHICH INCLUDE BUT ARE NOT LIMITED TO THE REVIEW OF RELEVANT SECONDARY RESOURCES SUCH AS HARRIS COUNTY PUBLIC HEALTH & ENVIRONMENTAL SERVICES COMMUNITY DATA, TEXAS DEPARTMENT OF STATE HEALTH SERVICES INFORMATION, AND PUBLIC HEALTH EXPERT INTERVIEWS HOUSTON METHODIST CAN IDENTIFY THE CHANGING NEEDS OF THE UNDERSERVED POPULATION THROUGH ESTABLISHED COMMUNITY PARTNERSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS AND CHARITY FACILITIES THROUGH QUARTERLY REPORTING AND CONSISTENT COMMUNICATION, HOUSTON METHODIST CAN STAY ABREAST OF THE NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN MULTIPLE LOCATIONS WITHIN HOUSTON METHODIST, AT THE POINT OF REGISTRATION, DURING CASE MANAGEMENT AND AT THE TIME OF COLLECTIONS POST DISCHARGE EVERY CHECK-IN LOCATION HAS INFORMATION POSTED IN BOTH ENGLISH AND SPANISH STATING HOW THE PATIENT CAN ACCESS FINANCIAL ASSISTANCE INFORMATION ADDITIONALLY, THIS INFORMATION IS INCLUDED IN THE PATIENT GUIDE PROVIDED TO THE PATIENT AT THE TIME OF REGISTRATION HOUSTON METHODIST FINANCIAL COUNSELORS ACTIVELY SEEK ALL UNINSURED INPATIENTS AND OUTPATIENTS WITH SCHEDULED SERVICES FOR A PERSONAL VISIT DURING THESE VISITS, THE FINANCIAL COUNSELORS WILL SCREEN THE PATIENT FOR FINANCIAL ASSISTANCE AND WILL PROVIDE THE PATIENT WITH THE FINANCIAL ASSISTANCE APPLICATION THE PATIENT WILL THEN BE PROVIDED A LIST OF RESOURCES WITH CONTACT INFORMATION SHOULD THE PATIENT REQUIRE FURTHER ASSISTANCE IN COMPLETING THE APPLICATION HOUSTON METHODIST UTILIZES AN ELIGIBILITY PARTNER TO WORK CLOSELY WITH PATIENTS TO QUALIFY FOR STATE AND FEDERAL ASSISTANCE PROGRAMS (E G , MEDICAID, SCHIP, CRIME VICTIMS, ETC) THIS ELIGIBILITY PARTNER WILL MEET WITH ALL UNINSURED INPATIENTS TO DISCUSS STATE AND FEDERAL ASSISTANCE PROGRAMS, WHERE THE PATIENT IS NOT ELIGIBLE FOR THESE PROGRAMS, HOUSTON METHODIST'S INTERNAL FINANCIAL ASSISTANCE PROGRAM IS INTRODUCED HOUSTON METHODIST'S CASE MANAGEMENT UNIT WORKS CLOSELY WITH THE PATIENT DURING PATIENT DISCHARGE MANAGEMENT TO ENSURE THE PATIENT IS INTRODUCED TO ALL RESOURCES THAT MAY BE NEEDED POST DISCHARGE (E G , HOME HEALTH, SKILLED NURSING, ETC) THE CASE MANAGEMENT UNIT WORKS WITH THE PATIENT TO QUALIFY THE PATIENT AND TO GAIN ACCESS TO THESE RESOURCES ADDITIONALLY, THE CASE MANAGEMENT UNIT WORKS CLOSELY WITH THE FINANCIAL COUNSELORS WHEN THE PATIENT IS IDENTIFIED AS HAVING A NEED FOR FINANCIAL ASSISTANCE HOUSTON METHODIST'S PATIENT ACCOUNTING UNIT WORKS CLOSELY WITH ALL UNINSURED PATIENTS POST DISCHARGE DURING THE BILLING AND COLLECTIONS PROCESS HOUSTON METHODIST'S COLLECTIONS PERSONNEL WILL VERBALLY SCREEN PATIENTS FOR FINANCIAL ASSISTANCE DURING COLLECTION CALLS, WHERE APPLICABLE, THE PATIENT WILL BE SENT A FINANCIAL ASSISTANCE APPLICATION AVAILABLE IN 19 LANGUAGES ADDITIONALLY, ALL BILLING STATEMENTS PROVIDE THE PATIENT WITH A PHONE NUMBER FOR CUSTOMER SERVICE TO OBTAIN PAYMENT OPTIONS HOUSTON METHODIST UTILIZES OUTSIDE COLLECTION ASSISTANCE, FOR BOTH EARLY OUT AND BAD DEBT COLLECTIONS EACH COLLECTION AGENCY MUST ADHERE TO HOUSTON METHODIST'S FINANCIAL ASSISTANCE POLICY AND PHILOSOPHY DURING ALL COMMUNICATION AND COLLECTION EVENTS WITH HOUSTON METHODIST PATIENTS HOUSTON METHODIST FINANCIAL ASSISTANCE APPLICATION IS REVIEWED PERIODICALLY, ADDITIONALLY, HOUSTON METHODIST PERSONNEL ARE PROVIDED WITH EDUCATIONAL IN-SERVICES IN THE ADMINISTERING OF THE FINANCIAL ASSISTANCE POLICY AS NEEDED</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>HMSL HMSL DEFINES THE HOUSTON-SUGARLAND-BAYTOWN METROPOLITAN STATISTICAL AREA (MSA) AS ITS COMMUNITY HMSL PRIMARILY SERVES THE COUNTIES OF FORT BEND, HARRIS, BRAZORIA AND WHARTON, ALTHOUGH THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE MONTGOMERY, GALVESTON, LIBERTY, CHAMBERS, AND WALLER THE HMSL COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (FORT BEND, WHARTON, HARRIS AND BRAZORIA), CONTAINS AN ESTIMATED POPULATION OF 5.8M RESIDENTS THE TOTAL POPULATION OF FORT BEND COUNTY IS ESTIMATED AT 787,858 RESIDENTS [1]THE HMSL MSA IS CONSIDERED ONE OF THE MOST DIVERSE IN THE NATION, WITH FORT BEND COUNTY BEING DESIGNATED AS BEING THE THIRD MOST ETHNICALLY DIVERSE COUNTY IN THE NATION HMSL DEFINES THE YOUTH AND THE ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THIS AGE GROUP ACCOUNTS FOR 28% OF FORT BEND COUNTY'S POPULATION [1] HMSL DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS SPECIFICALLY, IN FORT BEND COUNTY, THE SENIOR POPULATION ACCOUNTS FOR 11% OF THE RESIDENTS [1] HMSL DEFINES ANY PERSON BETWEEN THE AGES OF 18 TO 64 YEARS AS BEING AN ADULT APPROXIMATELY 54% OF FORT BEND'S POPULATION IS CATEGORIZED AS BEING ADULTS [1] FORT BEND COUNTY CURRENTLY HAS THE HIGHEST MEDIAN HOUSEHOLD INCOME IN THE MSA AT \$93,645 WHARTON HAS THE LOWEST MEDIAN HOUSEHOLD INCOME FOR THE COUNTIES MOST SERVED BY HMSL AT \$50,145 FOR A GENERAL MSA COMPARISON, LIBERTY COUNTY CURRENTLY HAS THE LOWEST AVERAGE HOUSEHOLD INCOME IN THE MSA AT \$48,344[1] EDUCATIONAL ATTAINMENT VARIES GREATLY AMONG THE MSA FORT BEND COUNTY HAS THE HIGHEST PERCENTAGE OF COMMUNITY MEMBERS WHO POSSESS A HIGH SCHOOL DEGREE (90%) [1] WHARTON COUNTY HAS THE HIGHEST PERCENTAGE OF MEMBERS WHO DID NOT RECEIVE A HIGH SCHOOL DIPLOMA (29%) [1] HMWB HMWB DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY HMWB PRIMARILY SERVES HARRIS COUNTY, ALTHOUGH THE FULL LIST OF COUNTIES THAT FALL INTO THE SPECIFIED MSA INCLUDE FORT BEND, WALLER, MONTGOMERY, GALVESTON, LIBERTY, WHARTON, CHAMBERS, AND BRAZORIA THE HMWB COMMUNITY CONTAINS AN ESTIMATED POPULATION OF 4.7M RESIDENTS [1] THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M PEOPLE [1] WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS AND THE LARGEST COUNTY IN THE MSA IN WHICH HMWB IS LOCATED, HARRIS COUNTY MEMBERS MAKE UP APPROXIMATELY 70% OF THE MSA [1] HMWB DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THE YOUTH AND ADOLESCENT POPULATION ACCOUNTS FOR THE SECOND HIGHEST PERCENTAGE OF INDIVIDUALS IN HARRIS COUNTY AT 28% [1] THE YOUNG ADULT AND ADULT POPULATION IS DEFINED AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS THIS ADULT POPULATION ACCOUNTS FOR THE HIGHEST PERCENTAGE OF INDIVIDUALS IN HARRIS COUNTY AT 63% [1] HOUSTON METHODIST DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS THE SENIOR POPULATION CURRENTLY ACCOUNTS FOR APPROXIMATELY 10% OF HARRIS COUNTY [1] THE MEDIAN HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791 EDUCATIONAL ATTAINMENT VARIES ACROSS COUNTIES WITH IN THE MSA WHEN COMPARING PEOPLE OVER THE AGE OF 25 WHO HAVE ATTAINED A HIGH SCHOOL DIPLOMA, 81% OF THE HARRIS COUNTY POPULATION HAS GRADUATED FROM HIGH SCHOOL HMW HMW DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY HMW PRIMARILY SERVES THE COUNTIES OF FORT BEND AND HARRIS, THOUGH THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE WALLER, MONTGOMERY, GALVESTON, LIBERTY, WHARTON, CHAMBERS, AND BRAZORIA THE HMW COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (FORT BEND AND HARRIS), CONTAINS AN ESTIMATED POPULATION OF 5.4M RESIDENTS [1] THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M RESIDENTS [1] WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS, AND THE LARGEST COUNTY IN THE MSA IN WHICH HMW IS LOCATED, HARRIS ACCOUNTS FOR AN ESTIMATED 4.7 MILLION COMMUNITY MEMBERS, EQUATING TO APPROXIMATELY 70% OF THE MSA [1] THE TOTAL POPULATION OF FORT BEND COUNTY IS ESTIMATED AT 787,858 RESIDENTS [1] HMW DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THE YOUTH AND ADOLESCENT POPULATION ACCOUNTS FOR 27% OF HARRIS COUNTY'S POPULATION AS COMPARED TO 28% OF FORT BEND COUNTY [1] HMW DEFINES THE ADULT POPULATION AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS THE ADULT POPULATION ACCOUNTS FOR THE HIGHEST PERCENTAGE OF HARRIS COUNTY'S POPULATION (63%) [1] HMW DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS THE SENIOR POPULATION CURRENTLY ACCOUNTS FOR APPROXIMATELY 10% OF HARRIS COUNTY'S RESIDENTS [1] THE MEDIAN HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791 EDUCATIONAL ATTAINMENT VARIES GREATLY AMONG THE MSA HARRIS COUNTY COMMUNITY MEMBERS POSSESSING A HIGH SCHOOL DEGREE IS AT 81% HMB HMB DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY HMB PRIMARILY SERVES THE COUNTIES OF HARRIS, LIBERTY, AND CHAMBERS THOUGH THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE MONTGOMERY, WHARTON, GALVESTON,</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>FORT BEND, AND WALLER THE HMB COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (HARRIS, CHAMBERS AND LIBERTY) CONTAINS AN ESTIMATED POPULATION OF 4.8M RESIDENTS [I] THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M PEOPLE WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS AND THE LARGEST COUNTY IN THE MSA IN WHICH HMB IS LOCATED, HARRIS COUNTY ACCOUNTS FOR AN ESTIMATED 4.7 MILLION COMMUNITY MEMBERS, EQUATING TO APPROXIMATELY 70% OF THE MSA [I] CHAMBERS COUNTY IS THE COUNTY CLOSEST TO HMB, WITH CONSIDERATION THAT HMB IS LOCATED WITHIN HARRIS COUNTY CHAMBERS COUNTY HAS A RACIAL POPULATION THAT DIVERGES GREATLY FROM HARRIS COUNTY THE CHAMBERS COUNTY POPULATION HAS AN ESTIMATED 42,000 RESIDENTS AND THE LARGEST RACIAL GROUP IS DEFINED AS WHITE NON-HISPANIC AND EQUATES TO AN ESTIMATED 67% WITH HISPANIC AS THE SECOND LARGEST GROUP 22.3% [I] HMB DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THE YOUTH AND ADOLESCENT POPULATION ACCOUNTS FOR 27% OF HARRIS COUNTY'S POPULATION AS COMPARED TO 28% OF CHAMBERS COUNTY [I] HMB DEFINES THE ADULT POPULATION AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS THE ADULT POPULATION ACCOUNTS FOR THE HIGHEST PERCENTAGE OF HARRIS COUNTY'S POPULATION (63%) [I] HMB DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS THE SENIOR POPULATION CURRENTLY ACCOUNTS FOR APPROXIMATELY 10% OF HARRIS COUNTY'S RESIDENTS [I] WHEN COMPARING THE THREE COUNTIES HMB PRIMARILY SERVES, THE MEDIAN HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791, LIBERTY COUNTY HAS A MEDIAN HOUSEHOLD INCOME OF \$48,344, AND CHAMBERS COUNTY HAS A MEDIAN INCOME OF \$74,368, WHICH IS THE HIGHEST OF THE THREE COUNTIES [I] HMCL DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY HMCL PRIMARILY SERVES THE COUNTIES OF HARRIS, GALVESTON, AND BRAZORIA HOWEVER, THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE MONTGOMERY, WHARTON, CHAMBERS, LIBERTY, FORT BEND, AND WALLER COUNTIES THE HMCL COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (HARRIS, GALVESTON AND BRAZORIA), CONTAINS AN ESTIMATED POPULATION OF 5.4M RESIDENTS [I] THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M PEOPLE WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS AND THE LARGEST COUNTY IN THE MSA IN WHICH HMCL IS LOCATED, HARRIS COUNTY ACCOUNTS FOR AN ESTIMATED 4.7 MILLION COMMUNITY MEMBERS, EQUATING TO APPROXIMATELY 70% OF THE MSA HARRIS COUNTY DEMONSTRATES A SHIFT IN THE RACIAL BREAKDOWN WITH 43% OF ITS POPULATION REPRESENTING HISPANIC/LATINO, 30% WHITE, NON-LATIN AND APPROXIMATELY 20% REPRESENTING BLACK/AFRICAN DESCENT HMCL DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THE YOUTH AND ADOLESCENT POPULATION ACCOUNTS 25% OF GALVESTON COUNTY POPULATION IN COMPARISON TO 27% OF HARRIS COUNTY [I] HMCL DEFINES THE ADULT POPULATION AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS THE ADULT POPULATION ACCOUNTS FOR THE HIGHEST PERCENTAGE OF THE POPULATION FOR BOTH GALVESTON COUNTY (61%) AND HARRIS COUNTY (63%) [I] HMCL DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS THE SENIOR POPULATION CURRENTLY ACCOUNTS FOR 14% OF GALVESTON COUNTY AS COMPARED TO 10% OF HARRIS COUNTY [I] THE AVERAGE HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791 [I] GALVESTON COUNTY CURRENTLY HAS AN AVERAGE HOUSEHOLD INCOME IN THE MSA AT \$65,702 AND BRAZORIA COUNTY CURRENTLY HAS THE THIRD HIGHEST HOUSEHOLD INCOME OVERALL IN THE MSA AT \$76,426 [I] AS OF 2018, 31% OF THE HMCL COMMUNITY MEMBERS POSSESS A BACHELOR'S DEGREE OR HIGHER IN HARRIS COUNTY [I] FURTHERMORE, THOSE AGE 25 AND OVER WHO HAVE GRADUATED FROM HIGH SCHOOL MAKE UP 81% OF HARRIS COUNTY [I] FOR GALVESTON COUNTY, 30% HAVE A BACHELOR'S DEGREE OR HIGHER AND 88% HAVE A HIGH SCHOOL DIPLOMA WHICH IS SIGNIFICANTLY HIGHER THAN THE OVERALL MSA [I]</p>

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Form and Line Reference	Explanation
HMCCH	<p>HMCCH DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY HMCCH PRIMARILY SERVES THE COUNTIES OF FORT BEND AND HARRIS, THOUGH THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE WALLER, MONTGOMERY, GALVESTON, LIBERTY, WHARTON, CHAMBERS, AND BRAZORIA THE HMCCH COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (FORT BEND AND HARRIS), CONTAINS AN ESTIMATED POPULATION OF 5.4M RESIDENTS [I] THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M RESIDENTS [I] WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS, AND THE LARGEST COUNTY IN THE MSA IN WHICH HMCCH IS LOCATED, HARRIS ACCOUNTS FOR AN ESTIMATED 4.7 MILLION COMMUNITY MEMBERS, EQUATING TO APPROXIMATELY 70% OF THE MSA [I] THE TOTAL POPULATION OF FORT BEND COUNTY IS ESTIMATED AT 787,858 RESIDENTS [I] HMCCH DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS THE YOUTH AND ADOLESCENT POPULATION ACCOUNTS FOR 27% OF HARRIS COUNTY'S POPULATION AS COMPARED TO 28% OF FORT BEND COUNTY I HMCCH DEFINES THE ADULT POPULATION AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS THE ADULT POPULATION ACCOUNTS FOR THE HIGHEST PERCENTAGE OF HARRIS COUNTY'S POPULATION (63%) [I] HMCCH DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS THE SENIOR POPULATION CURRENTLY ACCOUNTS FOR APPROXIMATELY 10% OF HARRIS COUNTY'S RESIDENTS [I] THE MEDIAN HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791 EDUCATIONAL ATTAINMENT VARIES GREATLY AMONG THE MSA HARRIS COUNTY COMMUNITY MEMBERS POSSESSING A HIGH SCHOOL DEGREE IS AT 81%]</p>

Form and Line Reference	Explanation
HMTW	<p>HMTW DEFINES THE HOUSTON-SUGARLAND-BAYTOWN MSA AS ITS COMMUNITY. HMTW PRIMARILY SERVES THE COUNTIES OF MONTGOMERY AND HARRIS THOUGH THE FULL LIST OF COUNTIES WHICH FALL INTO THE SPECIFIED MSA INCLUDE BRAZORIA, FORT BEND, GALVESTON, LIBERTY, CHAMBERS, WHARTON, AND WALLER. THE HMTW COMMUNITY, IN REFERENCE TO THE PRIMARY COUNTIES SERVED (MONTGOMERY AND HARRIS), CONTAINS AN ESTIMATED POPULATION OF 5.3M RESIDENTS [1]. HMTW IS LOCATED IN MONTGOMERY COUNTY, WHICH HAS A TOTAL POPULATION OF 590,925 [1]. THE OVERALL MSA ACCOUNTS FOR APPROXIMATELY 6.6M PEOPLE [1]. WITH RESPECT TO HARRIS COUNTY BEING THE LARGEST IN TEXAS AND THE LARGEST COUNTY IN THE MSA, HARRIS COUNTY ACCOUNTS FOR AN ESTIMATED 4.7 MILLION COMMUNITY MEMBERS, EQUATING TO APPROXIMATELY 70% OF THE MSA [1]. MONTGOMERY COUNTY CLOSELY RESEMBLES CHAMBERS COUNTY WHEN IT COMES TO DISTRIBUTION OF RACIAL GROUPS WITH THE MAJORITY OF THE POPULATION (MORE THAN 65%) BEING CLASSIFIED AS WHITE, NON-HISPANIC. IN COMPARISON, HARRIS COUNTY'S RACIAL DISTRIBUTION SEES THE HISPANIC/LATIN POPULATION SIZE AS THE GROWING MAJORITY AT 43%. THREE MAJOR AGE GROUPS MAKE UP THE HMTW COMMUNITY: THEY ARE 1) THE YOUTH AND ADOLESCENT, 2) THE YOUNG ADULT AND ADULT POPULATION, AND 3) THE SENIOR POPULATION. HMTW DEFINES THE YOUTH AND ADOLESCENT POPULATION AS ANY PERSON BETWEEN THE AGES OF 0-17 YEARS. FOR BOTH HARRIS COUNTY AND MONTGOMERY COUNTY, THIS AGE GROUP ACCOUNTS FOR 27% [1]. HMTW DEFINES THE ADULT POPULATION AS ANY PERSON BETWEEN THE AGES OF 18-64 YEARS. HARRIS COUNTY SHOWS AN ADULT POPULATION OF 63% [1]. MONTGOMERY COUNTY'S ADULT POPULATION ACCOUNTS FOR 60% [1]. HMTW DEFINES THE SENIOR POPULATION AS ANY PERSON OVER THE AGE OF 65 YEARS. FOR HARRIS COUNTY, THE SENIOR POPULATION ACCOUNTS FOR 10% OF ITS RESIDENTS [1]. THE MEDIAN HOUSEHOLD INCOME IN HARRIS COUNTY IS \$57,791 [1]. MONTGOMERY COUNTY'S AVERAGE HOUSEHOLD INCOME IS SIGNIFICANTLY HIGHER AT \$74,323, EDUCATIONAL ATTAINMENT VARIES ACROSS COUNTIES WITHIN THE HMTW COMMUNITY. EIGHTY-EIGHT PERCENT OF PERSONS AGED 25 AND OLDER HAVE GRADUATED WITH A HIGH SCHOOL DIPLOMA IN MONTGOMERY COUNTY COMPARED TO 81% IN HARRIS COUNTY [1].</p> <p>METHODIST HOSPITAL (2017) MARKET ANALYSIS</p> <p>PART VI, LINE 5 HMSL IN FORT BEND COUNTY, HMWB IN NORTHWEST HOUSTON, HMW IN WEST HOUSTON, HMB IN BAYTOWN, TEXAS, HMTW IN NORTH HOUSTON, HMCL IN SOUTHEAST HOUSTON AND HMCCH, A LONG-TERM ACUTE CARE FACILITY IN KATY, TEXAS, PROVIDE MEDICAL SERVICES TO PEOPLE LIVING IN CITIES AND SUBURBS ADJACENT TO HOUSTON GOVERNING BODY METHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH ARE GOVERNED BY A BOARD OF DIRECTORS, WHICH INCLUDE MEMBERS OF THE COMMUNITY WHERE EACH HOSPITAL IS LOCATED. COMMUNITY HOSPITALS - HMSL SINCE 1998, HMSL HAS BEEN SERVING FORT BEND AND SURROUNDING COUNTIES, AND RESIDENTS RELY ON THE HOSPITAL FOR COMPASSIONATE CARE AND LEADING-EDGE TECHNOLOGY THAT WAS ONCE AVAILABLE ONLY IN THE TEXAS MEDICAL CENTER. AS OF DECEMBER 31, 2018, THE HOSPITAL HAD 321 OPERATING BEDS, 27 OPERATING ROOMS, 999 AFFILIATED PHYSICIANS AND 2,368 EMPLOYEES. HMSL RECORDED 17,066 INPATIENT VISITS AND 52,809 EMERGENCY ROOM VISITS FOR 2018. COMMUNITY HOSPITALS - HMWB OPENED IN 2000, HMWB OFFERS CARE AND TECHNOLOGY TO THE NORTHWEST HOUSTON COMMUNITY. AS OF DECEMBER 31, 2018, THE HOSPITAL HAD 310 OPERATING BEDS, 22 OPERATING ROOMS AND 972 AFFILIATED PHYSICIANS. THE HOSPITAL CONTINUES TO EXPAND FACILITIES AND SERVICES TO MEET THE NEEDS OF PATIENTS AND THE COMMUNITY, OFFERING CARDIOVASCULAR SURGERY, NEUROSCIENCE CARE, ORTHOPEDICS AND SPORTS MEDICINE SERVICES, PERINATAL AND PEDIATRIC CARE, SPECIALIZED SERVICES AT ITS CANCER AND BREAST CENTERS, AND MORE. HMWB REPORTED 179,193 OUTPATIENT VISITS AND 71,768 EMERGENCY ROOM VISITS FOR 2018. COMMUNITY HOSPITALS - HMWHMW OPENED ITS DOORS TO THE WEST HOUSTON AND KATY COMMUNITIES IN DECEMBER 2010. LOCATED AT I-10 AND BARKER CYPRESS, IT OFFERS THE COMMUNITY SPECIALTY MEDICAL SERVICES SUCH AS INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE, STATE OF THE ART SURGERY SUITES, ENDOSCOPY SUITES, CARDIAC CATHETERIZATION LABS, A 24-HOUR EMERGENCY CARE CENTER, FULL-SERVICE IMAGING CENTER, AND VASCULAR CARE, ROBOTIC SURGERY, WOMEN'S SERVICES, ORTHOPEDICS AND SPORTS MEDICINE, NEUROLOGY AND NEUROSURGERY, UROLOGY, PLASTIC SURGERY, AND OTOLARYNGOLOGY. AS OF DECEMBER 31, 2018, THE HOSPITAL HAD 212 OPERATING BEDS, 19 OPERATING ROOMS AND 925 AFFILIATED PHYSICIANS. IT RECORDED 11,888 INPATIENT ADMISSIONS, 121,235 OUTPATIENT VISITS AND 48,296 EMERGENCY ROOM VISITS IN 2018. COMMUNITY HOSPITALS - HMB HMB IS A NONPROFIT HOSPITAL LOCATED IN BAYTOWN, TEXAS. HMB IS ONE OF SEVEN COMMUNITY HOSPITALS UNDER THE HOUSTON METHODIST SYSTEM OF CARE. HOUSTON METHODIST INCLUDES A FLAGSHIP TEACHING HOSPITAL IN THE TEXAS MEDICAL CENTER, AS WELL AS SEVEN COMMUNITY HOSPITALS AND A TOP-RANKED RESEARCH INSTITUTE. THE SYSTEM IS AFFILIATED WITH WEILL CORNELL MEDICAL COLLEGE AND NEW YORK-PRESBYTERIA.</p>

Form and Line Reference	Explanation
HMTW	<p>N HOSPITAL HMB, AN ACUTE CARE COMPLEX WITH 217 OPERATING BEDS, 12 OPERATING ROOMS, 497 AFFILIATED PHYSICIANS AND 1,601 EMPLOYEES, IS A COMMUNITY BASED, NOT FOR PROFIT HOSPITAL THAT PRIMARILY SERVES THE EAST HARRIS, CHAMBERS AND LIBERTY COUNTIES ENCOMPASSING OVER 350,000 RESIDENTS HMB RECORDED 108,378 OUTPATIENT VISITS AND 56,380 EMERGENCY ROOM VISITS BY AREA RESIDENTS DURING 2018 IN ADDITION, HMB RECORDED MORE THAN 1,731 BIRTHS IN 2018 ALTHOUGH HMB PATIENTS REPRESENT A DIVERSE GROUP OF BACKGROUNDS, CULTURES AND SOCIO-ECONOMIC STATUS , AS PATIENTS AT HMB THEY ALL SHARE ONE THING IN COMMON -- EACH HAS BEEN TREATED WITH DIGNITY AND COMPASSION THIS RESPECT FOR EACH PERSON IS REFLECTED IN THE MISSION STATEMENT AND STATEMENT OF VALUES OF HOUSTON METHODIST</p>

Form and Line Reference	Explanation
COMMUNITY HOSPITALS - HMCL	<p>HMCL IS A NONPROFIT, GENERAL ACUTE CARE FACILITY LOCATED IN SOUTHEAST HOUSTON WITH 123 OPE RATING BEDS, 12 OPERATING ROOMS, 657 AFFILIATED PHYSICIANS AND 931 EMPLOYEES, SERVING HARR IS AND GALVESTON COUNTIES IN 2018, THE HOSPITAL RECORDED 127,407 OUTPATIENT VISITS AND 24 ,464 EMERGENCY ROOM VISITS ALTHOUGH PATIENTS REPRESENT A DIVERSE GROUP OF BACKGROUNDS, CU LTURES AND SOCIO-ECONOMIC STATUS, AS PATIENTS AT HMCL THEY ALL SHARE ONE THING-EACH IS TRE ATED WITH DIGNITY AND COMPASSION THIS RESPECT FOR EACH PERSON IS REFLECTED IN THE MISSION STATEMENT AND STATEMENT OF VALUES OF HMCL HMCL OFFERS A VARIETY OF CLINICAL SERVICES, FR OM EMERGENCY MEDICINE AND CRITICAL CARE TO OUTPATIENT SERVICES INCLUDING ADVANCED IMAGING AND OUTPATIENT THERAPY ONSITE AND AT SIX SATELLITE CLINICS IN SURROUNDING COMMUNITIES THE HOSPITAL'S IMAGING DEPARTMENT IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY FOR MAMM OGRAPHY, ULTRASOUND AND MAGNETIC RESONANCE IMAGING ADDITIONAL HOSPITAL ACCREDITATIONS INC LUDE CHEST PAIN ACCREDITED FACILITY THROUGH THE SOCIETY OF CARDIOVASCULAR PATIENT CARE, ST ROKE READY DESIGNATED FACILITY THROUGH DET NORSKE VERITAS, AND COMMISSION ON CANCER ACCRED ITATION FROM THE AMERICAN COLLEGE OF SURGEONS HMCL HAS ADVANCED DECONTAMINATION EDUCATION, TRAINING AND EMERGENCY CARE THE FACILITY COLLABORATES WITH CITY AND COUNTY OFFICIALS FOR ADVANCED HURRICANE PREPAREDNESS AND READINESS, GIVEN ITS CLOSE PROXIMITY TO THE GALVESTON GULF COAST COMMUNITY HOSPITALS - HMCCHHMCCH, ACQUIRED FROM THE CHRISTUS HEALTH SYSTEM IN FEBRUARY 2014, OPERATES 50 BEDS AS A SEPARATELY LICENSED, LONG-TERM ACUTE CARE FACILITY H MCCH IS A FULLY ACCREDITED DNV SPECIALTY HOSPITAL, LICENSED BY THE STATE OF TEXAS AND IS M EDICARE CERTIFIED THE HOSPITAL'S SERVICES INCLUDE PULMONARY CARE MANAGEMENT FOR VENTILATO R-DEPENDENT PATIENTS, OR THOSE WITH RESPIRATORY FAILURE, COMPLEX WOUND CARE, INFECTIOUS DI SEASE MANAGEMENT REQUIRING LONG-TERM INTRAVENOUS OR ANTIBIOTIC THERAPY, POST-SURGICAL COMP LICATION MANAGEMENT, HEMODIALYSIS OR PERITONEAL DIALYSIS, TRAUMA AND NEUROLOGICAL INJURY M ANAGEMENT, PAIN MANAGEMENT, REHABILITATION THERAPIES (PHYSICAL, OCCUPATIONAL AND SPEECH), AND PHARMACY COMMUNITY HOSPITALS - HMTWHMTW OPENED AS A FULL-SERVICE, ACUTE CARE HOSPITAL IN JUNE 2017 THE HOSPITAL HAS 146 OPERATING BEDS, 10 OPERATING ROOMS, 792 AFFILIATED PHY SICIANS AND 1,275 EMPLOYEES HMTW IS A COMMUNITY BASED, NOT FOR PROFIT HOSPITAL THAT PRIMA RILY SERVES MONTGOMERY COUNTY HMTW RECORDED 7,871 INPATIENT ADMISSIONS AND 90,396 OUTPATIE NT VISITS IN 2018 IN ADDITION, HMTW RECORDED 1,598 BIRTHS AND 23,364 EMERGENCY CARE VISIT S BY AREA RESIDENTS DURING 2018 ALTHOUGH HMTW PATIENTS REPRESENT A DIVERSE GROUP OF BACKG ROUNDS, CULTURES AND SOCIO-ECONOMIC STATUS, AS PATIENTS AT HMTW THEY ALL SHARE ONE THING I N COMMON -- EACH IS TREATED WITH DIGNITY AND COMPASSION THIS RESPECT FOR EACH PERSON IS R EFLECTED IN THE MISSION STATEMENT AND STATEMENT OF VALUES OF HOUSTON METHODIST MEDICAL STA FF MODELMETHODIST HEALTH CENTERS, HMB, HMCL AND HMCCH HAVE AN OPEN MEDICAL STAFF MODEL TH E OPEN MODEL GIVES PATIENTS ACCESS TO PHYSICIANS OF ALL AFFILIATIONS HMSL IS LOCATED IN S UGAR LAND, TEXAS, APPROXIMATELY 21 MILES SOUTHWEST OF DOWNTOWN HOUSTON SINCE 1998, HMSL H AS BEEN THE HEALTH CARE PROVIDER OF CHOICE FOR RESIDENTS OF FORT BEND AND SURROUNDING COUN TIES AND HAS GROWN INTO A 321-BED HOSPITAL WITH 27 OPERATING ROOMS NEARLY 1,000 PHYSICIAN S REPRESENTING THE FULL RANGE OF MEDICAL SPECIALTIES ARE ON STAFF HMSL OFFERS A WIDE RANGE OF SERVICES AND CENTERS OF EXCELLENCE IN CARDIOLOGY, NEUROSCIENCES, ONCOLOGY, ORTHOPEDICS , UROLOGY AND WOMEN'S SERVICES HMSL IS A MAGNET-RECOGNIZED HOSPITAL AND CONTINUES TO BE T HE ONLY HOSPITAL IN FORT BEND COUNTY TO EARN ACCREDITATION WITH COMMENDATION BY THE AMERIC AN COLLEGE OF SURGEONS - COMMISSION ON CANCER HMWB HOUSES A PRIMARY CARE SPORTS MEDICINE GRADUATE MEDICAL EDUCATION PROGRAM HMB IS A TEACHING HOSPITAL AND IN 2018 OFFERED A FAMIL Y MEDICINE RESIDENCY PROGRAM IN CONJUNCTION WITH HMH, HMB COLLABORATES WITH UTMB TO PROVID E OBSTETRICAL AND GYNECOLOGICAL SERVICES WITH A LEVEL II NURSERY USE OF SURPLUS FUNDS - HM SL HMSL APPROVED 77% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMSL PROVIDED \$12 8 MI LLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, HMSL, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROVIDED A TOT AL OF \$5 2 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXTERNAL ORGANIZATIONS THA T ARE MEETING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES US E OF SURPLUS FUNDS - HMWB HMWB APPROVED 74% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMWB PROVIDED \$15 7 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, HMWB, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROVIDED A TOTAL OF \$5 0 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXT ERNAL ORGANIZATIONS THAT ARE MEETING THE HEALTH CA</p>

Form and Line Reference	Explanation
COMMUNITY HOSPITALS - HMCL	<p>RE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES USE OF SURPLUS FUNDS - HMWHMW APPROVED 73% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMW PROVIDED \$10 1 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, H MW, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROVIDED A TOTAL OF \$4 8 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXTERNAL ORGANIZATIONS THAT ARE MEE TING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES USE OF SURP LUS FUNDS - HMB HMB APPROVED 89% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMB PROVID ED \$10 5 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, HMB, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROV IDED A TOTAL OF \$4 5 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXTERNAL ORGANIZ ATIONS THAT ARE MEETING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRI ORITIES</p>

Form and Line Reference	Explanation
USE OF SURPLUS FUNDS - HMCL	<p>HMCL APPROVED 88% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMCL PROVIDED \$6 1 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, HMCL, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROVIDED A TOTAL OF \$2 8 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXTERNAL ORGANIZATIONS THAT ARE MEETING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES USE OF SURPLUS FUNDS - HMCCH HMCCH APPROVED 100% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMCCH PROVIDED \$2 9 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST HMCCH ALSO PROVIDED \$2 7 MILLION IN UNREIMBURSED COSTS OF MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS USE OF SURPLUS FUNDS - HMTW HMTW APPROVED 64% OF CHARITY CARE APPLICATIONS IN 2018 IN 2018, HMTW PROVIDED \$4 7 MILLION IN FINANCIAL ASSISTANCE FOR INTERNAL CHARITY BASED ON THE IRS DEFINITION OF COST IN 2018, HMTW, THROUGH THE HOUSTON METHODIST'S EXTERNAL CHARITY CARE PROGRAM, PROVIDED A TOTAL OF \$1 9 MILLION FOR SERVICES TO THE MEDICALLY NEEDY, THROUGH EXTERNAL ORGANIZATIONS THAT ARE MEETING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES IN ADDITION TO HOUSTON METHODIST'S CONTRIBUTIONS TO COMMUNITY HEALTH THROUGH CHARITY CARE AND COMMUNITY BENEFITS, EACH HOUSTON METHODIST FACILITY ACTIVELY DEVELOPS AWARENESS INITIATIVES, SPONSORSHIPS AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS, PREVENTION AND EARLY DETECTION HOUSTON METHODIST STAFF AND VOLUNTEERS CAN BE FOUND AT HEALTH SCREENINGS, EXERCISE AND NUTRITION PROMOTIONS, STRESS MANAGEMENT CLINICS AND OTHER HEALTH PROMOTION ACTIVITIES THROUGHOUT THE YEAR HOUSTON METHODIST ALSO REACHES OUT TO THE COMMUNITY THROUGH HEALTH SCREENINGS, BLOOD DRIVES, HEALTH AND SAFETY TOURS AND PROGRAMS FOR CHILDREN AND TEENS FOR EXAMPLE, AN ANNUAL HEART EVENT IS ONE OF THE COMMUNITY OUTREACH EVENTS - THOSE WHO ATTEND RECEIVED FREE HEALTH SCREENINGS, INCLUDING CHOLESTEROL AND BLOOD PRESSURE CHECKS THIS IS ONE OF MORE THAN 75 OUTREACH EVENTS HELD WITH OUR COMMUNITY PARTNERS THROUGHOUT THE YEAR IN ADDITION TO PARTICIPATING IN HOUSTON METHODIST EVENTS, HMSL, HMWB, HMCL, HMW, HMTW, HMCCH AND HMB ALSO PARTICIPATE IN COMMUNITY SUPPORTED EVENTS IN THEIR RESPECTIVE SERVICE AREAS AS DELINEATED BELOW EACH COMMUNITY HOSPITAL SUPPORTS THEIR RESPECTIVE COMMUNITIES THROUGH SPONSORSHIPS OF LOCAL ORGANIZATIONS' ACTIVITIES, PHYSICIAN SPEAKING ENGAGEMENTS, FREE SEMINARS ON HEALTH AND MEDICAL TOPICS AND HEALTH SCREENINGS COMMUNITY SUPPORT - HMSLHMSL COLLABORATED WITH SEVERAL AGENCIES IN 2018 TO PROMOTE HEALTH AWARENESS AND OFFER SCREENING PROGRAMS TO FORT BEND AND SURROUNDING COUNTIES THOUSANDS OF PARTICIPANTS ATTENDED THESE PROGRAMS AND SEMINARS THE FOLLOWING SCREENINGS AND HEALTH EDUCATION SEMINARS WERE CONDUCTED HEART SEMINAR AND SCREENING, COLORECTAL CANCER SEMINAR AND SCREENING, BACK AND NECK PAIN SEMINAR, LUNG CANCER AWARENESS SEMINAR, SPIRITUALITY SEMINAR, CAREGIVERS SEMINAR, BREAST CANCER SURVIVORS SUPPORT GROUP, GRIEF SUPPORT GROUP, AND OSTOMY SUPPORT GROUP HMSL CONTINUES TO EXPAND UPON NEW IDEAS AND WAYS TO EVALUATE OUTCOMES MEASURES IN ORDER TO IMPROVE MEETING THE COMMUNITY NEEDS AS WE CONTINUE TO IDENTIFY PRIORITIES FOR OUR CMSA ADMINISTRATIVE HOURS WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS AS A RESULT OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, HOLIDAY TOY AND FLU SHOT DRIVE PROGRAM, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES ICARE IN ACTION ALLOWS HMSL EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, WE HELP COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE OF THEIR FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO THEIR UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMSL EMPLOYEES PROVIDED 576 5 VOLUNTEER HOURS THROUGH ICARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$14,000 AGENCIES PARTICIPATING IN THE ICARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO THE CENTER- HOUSTON, DRESS FOR SUCCESS- HOUSTON, AND OTHERS THE PROGRAM HAS MORE THAN 30 AGENCIES AVAILABLE FOR EMPLOYEES TO SUPPORT COMMUNITY SUPPORT - HMWB HMWB IS DEEPLY INVOLVED IN PROMOTING HEALTH AWARENESS THROUGHOUT THE COMMUNITY BY HOSTING FREE PHYSICIAN LECTURES, SEMINARS AND WELLNESS EVENTS IN PARTNERSHIP WITH OTHER LOCAL COMMUNITY ORGANIZATIONS THE HOSPITAL PARTICIPATED IN A MULTITUDE OF EVENTS IN 2018, INCLUDING A DIABETES AND HEART DISEASE TALKS IN 2018, THE HOSPITAL DONATED FUNDS, PROVIDED LEADERSHIP SUPPORT AND/OR COMMUNITY ENGAGEMENT IN SUPPORT OF THESE CHARITABLE ORGANIZATIONS AND/OR EVENTS INCLUDING - AMERICAN HEART ASSOCIATION HEART WALK AND GO RED FOR WOMEN LUNCHEON - BOYS & GIRLS COUNTRY SPRING FESTIVAL - CY-FAIR CHAMBER OF COMMERCE - HABITAT FOR HUMANITY - OTHERSADMINISTRATIVE HOURS</p>

Form and Line Reference	Explanation
USE OF SURPLUS FUNDS - HMCL	<p>WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS BECAUSE OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, HOLIDAY FOOD DRIVE, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES A PROMINENT COMMUNITY BENEFIT PROGRAM PROVIDED IS HOUSTON METHODIST'S I CARE IN ACTION PROGRAM I CARE IN ACTION ALLOWS HMWB EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, HMWB HELPS COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMWB EMPLOYEES PROVIDED 708 VOLUNTEER HOURS THROUGH I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$17,000 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO THE CENTER- HOUSTON, HABITAT FOR HUMANITY NORTHWEST AND OTHERS</p>

Form and Line Reference	Explanation
COMMUNITY SUPPORT - HMW	<p>HMW IS COMMITTED TO ENGAGING, SUPPORTING AND DONATING MONETARY RESOURCES TO THE COMMUNITY IN WEST HOUSTON AND KATY IN ADDITION TO MONETARY SUPPORT THROUGH SPONSORSHIPS, HMW PROVIDED SEVERAL HEALTH SEMINARS TO CONSUMERS IN THE COMMUNITY, INCLUDING HEALTH SCREENINGS FOR DISEASES SUCH AS CANCER AND HEART DISEASE DURING HEALTH FAIRS, PHYSICIANS AND OTHER HOSPITAL REPRESENTATIVES VISITED SCHOOLS, EMPLOYERS AND OTHER ORGANIZATIONS TO PROVIDE LECTURES OR OTHER HEALTH CARE INFORMATION, ANSWER QUESTIONS AND CONDUCT SCREENINGS FOR ATTENDEES HMW IS AN ACTIVE PARTICIPANT IN THE KATY CARE COLLABORATIVE, WHICH BRINGS TOGETHER ALL HOSPITALS, CHARITY AGENCIES AND GOVERNMENT AGENCIES MONTHLY TO ADDRESS LOCAL HEALTH CARE NEEDS HOUSTON METHODIST PROVIDED FINANCIAL SUPPORT TO KEY COMMUNITY CLINICS IN THE WEST HOUSTON AREA TO SUPPORT PATIENT-FOCUSED INITIATIVES ON ACCESS TO CARE IN HMW SURROUNDING TERRITORIES ADMINISTRATIVE HOURS WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS AS A RESULT OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, HOLIDAY TOY DRIVE PROGRAM, HURRICANE HARVEY RELIEF EFFORTS, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES A PROMINENT COMMUNITY BENEFIT PROGRAM PROVIDED IS HOUSTON METHODIST I CARE IN ACTION PROGRAM I CARE IN ACTION ALLOWS HMW EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, WE HELP COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE OF THEIR FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO THEIR UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMW EMPLOYEES PROVIDED 385 VOLUNTEER HOURS THROUGH I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$9,500 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO HOUSTON FOOD BANK, HABITAT FOR HUMANITY, AND OTHERS COMMUNITY SUPPORT - HMB HMB PROVIDES DIRECT FUNDING AND/OR IN-KIND SERVICES INCLUDING LAB TESTS, COMMUNITY EDUCATION, WELLNESS SCREENS, IMMUNIZATIONS AND OTHER SERVICES TO ITS COMMUNITY THE HOSPITAL ALSO SUPPORTS LOCAL CONDITION-SPECIFIC SUPPORT GROUPS, OFFERING SPACE FOR MEETINGS AND EXPERT SPEAKERS HMB ALSO SUPPORTS MONTHLY FREE SEMINARS ON TOPICS INCLUDING JOINT REPLACEMENTS, DIABETES, MEDICAL NUTRITION, STROKE, CARDIOVASCULAR DISEASE, SLEEP, WOUND CARE, BREAST RECONSTRUCTION POST CANCER TREATMENT, FAMILY MEDICINE AND SPORTS MEDICINE HMB ACTIVELY DEVELOPS AWARENESS INITIATIVES, SPONSORSHIPS AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS, PREVENTION, AS WELL AS EARLY DETECTION HMB STAFF AND VOLUNTEERS CAN BE SEEN AT HEALTH SCREENINGS, EXERCISE AND NUTRITION PROMOTIONS, CITY WIDE HEALTH EVENTS AND OTHER HEALTH PROMOTION ACTIVITIES THROUGHOUT THE YEAR EMPLOYEES VOLUNTEERED AT LOCAL HEALTH FAIRS AROUND THE CITY AND ALSO PARTICIPATED IN OTHER COMMUNITY ACTIVITIES, INCLUDING COMMUNITY BLOOD DRIVES, FLU SHOT DRIVES, RELAY FOR LIFE, AMERICAN DIABETES ASSOCIATION, BAY AREA AMERICAN HEART ASSOCIATION, AND KOMEN RACE FOR THE CURE EMPLOYEES ARE ALSO ENCOURAGED TO SERVE ON THE BOARDS OF COMMUNITY AGENCIES MULTIPLE EMPLOYEES FROM HMB SIT ON BOARDS AND COMMITTEES FOR LOCAL NONPROFIT ORGANIZATIONS SUCH AS THE AMERICAN DIABETES ASSOCIATION ADMINISTRATIVE HOURS WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS AS A RESULT OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, HOLIDAY TOY DRIVE PROGRAM, COMMUNITY HEALTH FAIRS, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES IN 2018, HMB EMPLOYEES VOLUNTEERED 565 HOURS OF THEIR TIME THROUGH THE EMPLOYEE VOLUNTEER PROGRAM, I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$14,000 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO NORA'S HOME, THE HOUSTON FOOD BANK AND OTHERS COMMUNITY SUPPORT - HMCLHMCL COLLABORATED WITH SEVERAL ORGANIZATIONS IN 2018 TO PROMOTE HEALTH AWARENESS AND OFFER SCREENING PROGRAMS TO RESIDENTS IN HARRIS AND GALVESTON COUNTIES THE FOLLOWING SCREENINGS AND HEALTH EDUCATION SEMINARS WERE CONDUCTED BREAST HEALTH AND BREAST CANCER PREVENTION, HEART HEALTH, ORTHOPEDIC SPORTS MEDICINE, BACK AND NECK PAIN/SPINE HEALTH, WOMEN'S HEALTH, SKIN CANCER SCREENING, CPR TRAINING, CONCUSSION SCREENINGS, AND ATHLETIC SCHOOL PHYSICALS TO ENCOURAGE EMPLOYEE OUTREACH, HOUSTON METHODIST OFFERS THE I CARE IN ACTION PROGRAM I CARE IN ACTION ALLOWS HMCL EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, HMCL HELPS COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMCL EMPLOYEES PROVIDED 331 VOLUNTEER HOURS THROUGH I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$</p>

Form and Line Reference	Explanation
COMMUNITY SUPPORT - HMW	<p>8,000 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO THE CENTER - HOUSTON AND SPECIAL PALS ANIMAL SHELTER AND OTHERS COMMUNITY SUPPORT - HMCCH ADMINISTRATIVE HOURS WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS AS A RESULT OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, HOLIDAY TOY DRIVE PROGRAM, HURRICANE HARVEY RELIEF EFFORTS, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES A PROMINENT COMMUNITY BENEFIT PROGRAM PROVIDED IS HOUSTON METHODIST'S I CARE IN ACTION PROGRAM I CARE IN ACTION ALLOWS HMCCH EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, WE HELP COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMCCH EMPLOYEES PROVIDED 169 VOLUNTEER HOURS THROUGH I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$4,000 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO HOUSTON FOOD BANK, FORT BEND SENIORS MEALS ON WHEELS AND OTHERS COMMUNITY SUPPORT- HMT WHMTW PROVIDED VARIOUS HEALTH EDUCATION OPPORTUNITIES TO MEMBERS OF ITS COMMUNITY EXAMPLES OF THESE OPPORTUNITIES INCLUDE WOMEN'S HEALTH SEMINARS, LUNCH AND LEARNS THAT FOCUS ON FLU PREVENTION, NECK AND BACK PAIN SEMINARS, WEIGHT MANAGEMENT SEMINARS, AND MANY MORE EMPLOYEES VOLUNTEERED AT LOCAL HEALTH FAIRS AROUND THE CITY AND ALSO PARTICIPATED IN OTHER COMMUNITY ACTIVITIES, INCLUDING COMMUNITY BLOOD DRIVES, FLU SHOT DRIVES, KOMEN RACE FOR THE CURE, MARCH OF DIMES, AND MORE EMPLOYEES ARE ALSO ENCOURAGED TO SERVE ON THE BOARDS OF COMMUNITY AGENCIES MULTIPLE EMPLOYEES FROM THE HOSPITAL SIT ON BOARDS AND COMMITTEES FOR LOCAL NONPROFIT ORGANIZATIONS SUCH AS INTERFAITH COMMUNITY CLINIC AND THE LEUKEMIA AND LYMPHOMA SOCIETY ADMINISTRATIVE HOURS WERE ALLOCATED TO COORDINATE VOLUNTARY EMPLOYEE PROJECTS TO MEET SPECIFIC COMMUNITY NEEDS AS A RESULT OF ADMINISTRATIVE SUPPORT, HOSPITAL EMPLOYEES PARTICIPATED IN OR PROVIDED A SERVICE FOR THE FOLLOWING UNITED WAY CAMPAIGN, LEUKEMIA & LYMPHOMA SOCIETY, AMERICAN HEART ASSOCIATION, MARCH OF DIMES, TEXAS UNITED FOR PUERTO RICO, INTERFAITH OF THE WOODLANDS, EMPLOYEE BLOOD DRIVES AND OTHER COMMUNITY-BASED ACTIVITIES A PROMINENT COMMUNITY BENEFIT PROGRAM PROVIDED IS HOUSTON METHODIST'S I CARE IN ACTION PROGRAM I CARE IN ACTION ALLOWS HMTW EMPLOYEES TIME OFF TO VOLUNTEER AT COMMUNITY CHARITIES BY ALLOWING EMPLOYEES TIME OFF TO VOLUNTEER, HMTW HELPS COMMUNITY AGENCIES SAVE FINANCIAL RESOURCES SO THAT MORE FUNDS CAN GO TOWARDS PROVIDING DIRECT CARE TO UNDERSERVED PATIENT AND CLIENT BASE FOR 2018, HMTW EMPLOYEES PROVIDED OVER 343 VOLUNTEER HOURS THROUGH I CARE IN ACTION THESE DONATED HOURS EQUATE TO A VOLUNTEER TIME VALUE OF APPROXIMATELY \$8,000 AGENCIES PARTICIPATING IN THE I CARE IN ACTION PROGRAM INCLUDED BUT WERE NOT LIMITED TO HOUSTON HABITAT FOR HUMANITY, MONTGOMERY COUNTY FOOD BANK, AND OTHERS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI LINE 6	<p>IN 2018, HOUSTON METHODIST WAS COMPRISED OF EIGHT MEMBER HOSPITALS, A RESEARCH INSTITUTE, A MEDICAL RESIDENCY EDUCATION PROGRAM AND A PHYSICIAN ORGANIZATION THE SYSTEM, WITH 23,669 EMPLOYEES IN 2018, IS ONE OF THE HOUSTON AREA'S LARGEST EMPLOYERS SEVEN COMMUNITY HOSPITALS - HMSL IN FORT BEND COUNTY, HMWB IN NORTHWEST HOUSTON, HMW IN WEST HOUSTON, HMB IN BAYTOWN, TEXAS, HMCL IN THE SOUTHEAST HOUSTON, AND HMTW IN MONTGOMERY COUNTY PROVIDE MEDICAL SERVICES TO PEOPLE LIVING IN ADJACENT CITIES AND SUBURBS THEY SERVE THEIR RESPECTIVE AREAS WITH SERVICES SUCH AS CARDIOLOGY, OBSTETRICS/GYNECOLOGY, OUTPATIENT SURGERY, CANCER SERVICES, DIAGNOSTIC IMAGING AND EMERGENCY SERVICES THE SEVENTH COMMUNITY HOSPITAL, HMCCH IN KATY, OPERATES AS A LONG-TERM ACUTE CARE HOSPITAL COMMUNITY BENEFIT ACTIVITIES AND HEALTH SERVICES IN 2018, HOUSTON METHODIST PROVIDED SERVICES TO THE MEDICALLY NEEDY THROUGH EXTERNAL ORGANIZATIONS THAT ARE ALREADY MEETING THE HEALTH CARE NEEDS THAT HOUSTON METHODIST HAS IDENTIFIED AS PRIORITIES HOUSTON METHODIST SUPPORTED THE FOLLOWING AGENCIES ACROSS THE GREATER HOUSTON AREA, INCLUDING THOSE COMMUNITIES SERVED BY OUR COMMUNITY HOSPITALS - DEPELCHIN CHILDREN'S CENTER - LEGACY COMMUNITY HEALTH - LONE STAR FAMILY HEALTH - SPRING BRANCH COMMUNITY HEALTH - OTHERS HOUSTON METHODIST RESPONDED TO THE COMMUNITY'S NEEDS IN 2018 THROUGH THE PROVISION OF MEDICAL CARE, BUT ALSO THROUGH RESEARCH, EDUCATION OF HEALTH PROFESSIONALS AND PATIENTS, COMMUNITY HEALTH EDUCATION, DONATIONS TO HEALTH CARE-RELATED EVENTS AND OTHER SERVICES SINCE 1993, HOUSTON METHODIST HAS PROVIDED COMMUNITY BENEFITS GRANTS TO ORGANIZATIONS THAT PROVIDE DIRECT PATIENT CARE WITH A FOCUS ON PREVENTIVE CARE, DENTAL SERVICES, MENTAL HEALTH, HEALTH CARE ACCESS, PRENATAL CARE AND DIABETES/NUTRITION CARE TO UNDERSERVED COMMUNITIES BY PROVIDING FINANCIAL ASSISTANCE TO LOCAL CLINICS AND NON-PROFIT ORGANIZATIONS, HOUSTON METHODIST CONTRIBUTES TO THEIR ABILITY TO GROW AND THRIVE, ENSURING A HEALTHIER LIFE FOR THE FUTURE OF ALL WHO WALK THROUGH THEIR DOORS HOUSTON METHODIST CHAMPIONS COMMUNITY ORGANIZATIONS THAT PROVIDE OUTSTANDING HEALTH CARE TO PEOPLE OF ALL BACKGROUNDS IN 2018, HOUSTON METHODIST SUPPORTED THE FOLLOWING AGENCIES ACROSS THE GREATER HOUSTON AREA, INCLUDING THOSE COMMUNITIES SERVED BY COMMUNITY HOSPITALS - ACCESS HEALTH - BOYS AND GIRLS COUNTRY OF HOUSTON, INC - CHRIST CLINIC - DEPELCHINS CHILDREN'S CENTER - EL CENTRO DE CORAZON - HEALTHCARE FOR THE HOMELESS - HOUSTON - HOPE CLINIC - HOUSTON AREA WOMEN'S CENTER - INTERFACE-SAMARITAN COUNSELING CENTER - INTERFAITH COMMUNITY CLINIC - LEGACY COMMUNITY HEALTH SERVICES - LONE STAR FAMILY HEALTH - MEMORIAL ASSISTANCE MINISTRIES - NORTHWEST ASSISTANCE MINISTRIES - SAN JOSE CLINIC - SANTA MARIA HOSTEL - SPRING BRANCH COMMUNITY HEALTH CENTER - THE ROSE - THE WOMEN'S HOME - TOMAGWA HEALTHCARE MINISTRIES - VECINO HEALTH CENTERS - OTHERS SUMMARY AS A SYSTEM, HOUSTON METHODIST MADE SIGNIFICANT CONTRIBUTIONS THROUGH ITS COMMUNITY BENEFITS AND CHARITY CARE PROGRAM WHICH HAVE BEEN A RESOURCE FOR PATIENTS IN THE COMMUNITY BASED ON IRS COST DEFINITIONS, HOUSTON METHODIST PROVIDED \$254.8 MILLION IN CHARITY CARE AND COMMUNITY BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2018 IN ADDITION, BASED ON IRS COST DEFINITIONS, HOUSTON METHODIST PROVIDED \$433.0 MILLION IN CARE TO MEDICARE, MEDICARE MANAGED CARE AND TRICARE/USFHP PROGRAM BENEFICIARIES FOR THE YEAR ENDED DECEMBER 31, 2018 PART VI, LINE 7 TX</p>

Additional Data

Software ID:
Software Version:
EIN: 35-2410801
Name: METHODIST HOSPITAL GROUP

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>7</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	HOUSTON METHODIST SUGAR LAND HOSPITAL 16655 SW FREEWAY SUGAR LAND, TX 77479 WWW HOUSTONMETHODIST.ORG 000823	X	X					X			A
2	HOUSTON METHODIST WILLOWBROOK HOSPITAL 18220 TOMBALL PKWY HOUSTON, TX 77070 WWW HOUSTONMETHODIST.ORG 007247	X	X					X			A
3	HOUSTON METHODIST WEST HOSPITAL 18500 KATY FREEWAY HOUSTON, TX 77094 WWW HOUSTONMETHODIST.ORG 100080	X	X					X			A
4	HOUSTON METHODIST BAYTOWN HOSPITAL 4401 GARTH ROAD BAYTOWN, TX 77521 WWW HOUSTONMETHODIST.ORG 000405	X	X		X			X		SKILLED NURSING FACILITY, REHAB UNITS	A
5	HOUSTON METHODIST THE WOODLANDS HOSP 17201 INTERSTATE 45 SOUTH THE WOODLANDS, TX 77385 WWW HOUSTONMETHODIST.ORG 100386	X	X					X			B

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 7		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	HOUSTON METHODIST CLEAR LAKE HOSPITAL 18300 ST JOHN DRIVE NASSAU BAY, TX 77058 WWW.HOUSTONMETHODIST.ORG 100241	X	X					X			A
7	HOUSTON METHODIST CONTINUING CARE HOSPITAL 701 S FRY ROAD KATY, TX 77450 WWW.HOUSTONMETHODIST.ORG 100240	X								LONG-TERM ACUTE CARE HOSPITAL	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 HOUSTON METHODIST SUGAR LAND HOSPITAL, - FACILITY 2 HOUSTON METHODIST WILLOWBROOK HOSPITAL, - FACILITY 7 HOUSTON METHODIST CONTINUING CARE HOSPITAL, - FACILITY 6 HOUSTON METHODIST CLEAR LAKE HOSPITAL , - FACILITY 4 HOUSTON METHODIST BAYTOWN HOSPITAL, - FACILITY 3 HOUSTON METHODIST WEST HOSPITAL

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5	<p>GENERAL NOTE POLICIES AND PROCEDURES FOR HOSPITALS IN THE METHODIST HOSPITAL GROUP TAX RE TURN ARE CONSISTENT AMONG ALL SEVEN HOSPITALS (I E , METHODIST HEALTH CENTERS DOING BUSINE SS AS HOUSTON METHODIST SUGAR LAND HOSPITAL (HMSL), HOUSTON METHODIST WILLOWBROOK HOSPITAL (HMWB), HOUSTON METHODIST WEST HOSPITAL (HMW), HOUSTON METHODIST THE WOODLANDS HOSPITAL (HMTW), SAN JACINTO METHODIST HOSPITAL DOING BUSINESS AS HOUSTON METHODIST BAYTOWN HOSPITAL (HMB), HOUSTON METHODIST CLEAR LAKE HOSPITAL (HMCL) AND HOUSTON METHODIST CONTINUING CARE HOSPITAL (HMCCH)) HOUSTON METHODIST, AS A SYSTEM, IS REPRESENTED AS HOUSTON METHODIST PA RT V, SECTION B LINE 5 HOUSTON METHODIST CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND WAS ABLE TO PRIORITIZE THE NEEDS THAT EACH OF ITS HOSPITALS WOULD ADDRESS THROU GH A SERIES OF STEPS THAT INCLUDED SURVEYING PATIENTS LOCATED IN EACH OF THE HOUSTON METHO DIST SERVICE AREAS AS WELL AS INTERVIEWING AND SURVEYING COMMUNITY HEALTH LEADERS DESIGNED TO UNCOVER THE MOST PRESSING CONCERNS OF THE SURROUNDING COMMUNITY PHASE 1 COMMUNITY FEE DBACK COLLECTIONDEVELOPING THE SURVEY QUESTIONS THE FIRST STEP IN DEVELOPING THE CHNA FOR HOUSTON METHODIST REQUIRED THE HOSPITAL SYSTEM TO FIRST UNDERSTAND WHAT MATTERED MOST TO THE POPULATION SURROUNDING ITS EIGHT HOSPITALS IN GREATER HOUSTON TO DO THIS, THE OFFICE OF COMMUNITY BENEFITS WORKED WITH LEADERS IN PUBLIC HEALTH TO DEVELOP AND REFINE SURVEY QU ESTIONS THAT WOULD HELP HMH GAIN THE FIRST INSIGHT INTO THE TOP SOCIAL AND HEALTH PRIORITI ES OF OUR CITY THE SURVEY CONSISTED OF 25 QUESTIONS AND WERE DIVIDED UNDER THE CATEGORIES OF - TELL US ABOUT YOURSELF - TELL US ABOUT YOUR HEALTH - TELL US ABOUT YOUR COMMUNITY - TELL US HOW YOU FEELDISTRIBUTING THE SURVEY AFTER THE QUESTIONS WERE DEVELOPED FOR THE S URVEY, THE SURVEYS WERE THEN DISTRIBUTED ELECTRONICALLY AND IN HARD COPY FORM ACROSS THE C OMMUNITY HARD COPY SURVEYS WERE DISTRIBUTED TO ELEVEN (11) DIFFERENT FACILITIES PROVIDING HEALTH CARE SERVICES TO THE UNINSURED AND UNDERSERVED POPULATION THESE HARD COPY SURVEYS WERE PLACED IN THE FOLLOWING FACILITIES ACROSS GREATER HOUSTON TO COLLECT COMMUNITY FEEDB ACK - ACCESS HEALTH - CHRIST CLINIC - EL CENTRO DE CORAZON - HOPE CLINIC - KRIST SAMARITA N COUNSELING CENTER - LEGACY COMMUNITY HEALTH - LIFE HOUSTON - NORTHWEST ASSISTANCE MINIST RIES - THE ROSE - TOMAGWA HEALTH MINISTRIES - VECINO HEALTH CENTERSADDITIONAL HARD COPY SU RVEYS WERE DISTRIBUTED AT HOUSTON METHODIST'S FLAGSHIP LOCATION IN THE TEXAS MEDICAL CENTE R DUE TO THE VARIETY OF PATIENTS AND GUESTS WHO COME TO THE LOCATION FROM MORE THAN EIGHT COUNTIES ELECTRONIC SURVEYS WERE POSTED ON VARIOUS SOCIAL NETWORKING SITES TO CAPTURE AN UNCONTROLLED GROUP OF RESPONDENTS OVERALL, MORE THAN 1,000 PEOPLE WERE SURVEYED PHASE 2 COMMUNITY LEADERS AND STAKEHOLDER FEEDBACK SELECTION OF PUBLIC HEALTH AND COMMUNITY LEADER S WITH SPECIAL KNOWLEDGE INCLUDING LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, L OW-INCOME, AND MINORITY POPULA</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5	<p>TIONS AND LOCAL, AND STATE HEALTH AGENCIES THE OFFICE OF COMMUNITY BENEFITS COMPILED A LIST OF TOP HEALTH AND COMMUNITY EXPERTS FROM AROUND THE GREATER HOUSTON COMMUNITY AND STATE AND SHARED KEY DATA UNCOVERED BY THE COMMUNITY HEALTH NEEDS SURVEY EXPERTS AND LEADERS WERE PULLED FROM A VARIETY OF SPECIALTY AREAS INCLUDING EXPERTS IN THE FIELD OF KEY HEALTH CONDITIONS FROM HEALTH CARE INSTITUTIONS INCLUDING HOUSTON METHODIST ALSO, EXPERTS WERE SELECTED FROM KEY FEDERALLY QUALIFIED HEALTH CENTERS AND FREE/CHARITY CLINICS SUCH AS BUT NOT LIMITED TO LEGACY COMMUNITY HEALTH, THE ROSE ACCESS HEALTH AND HEALTHCARE FOR THE HOME LESS-HOUSTON FEEDBACK WAS SOLICITED FROM EXPERTS AT PUBLIC HEALTH EDUCATION FOCUSED INSTITUTIONS SUCH AS THE KINDER INSTITUTE FOR URBAN RESEARCH AT RICE UNIVERSITY AND UT SCHOOL OF PUBLIC HEALTH AS WELL AS INSIGHT SOUGHT FROM CITY OFFICIALS SELECTION OF MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS THE OFFICE OF COMMUNITY BENEFITS RECEIVED THE PRIMARY INPUT ON THE NEEDS OF THE UNDERSERVED COMMUNITY THROUGH THE DISTRIBUTION OF A SURVEY IN WHICH MEMBERS WERE ASKED TO ANSWER A SERIES OF QUESTIONS SUCH AS - WHAT ARE THE 5 MOST IMPORTANT THINGS THAT ARE NEEDED FOR YOUR CITY/COMMUNITY TO BE CONSIDERED HEALTHY? - WHAT ARE THE 5 BIGGEST BARRIERS THAT PREVENT FRIENDS AND FAMILY FROM SEEKING MEDICAL TREATMENT?INPUT COLLECTION INPUT FROM PERSON(S) WITH SPECIAL KNOWLEDGE - VP DEVELOPMENT - AMERICAN HEART ASSOCIATION - CDO - AMERICAN CANCER SOCIETY - ASSOCIATE PROFESSOR OF CLINICAL NEUROLOGY, INSTITUTE FOR ACADEMIC MEDICINE, ASSISTANT MEMBER, HOUSTON METHODIST RESEARCH INSTITUTE-HOUSTON METHODIST HOSPITAL - CHAIR IN THE EDDY SCURLOCK STROKE CENTER, DEPARTMENT OF NEUROLOGY, PROFESSOR OF CLINICAL NEUROLOGY, INSTITUTE FOR ACADEMIC MEDICINE , ASSOCIATE CLINICAL MEMBER, HOUSTON METHODIST RESEARCH INSTITUTE-HOUSTON METHODIST HOSPITAL - CHAIR, HOUSTON METHODIST DEBAKEY CARDIOLOGY ASSOCIATES-HOUSTON METHODIST HOSPITAL - MD - HOUSTON METHODIST ONCOLOGY PARTNERS-HMWB HOSPITAL - MD - HOUSTON METHODIST ACADEMIC MEDICINE ASSOCIATES-HOUSTON METHODIST HOSPITAL - MEDICAL DIRECTOR, DEPARTMENT OF CARDIOLOGY, HOUSTON METHODIST DEBAKEY CARDIOLOGY ASSOCIATES-HOUSTON METHODIST HOSPITAL - VICE PRESIDENT, POPULATION HEALTH, HOUSTON METHODISTINPUT COLLECTION INPUT FROM FEDERAL, REGIONAL, STATE OR LOCAL HEALTH DEPARTMENTS /AGENCIES - ASSISTANT DIRECTOR - HOUSTON HEALTH DEPARTMENT - VICE PRESIDENT - HOUSTON HOUSING AUTHORITY - DIRECTOR OF PUBLIC HEALTH SERVICES - BRAZORIA COUNTY HEALTH DEPARTMENT - CHIEF NURSING OFFICER - GALVESTON COUNTY HEALTH DISTRICT - DIRECTOR - FORT BEND COUNTY HEALTH AND HUMAN SERVICESINPUT COLLECTION INPUT FROM LEADERS AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME POPULATIONS - CEO - LEGACY COMMUNITY HEALTH - CMO - LEGACY COMMUNITY HEALTH - CEO - EL CENTRO DE CORAZON - CMO - EL CENTRO DE CORAZON - EXECUTIVE DIRECTOR - CHRIST CLINIC - CEO - HOPE CLINIC - CEO - THE ROSE - CEO - ACCESS HEALTH - CMO - VECINO HEALTH</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5	CENTERS - CEO - HEALTHCARE FOR THE HOMELESS-HOUSTON - EXECUTIVE DIRECTOR - INTERFACE-SAMA RITAN COUNSELING CENTERSINPUT COLLECTION INPUT FROM MEMBERS WITH BROAD INTERESTS IN THE C OMMUNITY - ASSOCIATE DIRECTOR - UNIVERSITY OF TEXAS SCHOOL OF PUBLIC HEALTH - PH D , MA - KINDER INSTITUTE OF URBAN RESEARCH - PRINCIPAL- TRAFFIC ENGINEERS, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 6A	THE CHNA CONDUCTED IN 2016 PER ACA GUIDELINES WAS DONE WITH THE FOLLOWING - HMSL - HMW - HMB - HMWB - HMCL - HMCCHIN THE FOLLOWING YEAR, THE NEW ADDITION OF HMTW WAS ADOPTED UNDER THE PRIORITIES IDENTIFIED

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 7D	IN ADDITION TO THE CONDUCTED CHNA BEING MADE EASILY ACCESSIBLE THROUGH THE HOUSTON METHODIST WEBSITE AND THE OFFICE OF COMMUNITY BENEFITS MAKING A HARD COPY AVAILABLE FOR PUBLIC INSPECTION FREE OF CHARGE, THE CHNA WAS ALSO WIDELY DISTRIBUTED VIA AN EMAIL BLAST TO MORE THAN 1,000 RECIPIENTS AROUND THE CITY OF WHICH INCLUDE STAKEHOLDERS, OTHER HEALTH CARE FACILITIES, ETC IN ADDITION, THE REPRESENTATIVES OF THE COMMUNITY BENEFITS OFFICE PRESENTED THE CHNA FINDINGS TO AUDIENCES AT EACH HOUSTON METHODIST FACILITY AND OTHER EXTERNAL STAKEHOLDERS TO FURTHER PUBLICIZE EFFORTS

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11	HOUSTON METHODIST WAS ABLE TO IDENTIFY THE TOP FOUR HEALTH PRIORITIES OF ITS COMMUNITIES SURROUNDING EACH OF ITS COMMUNITY HOSPITALS VIA THE CHNA PROCESS. THE HEALTH PRIORITIES THAT HOUSTON METHODIST IDENTIFIED THROUGH THE CHNA ARE AS FOLLOWS: - INCREASE ACCESS TO PRIMARY CARE SERVICES FOR THE SURROUNDING COMMUNITIES - REDUCE BARRIERS TO ACCESSING SPECIALTY CARE SERVICES FOR THE SURROUNDING UNDERSERVED COMMUNITY - PROMOTE HEALTHY LIVING BEHAVIORS THAT REDUCE THE LIKELIHOOD OF CHRONIC DISEASE DEVELOPMENT - INCREASE ACCESS TO MENTAL HEALTH CARE SERVICES WITHIN HOUSTON METHODIST'S SURROUNDING UNDERSERVED COMMUNITYHEALTH NEED. INCREASE ACCESS TO PRIMARY CARE SERVICES FOR THE SURROUNDING COMMUNITIESOBJECTIVES - HMB DEVELOP RELATIONSHIPS WITH LOCAL FEDERALLY QUALIFIED HEALTH CENTERS TO DEVELOP AN IMPROVED PROCESS TO INCREASE REFERRALS FOR THOSE PATIENTS SEEN IN THE HOSPITAL'S EMERGENCY DEPARTMENT THAT DO NOT CURRENTLY HAVE A PRIMARY CARE PHYSICIAN - HMCL RECRUIT 6-10 PRIMARY CARE PHYSICIANS ON THE HMCL CAMPUS BY 2019. ALIGN OR EMPLOY A TOTAL OF 38-42 PHYSICIANS TO COVER THE POPULATION'S GROWTH AND COMMUNITY NEEDS - HMSL THROUGH THE HMSL FLU SHOT CLINIC AND COMMUNITY TOY DRIVE, PROVIDE COMMUNITY MEMBERS WITH FREE FLU SHOTS FOR DONATING TO THE TOY DRIVE WITH A GOAL TO INCREASE SHOTS ADMINISTERED BY 10% ANNUALLY - HMTW INCREASE THE AMOUNT OF PRIMARY CARE PHYSICIANS SERVING IN THE HMTW SERVICE AREA AND IMPROVE/FACILITATE ACCESS TO PRIMARY CARE SERVICES - HMWB RECRUIT 4 PRIMARY CARE PHYSICIANS TO SERVE IN HOUSTON METHODIST PRIMARY CARE CLINICS IN THE HMWB SERVICE AREA PER YEAR, CONTINUE TO ASSESS COMMUNITY NEEDS FOR CONTINUED GROWTH / ADDITION OF PRIMARY CARE PHYSICIANS IN FOLLOWING YEARS OUTCOMES - HMB FOR 2018, MORE THAN 153 UNINSURED AND UNDERINSURED PATIENTS HAVE BEEN REFERRED TO LEGACY COMMUNITY HEALTH, WHICH IS THE PRIMARY REFERRAL SOURCE FOR THIS LOCATION. FOR COMPARISON, IN 2017, 132 PATIENTS WERE REFERRED FROM HMB TO LEGACY FOR A PRIMARY CARE VISIT REPRESENTING AN INCREASE IN PATIENT REFERRALS - HMCL IN 2018, HMCL HIRED ONE PRIMARY CARE PHYSICIAN AND SPORTS MEDICINE, AND FOUR PRIMARY CARE PHYSICIANS (THREE PHYSICIANS ARE PENDING A START DATE) TO PRACTICE AT THE NEWLY OPENED LEAGUE CITY PRIMARY CARE CLINIC TO SERVE THE LEAGUE CITY COMMUNITY - HMSL HMSL HOSTED THE ANNUAL COMMUNITY FLU AND TOY DRIVE ON OCTOBER 20, 2018 AND WERE ABLE TO PROVIDE APPROXIMATELY 300 FLU SHOTS TO COMMUNITY MEMBERS WHO BROUGHT A TOY. THE 300 FLU SHOTS REPRESENT A 39% INCREASE EXCEEDING HMSL'S ANNUAL 10% INCREASE GOAL - HMTW IN 2018, HMTW OPENED THREE NEW PRIMARY CARE CLINICS IN SPRING (RAYFORD/SAWDUST), KINGWOOD AND MAGNOLIA, BRINGING THE TOTAL TO SEVEN CLINICS IN THE REGION. FOR THOSE NEWLY OPENED FACILITIES, HMTW RECRUITED TEN NEW FAMILY PRACTICE PHYSICIANS TO HOUSTON METHODIST PRIMARY CARE GROUP IN MONTGOMERY COUNTY IN 2018 - HMWB IN 2018, HMWB RECRUITED 4 PRIMARY CARE PHYSICIANS AND PROVIDERS WHO ARE CURRENTLY IN PRACTICE. ONE FAMILY MEDICINE PRACTITI

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11	<p>ONER LOCATED AT THE HMWB SPRING "FRENCH QUARTER" CLINIC, AND A NURSE PRACTITIONER ASSISTIN G FAMILY AND INTERNAL MEDICINE, LOCATED AT HMWB CAMPUS CLINIC ALSO, PHYSICIANS OF INTERNA L MEDICINE LOCATED AT HMWB CYPRESS CLINIC, AND LOCATED ON THE HWMB MAIN CAMPUS HEALTH NEED REDUCE BARRIERS TO ACCESSING SPECIALTY CARE SERVICES FOR THE SURROUNDING UNDERSERVED COM MUNITYOBJECTIVES - HMB INCREASE THE NUMBER OF LUNG CANCER SCREENINGS PROVIDED TO THE COM MUNITY BY 10% ANNUALLY - HMCL RECRUIT PHYSICIANS IN CARDIOVASCULAR (1 CARDIOLOGIST AND 1 INTERVENTIONAL), NEUROLOGY (1 NEUROLOGIST), ONCOLOGY (1 MEDICAL ONCOLOGIST), GENERAL SURG ERY (1 SURGICAL ONCOLOGIST), UROLOGY (1 UROLOGIST) AND SPINE (1 SPINE SURGEON) TO EXPAND T HE SPECIALTY CARE OPTIONS FOR THE SURROUNDING COMMUNITY - HMSL CONTINUE AND MEASURE THE "DONATE YOUR BRACE" PROGRAM TO PROVIDE FREE OF COST, CLEAN, GENTLY USED SPLINTS, BRACES AN D ORTHOPEDIC APPLIANCES TO PATIENTS THAT INSURANCE WILL NOT COVER, OR TO PATIENTS WHO CANN OT AFFORD THE DEVICES INCREASE ACCESS AND UTILIZATION OF THE PROGRAM BY 5% YEARLY THEREAF TER - HMTW INCREASE THE BREADTH AND DEPTH OF SPECIALTY CARE SERVICES IN THE HMTW MARKET - HMW HMW WILL EVALUATE THE FEASIBILITY OF FACILITATING PRO BONO SURGEONS AND ANESTHESIO LOGIST SERVICES FOR SELECTED UNDERSERVED PATIENTS - HMWB OFFER LUNG CANCER SCREENINGS DA ILY (MONDAY - FRIDAY) AT A DISCOUNTED RATE DESIGNED TO MINIMIZE THE DEVELOP OR CAPTURE THE EARLY STAGES OF LUNG CANCER OUTCOMES - HMB IN 2018, THE HOSPITAL CONDUCTED 103 SCREENIN GS IN COMPARISON, HMB CONDUCTED A TOTAL OF 72 LUNG CANCER SCREENINGS IN 2017 THE 2018 IN CREASE IN SCREENINGS REPRESENTS A 43% INCREASE - HMCL IN 2018, HMCL BEGAN HAVING SPECIAL TY PHYSICIANS, TWO UROGYNECOLOGY PHYSICIANS AND ONE BREAST SURGEON, HOLD CLINIC AT HMCL ON E TIME PER WEEK ALSO, HMCL RECRUITED ONE ORTHOPEDIC SURGEON, ONE RADIATION ONCOLOGIST, ON E VASCULAR SURGEON, AND TWO PRIMARY CARE GROUP PHYSICIANS - HMSL IN 2018, 104 BRACES AND CRUTCHES WERE DONATED BASED ON NEED, THIRTY-FOUR APPLIANCES WERE GIVEN OUT AT THE HOUSTO N METHODIST ORTHOPEDIC AND SPORTS MEDICINE OFFICE, AND 48 APPLIANCES TO FORT BEND ISD, ALI EF ISD AND LAMAR CONSOLIDATED ISD - HMTW IN 2018, HMTW RECRUITED ONE BREAST SURGICAL ONC OLOGIST, ONE CARDIOLOGIST, ONE GYNECOLOGICAL ONCOLOGIST, THREE HOSPITALISTS, ONE NEUROLOGI ST, ONE ENDOVASCULAR NEUROSURGEON, ONE ORTHOPEDIC SURGEON, AND ONE RHEUMATOLOGIST TO THE H MTW PHYSICIAN NETWORK ALSO, HMTW EXPANDED SERVICES AT HOUSTON METHODIST COMPREHENSIVE CAR E CENTER IN CONROE TO INCLUDE NEUROLOGY HMTW ACHIEVED PRIMARY STROKE CENTER AND HIP & KNE E REPLACEMENT CENTER OF EXCELLENCE DESIGNATIONS FROM DET NORSKE VERITAS - HMW IN 2018, H MW ENSURED THAT OPERATING ROOM SPACE WAS AVAILABLE ANYTIME TO ASSIST COMMUNITY-BASED AGENC IES THAT HAD PATIENTS NEEDING SURGERY - HMWB IN 2018, THE IMAGING DEPARTMENT AT HMWB PRO VIDED THIRTY-FIVE UNIQUE PATIENTS CT EXAMS OF THE LUNG LUNG CANCER SCREENINGS ARE CRITICA L TO THE PREVENTION OF PULMONA</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11	<p>RY ISSUES THAT CAN INCLUDE LUNG CANCER HEALTH NEED PROMOTE HEALTHY LIVING BEHAVIORS THAT REDUCE THE LIKELIHOOD OF CHRONIC DISEASE DEVELOPMENTOBJECTIVES - HMB THE HOSPITAL WILL P ROVIDE SUPPORT GROUPS AND EDUCATION PROGRAMS ANNUALLY FOCUSED ON EARLY DETECTION, PREVENTI ON AND MANAGEMENT OF CHRONIC CONDITIONS THE PROGRAMS WILL BE HELD AT THE HOSPITAL AND/OR IN THE SERVICE AREA - HMCL PARTNER WITH HMCL MARKETING TO PROVIDE SCREENINGS TO THE COMM UNITY, WHILE DISTRIBUTING EDUCATIONAL HEALTH MATERIAL AT VARIOUS HEALTH FAIRS AND COMMUNIT Y EVENTS - HMSL PROVIDE YEARLY EDUCATIONAL SEMINARS AND SCREENINGS RELATED TO HEART DISE ASE, WEIGHT MANAGEMENT, COLORECTAL CANCER, DIABETES, AND BACK AND NECK PAIN FOR THE COMMUN ITY - HMTW IMPROVE COMMUNITY AWARENESS FOR WOMEN'S HEALTH, WITH A FOCUS ON BREAST CANCER - HMW PARTNER WITH HMW MARKETING AND SELECT COMMUNITY PARTNER AGENCIES TO PROVIDE SCREE NINGS TO THE COMMUNITY, WHILE DISTRIBUTING EDUCATIONAL HEALTH MATERIAL AT VARIOUS HEALTH F AIRS AND COMMUNITY EVENTS - HMWB DEVELOP AND IMPLEMENT AN ON-SITE SMOKING CESSATION PROG RAM AT HMWB, OFFERING EDUCATION, SUPPORT AND ASSISTANCE TO THE PUBLIC PROGRAM WILL BE OFF ERED ANNUALLY, MARKETING TO THE PUBLIC TO CONTINUE TO GROW ATTENDANCE AND REACH THOSE IN N EED - HMCCH PARTNER WITH HMCCH MARKETING DEPARTMENT TO PROVIDE SCREENINGS TO THE COMMUNI TY, WHILE DISTRIBUTING EDUCATIONAL HEALTH MATERIAL AT VARIOUS HEALTH FAIRS AND COMMUNITY E VENTS OUTCOMES - HMB HMB HOSTED MONTHLY SUPPORT GROUPS FEATURING INFORMATION ON CANCER (NINE CLASSES IN 2018), OSTOMY (NINE CLASSES IN 2018), AND DIABETES SUPPORT GROUP (TWELVE C LASSES IN 2018) FURTHERMORE, THE HOSPITAL HOSTED A QUARTERLY SUPPORT GROUP WITH INFORMATI ON ON DIABETES MANAGEMENT EACH OF THESE SUPPORT GROUPS HOSTED BETWEEN 10-25 PARTICIPANTS THROUGHOUT 2018, HMB HELD BARIATRIC WEIGHT LOSS SUPPORT GROUPS THE SESSIONS PROVIDED PAT IENTS INFORMATION ON HEALTHY WAYS TO ACHIEVE WEIGHT LOSS, DIABETES EDUCATION, AND HOW TO L IVE A HEALTHY LIFESTYLE - HMCL IN 2018, HMCL HOSTED VARIOUS HEALTH CARE SEMINARS FOCUSED ON PREVENTATIVE TOPICS AS WELL AS HEALTH SCREENINGS FOR THE COMMUNITY THAT INCLUDED HEART SCREENINGS AND OTHER WELLNESS TOPICS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 5 HOUSTON METHODIST THE WOODLANDS HOSP

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B PART V, SECTION B, LINE 6A	THE CHNA PRIORITIES WERE REVIEWED UPON THE OPENING OF HMTW AND WERE APPROVED TO BE EXTENDED TO THIS FACILITY LOCATED IN MONTGOMERY COUNTY IN 2017 AS THE ORIGINAL 2016 CHNA INCLUDED ANALYSIS OF THE MONTGOMERY COUNTY REGION

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11 CONTINUED	<p>- HMSL FOR 2018, HMSL HOSTED A SERIES OF EDUCATIONAL ACTIVITIES DESIGNED PROMOTE HEALTHY LIVING AS A RESULT, MORE THAN 350 PEOPLE WERE EDUCATED ON TOPICS RANGING FROM HEART HEALT H TO WEIGHT LOSS TOPICS. EXAMPLES OF PROGRAMS HELD INCLUDE ACTIVITIES ABOUT HEART HEALTH I N WHICH, AT THIS EVENT, ATTENDEES RECEIVED CHOLESTEROL AND BLOOD PRESSURE READINGS AND LEA RNE D ABOUT THEIR TEN-YEAR RISK FOR HEART DISEASE. THERE WERE 131 ATTENDEES AT THIS EVENT. - HMTW ON OCTOBER 5TH, HMTW HOSTED POSITIVELY PINK, A FREE TWO-HOUR EVENT TO EDUCATE THE COMMUNITY ON BREAST CANCER RISK FACTORS, SYMPTOMS AND TREATMENT AVAILABLE. OVER 260 WOMEN COMMUNITY MEMBERS ATTENDED AND RECEIVED CANCER SCREENING GUIDELINES AND EDUCATIONAL HANDOU TS. THE EVENT WAS LED BY THE HMTW CANCER CENTER PHYSICIAN TEAM. - HMW HMW HOSTED SEVERAL HEALTH SCREENING EVENTS AND EDUCATIONAL ACTIVITIES TO PROMOTE HEALTH AND WELLNESS. EXAMPLE S OF SUCH INCLUDE BUT ARE NOT LIMITED TO THE DISTRIBUTION OF HEALTH EDUCATION MATERIALS AT SEVERAL COMMUNITY EVENTS IN 2018, INCLUDING POSITIVELY PINK. ADDITIONALLY, HMW PARTICIPAT ED AT EVENTS HELD AT VARIOUS CHURCHES, AND HEALTH FAIRS AT NUMEROUS EMPLOYER ORGANIZATIONS. ALSO, HMW HOSTED THE FOLLOWING HEALTH EDUCATION EVENTS IN 2018. "ASK THE DOCTOR" EVENT A ND EMPLOYEE HEALTH FAIR AT ACADEMY SPORTS (JANUARY), ATHLETIC TRAINER Q&A ABOUT CONCUSSION , HYDRATION, AND OVERALL FITNESS AT SECOND BAPTIST CHURCH (JANUARY), PHYSICIAN LED EDUCATI ON ON PULMONARY HEALTH, PRIMARY CARE EDUCATION, ORTHOPEDIC EDUCATION AND MORE. - HMWB IN 2018, HMWB OFFERED (4) FOUR-WEEK SESSIONS. SEVERAL OF THE ATTENDEES EITHER REDUCED CIGARET TE AND TOBACCO USAGE TO BECOME TOBACCO FREE OR COMMITTED TO TOTALLY QUITTING. ALSO, HMWB O FFERS THE COMMUNITY A SMOKING CESSATION PROGRAM. THE PROGRAM IS PROMOTED AND ADVERTISE D AS BEAT THE PACK. THIS PROGRAM IS FACILITATOR-LED WITH INFORMATION SHARED IN WEEKLY SESSIONS THAT ENCOMPASS A FOUR-PART SERIES. THE HMWB CLINICAL ONCOLOGY NAVIGATOR NURSES PARTNER IN CONJUNCTION WITH RESPIRATORY THERAPISTS TO FACILITATE, AS WELL AS EDUCATE, ATTENDEES ABOU T THE NATIONAL STATISTICS, DETRIMENTS AND EFFECTS OF LONG TERM SMOKING AS WELL AS EFFORTS TO CEASE SMOKING. - HMCCH HMCCH SUPPORTED HMW'S HEALTH SCREENING ACTIVITIES IN 2018. THE FOLLOWING SCREENINGS TOOK PLACE IN 2018. CHOLESTEROL AND BLOOD PRESSURE SCREENING AT SECON D BAPTIST CHURCH (JANUARY), BLOOD PRESSURE SCREENINGS AT CROSS POINT CHURCH (FEBRUARY), PR E-PARTICIPATION SCHOOL PHYSICALS AT JOHN PAUL II (JUNE),HEALTH NEED. INCREASE ACCESS TO ME NTAL HEALTH CARE SERVICES WITHIN HOUSTON METHODIST'S SURROUNDING UNDERSERVED COMMUNITYOBJE CTIVES. - HMB INCREASE FROM 1,545 PATIENTS ASSISTED IN THE AREAS OF CONSULTS, ADMISSIONS, DISCHARGES AND TRANSFERS BY THE MENTAL ASSESSMENT TEAM (MAT) BY 10% EACH YEAR. - HMCL CO NTINUE RELATIONSHIPS WITH THE MENTAL ASSESSMENT TEAM (MAT) AND THE HARRIS COUNTY PSYCHIATR IC CENTER (HCPIC) WITH THE GOAL TO INCREASE THE PERCENTAGE OF ELIGIBLE REFERRALS BY 5% OF T HE TARGET POPULATION THAT NEED</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11 CONTINUED	<p>S MENTAL HEALTH SERVICES - HMSL PROVIDE ACCESS TO MENTAL HEALTH SERVICES TO THE UNDERSERVED/UNINSURED VIA CONTRACTED SERVICES OF THE MENTAL ASSESSMENT TEAM (MAT) AND TRANSFER AGREEMENTS WITH TEXANA AND THE HARRIS COUNTY PSYCHIATRIC CENTER (HCPC) THE GOAL WILL BE TO INCREASE BY 10% THE REFERRAL OF THE TARGET POPULATION THAT NEEDS MENTAL HEALTH SERVICES - HMTW PROVIDE ACCESS TO MENTAL HEALTH SERVICES TO THE UNDERSERVED/UNINSURED VIA MENTAL ASSESSMENT TEAM (MAT) AND TELEPSYCHIATRY SERVICES - HMW ESTABLISH A SHARED PSYCHIATRIC PROVIDER TO PROVIDE CARE FOR PATIENTS BOTH AT HMW AND CHRIST CLINIC - HMWB EDUCATE PATIENTS AND FAMILIES REGARDING MENTAL HEALTH OPTIONS IN THE COMMUNITY TO HELP FACILITATE ACCESS TO MENTAL HEALTH SERVICES WHEN NEEDED CONTINUE DIALOGUE WITH MENTAL HEALTH PARTNERS FOR ENHANCED COLLABORATION - HMCCH WORK WITH HMW TO SUPPORT THE ESTABLISHMENT OF A SHARED PSYCHIATRIC PROVIDER TO PROVIDE CARE FOR PATIENTS AT HMW, HMCCH AND CHRIST CLINIC OUTCOMES - HMW IN 2018, THE MAT TEAM SAW 706 PATIENTS OF WHICH 385 WERE SENT TO INPATIENT FACILITIES THE NUMBER OF PATIENTS SEEN IN 2018 REPRESENTS A 74% INCREASE - HMCL HMCL BEGAN WORKING WITH THE MAT TEAM FOR MENTAL HEALTH SERVICES, ENABLING HMCL TO TRANSITION ITS PATIENTS TO THE APPROPRIATE LEVEL OF CARE FREE OF CHARGE TO THE PATIENT IN 2018, 230 PATIENTS WERE PROVIDED CARE FROM THE MAT ALSO, HMCL BEGAN USING JSAHEALTH FOR TELEPSYCHIATRY IN 2018 TWENTY-SEVEN CONSULTATIONS WERE PROVIDED TO HMCL PATIENTS - HMSL HMSL'S TOTAL MAT REFERRALS IN 2018 WAS 321 A 24-HOUR MAT FROM WESTPARK SPRINGS IS AVAILABLE TO PROVIDE PSYCHIATRIC CARE, REFERRAL AND PLACEMENT FOR HMSL PATIENTS WHO HAVE MENTAL HEALTH CARE NEEDS ADDITIONALLY, HMSL ALSO HAS A PRIVATE PSYCHIATRIST ON STAFF TO PROVIDE PSYCHIATRIC CARE TO PATIENTS ALSO, JSA TELEPSYCHIATRY BECAME AN AVAILABLE RESOURCE IN THE HMSL EMERGENCY DEPARTMENT (ED) IN JANUARY OF 2018 TELEPSYCHIATRY ALLOWED THE HEALTH CARE TEAM TIMELY ACCESS (APPROXIMATELY ONE HOUR) TO UTILIZE THE SERVICES OF A PSYCHIATRIST BY JUNE, IT WAS ALSO ACCESSIBLE TO THE ACUTE CARE UNITS - HMTW IN 2018, HMTW CONTINUED AN INITIATIVE TO LEVERAGE TELEPSYCHIATRY TO PROVIDE CARE FOR PATIENTS IN THE HMTW EMERGENCY DEPARTMENT AND INPATIENT UNITS AND WAS ABLE TO SECURE 150 MAT REFERRALS - HMW HMW WAS UNABLE TO ESTABLISH AN ONSITE PSYCHIATRIC PROVIDER IN 2018 DUE TO BUDGET CONSTRAINTS HOWEVER, THE MAT WAS ABLE TO SEE 716 HMW PATIENTS IN 2018 ALSO, HMW IMPLEMENTED TELEPSYCH SERVICES TO THE EMERGENCY DEPARTMENT (ED) PATIENTS IN THE FIRST QUARTER OF 2018 - HMWB ON SEPTEMBER 13TH, HMWB HOSTED A FREE SEMINAR FOR THE COMMUNITY IN CYPRESS WITH A CLINICAL NEUROPSYCHOLOGIST, DR MARK WILDE, WHO PROVIDED EDUCATION ABOUT DEMENTIA ADDITIONALLY, ATTENDEES HAD THE OPPORTUNITY TO ASK QUESTIONS OF DR WILDE MORE THAN 150 ATTENDEES PARTICIPATED - HMCCH HMW AND HMCCH WERE UNABLE TO ESTABLISH AN ONSITE PSYCHIATRIC PROVIDER IN 2018 DUE TO BUDGET CONSTRAINTS HOWEVER, THE MAT WAS ABLE TO SE</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11 CONTINUED	E 716 HMW AND HMCCH REFERRED PATIENTS IN 2018 ALSO, HMCCH AND HMW IMPLEMENTED TELEPSYCH S ERVICES USED PRIMARILY WITH THE EMERGENCY DEPARTMENT (ED) PATIENTS BUT HAS ALSO BEGUN TO E VOLVE INTO A TOOL FOR INPATIENTS HEALTH NEEDS NOT BEING ADDRESSED OF THE HEALTH NEEDS IDE NTIFIED BY THE CHNA PROCESS, SEGMENTS THAT FELL UNDER THE UMBRELLA OF EACH PRIORITY WERE N OT ADDRESSED DUE TO INEFFICIENT RESOURCES OR THE NEED BEING OUTSIDE THE SCOPE OF SERVICES THAT HOUSTON METHODIST IS ABLE TO PROVIDE THOSE SEGMENTS INCLUDE -SOCIAL DETERMINANTS HO USTON METHODIST WAS UNABLE TO FOCUS ON SOCIAL DETERMINANTS THAT INCLUDE TRANSPORTATION, HO USING AFFORDABILITY, FOOD SECURITY AND OTHER FACTORS DUE TO COMPETITION FOR RESOURCES HOU STON METHODIST'S PRIMARY FOCUS IS TO PROVIDE ACCESS TO HEALTH CARE SERVICES WITH RECOGNIT ION THAT THE LISTED DETERMINANTS CAN HAVE AN IMPACT ON ONE'S HEALTH STATUS AND OVERALL QUA LITY OF LIFE, THE HOSPITAL SYSTEM IS NOT EQUIPPED TO ADDRESS SUCH DETERMINANTS DIRECTLY, T HOUGH THE SYSTEM IS WORKING TO INTEGRATE SOLUTIONS INTO ESTABLISHED PROGRAMS SUCH AS NETWO RK OF CARE THAT WILL ALLOW AN OPPORTUNITY TO ADDRESS TRANSPORTATION THE SYSTEM WILL CONTI NUE TO SUPPORT CHARITABLE PARTNER FACILITIES WHOSE MISSIONS ARE FOCUSED ON SUCH INITIATIVE S -GREEN SPACE AND PARKS HOUSTON METHODIST IS UNABLE TO FOCUS ON PROVIDING ACCESS TO GREE N SPACE AND PARKS DUE TO COMPETITION FOR RESOURCES HOUSTON METHODIST'S PRIMARY FOCUS IS T O PROVIDE ACCESS TO HEALTH CARE SERVICES WITH RECOGNITION THAT ACCESS TO GREEN SPACE AND PARKS HAS THE POTENTIAL TO INCREASE LEVELS OF PHYSICAL ACTIVITY, AND ACCORDING TO SOME STU DIES HAS MENTAL HEALTH BENEFITS, THE HOSPITAL SYSTEM IS UNABLE TO FOCUS HEAVY RESOURCES ON THIS PROPOSED NEED HOUSTON METHODIST WILL CONTINUE TO WORK WITH CHARITABLE PARTNERS AND THE CITY OF HOUSTON IN SUPPORT OF POTENTIAL INITIATIVES SURROUNDING GREEN SPACE -UNIQUE HE ALTH AND SOCIAL DISPARITIES WITHIN MINORITY POPULATIONS HOUSTON METHODIST IS FOCUSED ON A DDRESSING THE HEALTH DISPARITIES THAT EXIST IN OUR COMMUNITY THROUGH THE PRIORITIZATION O F THE PREVIOUSLY LISTED NEEDS, THE IMPACT THAT RACE AND GENDER HAVE ON SUCH DISPARITIES WE RE CONSIDERED IN THE CHNA THIS NEED WILL BE ADDRESSED INDIRECTLY FACILITY REPORTING GROUP A PART V, SECTION B, LINE 15E THE PATIENT IS ALSO PROVIDED AN EXHIBIT TITLED FINANCIAL A SSISTANCE GUIDELINES LISTING THE COUNSELOR CONTACT INFORMATION AND THE FEDERAL POVERTY GUI DELINES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
METHODIST HOSPITAL GROUP

Employer identification number

35-2410801

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12

3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART II	PRIOR TO THE APPROVAL OF A GRANT TO A REQUESTING ORGANIZATION, THE FOLLOWING CRITERIA MUST BE MET (1) THE REQUESTING ORGANIZATION MUST BE AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, (2) THE REQUESTING ORGANIZATION MUST PROVIDE A RECOGNIZABLE OR DEMONSTRABLE BENEFIT TO THE COMMUNITY, (3) THE MISSION OF THE REQUESTING ORGANIZATION MUST AUGMENT THE MISSION OF THE METHODIST HOSPITAL GROUP, (4) THE REQUESTING ORGANIZATION'S MISSION AND SERVICES SHOULD NOT DUPLICATE AND MUST NOT CONFLICT WITH THOSE OF THE METHODIST HOSPITAL GROUP FOR GRANTS WITH RESTRICTED PURPOSES, PERIODIC REPORTS WERE REVIEWED TO ENSURE THE FUNDS WERE USED TO SUPPORT INDIGENT CARE SERVICE OF THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 35-2410801
Name: METHODIST HOSPITAL GROUP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 15186 AUSTIN, TX 78761	13-5613797	501C3	30,000				MEDICAL RESEARCH
FORT BEND YOUTH SPORTS ASSOCIATION 3200 SOUTH WEST FRWY STE 2600 HOUSTON, TX 77027	30-0634406	501C3	20,000				HEALTH CARE SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRIS COUNTY CLINICAL SERVICES INC 2801 VIA FORTUNA STE 500C AUSTIN, TX 78746	43-2110434	501C3	4,914,000				OUTPATIENT CLINIC
THE HOPE ENDOWMENT PO BOX 18261 SUGAR LAND, TX 77496	27-0296828	501C3	17,500				RELIEF SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH OF THE WOODLANDS 4242 INTERFAITH WAY THE WOODLANDS, TX 77381	74-1804123	501C3	10,000				COMMUNITY SERVICE
FORT BEND COUNTY WOMEN'S CENTER PO BOX 183 RICHMOND, TX 77406	76-0032451	501C3	5,600				COMMUNITY SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES PO BOX 932852 ATLANTA, GA 31193	13-1874636	501C3	13,097				COMMUNITY SERVICE
SOUTH MONTGOMERY COUNTY WOODLANDS 9320 LAKESIDE BLVD THE WOODLANDS, TX 77381	74-2053667	501C3	6,000				COMMUNITY SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER HOUSTON 2600 NORTH LOOP WEST HOUSTON, TX 77092	74-1109737	501C3	10,000				COMMUNITY SERVICE
LEE COLLEGE FOUNDATION INC 909 DECKER DR BAYTOWN, TX 77520	74-6105365	501C3	75,000				COMMUNITY SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT BLUE PO BOX 893 MT BELVIEW, TX 77580	27-1867435	501C3	10,000				COMMUNITY SERVICE
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C3	18,110,871				COMMUNITY SERVICE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
METHODIST HOSPITAL GROUP

Employer identification number

35-2410801

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

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

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

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

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

4 During the year, did any person listed 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 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 in 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

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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

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

See Additional Data Table

Schedule J (Form 990) 2018

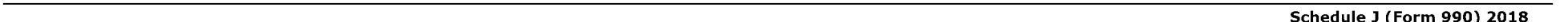
Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	HOUSTON METHODIST RESEARCH INSTITUTE, HOUSTON METHODIST CLEAR LAKE AND HOUSTON METHODIST BAYTOWN HOSPITAL USED THE FOLLOWING ITEMS TO ESTABLISH COMPENSATION OF THEIR CEOS (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) COMPENSATION SURVEY OR STUDY, AND (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. THE CEOS OF OTHER ENTITIES WITHIN THE GROUP ARE EMPLOYED BY THE METHODIST HOSPITAL, D/B/A HOUSTON METHODIST HOSPITAL WHO USED THE FOLLOWING ITEMS TO ESTABLISH COMPENSATION OF THEIR CEOS (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) COMPENSATION SURVEY OR STUDY, AND (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Return Reference	Explanation
PART I, LINE 4A	<p>HOUSTON METHODIST HAS A FORMAL SEVERANCE PLAN ELIGIBLE EMPLOYEES INCLUDE ALL FULL-TIME AND PART-TIME (NOT TEMPORARY OR PRN) STAFF INCLUDING HOURLY STAFF UP THROUGH SENIOR VICE PRESIDENTS PROVIDED THEY WORK AT LEAST 20 HOURS PER WEEK AND ARE NOT OTHERWISE COVERED BY A PHYSICIAN EMPLOYMENT AGREEMENT THE PLAN ONLY PROVIDES SALARY AND BENEFITS IN THE EVENT AN ELIGIBLE EMPLOYEE IS INVOLUNTARILY TERMINATED DUE TO THE ELIMINATION OF THEIR POSITION OR IF THEIR CURRENT POSITION IS SIGNIFICANTLY IMPACTED BY AN ORGANIZATIONAL RESTRUCTURING OR CHANGE IN REQUIREMENT AND A COMPARABLE POSITION IS NOT AVAILABLE WITHIN THE ORGANIZATION THE ELIGIBLE PERSON MUST ALSO SIGN A TERMINATION AGREEMENT IN ORDER TO RECEIVE SALARY CONTINUATION AND BENEFITS UNDER THE PLAN TO WHICH THEY WOULD NOT NORMALLY BE ELIGIBLE TO RECEIVE UNDER A VOLUNTARY RESIGNATION THE FOLLOWING SEVERANCE PAYMENTS WERE MADE FROM THIS PLAN DURING THE TAX YEAR ENDED DECEMBER 31, 2018 JONATHAN D STURGIS \$189,185 AND NANCY C KEENAN \$130,235 PART I, LINE 4B HOUSTON METHODIST HAS THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DESCRIBED BELOW THE SERP IS A NONQUALIFIED EMPLOYER FUNDED PLAN CONTRIBUTIONS ARE MADE ANNUALLY INTO A TAX DEFERRED ACCOUNT AND ARE CONSIDERED TAXABLE UPON VESTING (I E COMPLETION OF THREE YEARS OF VESTING SERVICE) ONCE VESTED, EACH YEAR'S SUBSEQUENT CONTRIBUTION IS TAXABLE WITHIN THE CALENDAR YEAR IN WHICH THE DEPOSIT WAS MADE ACCOUNT BALANCES CANNOT BE ACCESSED UNTIL RETIREMENT OR TERMINATION (WHICHEVER OCCURS FIRST) AND MAY BE SUBJECT TO NON-REVOCABLE DISTRIBUTION OPTIONS SELECTED UPON ELECTION THE FOLLOWING SERP PAYMENT WAS MADE FROM THIS PLAN DURING THE TAX YEAR ENDED DECEMBER 31, 2018 JONATHAN D STURGIS \$34,699</p>

Return Reference	Explanation
PART I, LINE 7	THIS ORGANIZATION PROVIDES VARIABLE COMPENSATION OPPORTUNITY THROUGH AN ANNUAL MANAGEMENT INCENTIVE PLAN SUPERVISOR LEVEL AND ABOVE MAY BE ELIGIBLE TO PARTICIPATE THE ANNUAL INCENTIVE PROGRAM IS BASED ON SYSTEM AND OPERATING ENTITY LEVEL PERFORMANCE IN THE AREAS OF QUALITY IMPROVEMENT OUTCOMES, PATIENT SATISFACTION AND FINANCIAL PERFORMANCE IN ADDITION, A PORTION OF THE PAYOUT PERCENTAGE IS BASED ON GOALS THAT ARE SPECIFIC TO THE PARTICIPANTS' MANAGEMENT ROLES AT THE DIVISION OR DEPARTMENT LEVEL INCLUDING BUT NOT LIMITED TO SUCH METRICS AS OPERATING RESULTS, QUALITY AND SAFETY IMPROVEMENTS AND CUSTOMER SATISFACTION MEASURES DETERMINATION OF A PARTICIPANT'S PERCENTAGE OF THE POTENTIAL BONUS PAYOUT(PAID AS A PERCENT OF BASE SALARY) IS BASED ON WHETHER THE INDIVIDUAL ATTAINS AGREED UPON GOALS FOR THEIR AREA OF RESPONSIBILITY AS DETERMINED BY THEIR IMMEDIATE SUPERVISOR AS WELL AS ENTITY AND SYSTEM GOALS MET



Additional Data

Software ID:
Software Version:
EIN: 35-2410801
Name: METHODIST HOSPITAL GROUP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRET T CURRAN SEE SCHEDULE O	(i)	345,996	139,505	65,444	23,899	30,743	605,587	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER ROBбен MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	444,985	48,567	12,221	23,900	34,728	564,401	0
GREGORY TERRY MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	253,222	71,374	4,350	21,223	16,258	366,427	0
JANICE FINDER SEE SCHEDULE O	(i)	158,732	27,089	10,640	15,388	24,667	236,516	0
	(ii)	0	0	0	0	0	0	0
JOHN COOKE MD PHD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	348,440	56,527	9,314	21,519	4,843	440,643	0
JOSHUA SEPTIMUS MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	273,007	63,936	1,116	21,704	45,315	405,078	0
JULIA ANDRIENI MD SEE SCHEDULE O	(i)	388,563	117,520	53,178	21,568	18,488	599,317	0
	(ii)	0	0	0	0	0	0	0
KEVIN J BURNS SEE SCHEDULE O	(i)	879,542	417,715	213,264	26,200	34,633	1,571,354	0
	(ii)	0	0	0	0	0	0	0
MAHENDRA JAIN MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	269,225	108,656	2,277	20,708	27,896	428,762	0
MARC L BOOM MD SEE SCHEDULE O	(i)	1,528,951	1,147,288	445,647	26,200	31,186	3,179,272	0
	(ii)	0	0	0	0	0	0	0
MAURO FERRARI PHD EX OFFICIO SEE SCHEDULE O	(i)	801,584	384,495	253,108	26,114	44,762	1,510,063	0
	(ii)	0	0	0	0	0	0	0
NATALIE DRYDEN MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	175,769	189,835	718	16,650	31,820	414,792	0
RAMON M CANTU SEE SCHEDULE O	(i)	923,382	443,395	223,428	26,292	47,412	1,663,909	0
	(ii)	0	0	0	0	0	0	0
ROBERT A PHILLIPS MD SEE SCHEDULE O	(i)	808,622	394,328	183,281	26,200	21,155	1,433,586	0
	(ii)	0	0	0	0	0	0	0
ROBERTA L SCHWARTZ PHD SEE SCHEDULE O	(i)	885,028	399,822	207,357	26,480	32,186	1,550,873	0
	(ii)	0	0	0	0	0	0	0
RON A GENTRY MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	291,286	61,314	2,799	23,900	47,026	426,325	0
SEVA PAPAGEORGE MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	175,883	4,580	276	16,650	28,082	225,471	0
SIDNEY J SANDERS SEE SCHEDULE O	(i)	338,143	131,808	95,170	23,900	28,351	617,372	0
	(ii)	0	0	0	0	0	0	0
TIFFANY BURNS MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	204,500	6,407	1,296	17,287	48,937	278,427	0
TIMOTHY B BOONE MD PHD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	888,186	111,211	15,444	21,635	47,022	1,083,498	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TODD TRASK MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	570,978	567	6,846	26,814	70,941	676,146	0
FAISAL N MASUD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	539,789	25,567	3,969	26,200	45,624	641,149	0
DANIEL B NEWMAN SEE SCHEDULE O	(i)	311,415	95,492	39,423	23,900	41,646	511,876	0
	(ii)	0	0	0	0	0	0	0
DAVID P BERNARD SEE SCHEDULE O	(i)	376,086	98,690	47,637	23,900	41,983	588,296	0
	(ii)	0	0	0	0	0	0	0
EDWARD L TYRRELL SEE SCHEDULE O	(i)	408,622	162,525	84,778	26,226	31,033	713,184	0
	(ii)	0	0	0	0	0	0	0
JEFF CARR SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	231,935	72,648	15,158	22,979	28,135	370,855	0
CHRIS SIEBENALER SEE SCHEDULE O	(i)	618,419	224,913	117,131	23,900	43,202	1,027,565	0
	(ii)	0	0	0	0	0	0	0
DEBRA SUKIN SEE SCHEDULE O	(i)	601,160	229,954	118,573	21,600	49,864	1,021,151	0
	(ii)	0	0	0	0	0	0	0
EDWARD JONES SEE SCHEDULE O	(i)	385,314	150,197	61,209	23,946	29,642	650,308	0
	(ii)	0	0	0	0	0	0	0
JANET LEATHERWOOD SEE SCHEDULE O	(i)	253,986	75,349	44,847	23,550	27,705	425,437	0
	(ii)	0	0	0	0	0	0	0
JONATHAN STURGIS SEE SCHEDULE O	(i)	47,899	43,008	228,530	18,433	9,975	347,845	0
	(ii)	0	0	0	0	0	0	0
KATHERINE WALSH SEE SCHEDULE O	(i)	206,047	74,267	64,916	23,853	21,133	390,216	0
	(ii)	0	0	0	0	0	0	0
KEITH BARBER SEE SCHEDULE O	(i)	394,415	146,779	83,593	21,620	46,237	692,644	0
	(ii)	0	0	0	0	0	0	0
KERRIE GUERRERO SEE SCHEDULE O	(i)	228,518	69,823	7,679	22,406	3,928	332,354	0
	(ii)	0	0	0	0	0	0	0
LIISA ORTEGON SEE SCHEDULE O	(i)	321,855	135,605	51,465	24,579	29,560	563,064	0
	(ii)	0	0	0	0	0	0	0
LINDA K KULHANEK SEE SCHEDULE O	(i)	267,995	85,358	23,701	21,543	17,894	416,491	0
	(ii)	0	0	0	0	0	0	0
LOWELL STANTON SEE SCHEDULE O	(i)	263,388	79,183	34,164	23,894	41,619	442,248	0
	(ii)	0	0	0	0	0	0	0
MICHAEL L GARCIA SEE SCHEDULE O	(i)	315,398	128,587	43,357	19,472	30,779	537,593	0
	(ii)	0	0	0	0	0	0	0
NANCY C KEENAN SEE SCHEDULE O	(i)	102,306	64,993	171,094	20,835	11,025	370,253	0
	(ii)	0	0	0	0	0	0	0
REBECCA CHALUPA SEE SCHEDULE O	(i)	223,193	48,104	55,361	24,393	27,540	378,591	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VICTORIA BROWNEWELL SEE SCHEDULE O	(i)	252,163	81,735	37,215	23,588	31,610	426,311	0
	(ii)	0	0	0	0	0	0	0
WAYNE M VOSS SEE SCHEDULE O	(i)	468,420	191,680	102,392	23,900	44,426	830,818	0
	(ii)	0	0	0	0	0	0	0
BARBARA M QUANDT SEE SCHEDULE O	(i)	169,060	24,093	4,220	16,364	28,249	241,986	0
	(ii)	0	0	0	0	0	0	0
ALECIA L RISTER SEE SCHEDULE O	(i)	168,886	30,597	870	15,340	2,396	218,089	0
	(ii)	0	0	0	0	0	0	0
TRENT FULIN SEE SCHEDULE O	(i)	200,937	63,933	780	18,557	24,078	308,285	0
	(ii)	0	0	0	0	0	0	0
CARL T LITTLE SEE SCHEDULE O	(i)	194,070	52,640	736	15,728	1,064	264,238	0
	(ii)	0	0	0	0	0	0	0
CAROLE HACKETT SEE SCHEDULE O	(i)	520,491	191,845	188,678	24,091	19,337	944,442	0
	(ii)	0	0	0	0	0	0	0
CATHY L EASTER SEE SCHEDULE O	(i)	364,312	144,317	44,918	26,200	27,396	607,143	0
	(ii)	0	0	0	0	0	0	0
STEPHEN T WONG SEE SCHEDULE O	(i)	442,466	667	7,941	23,485	44,129	518,688	0
	(ii)	0	0	0	0	0	0	0
SUSAN H COULTER SEE SCHEDULE O	(i)	467,999	174,433	93,339	21,600	29,325	786,696	0
	(ii)	0	0	0	0	0	0	0
DANIEL W PANTERA SEE SCHEDULE O	(i)	317,642	99,331	45,706	23,900	42,901	529,480	0
	(ii)	0	0	0	0	0	0	0
SHAWN TITTLE MD SEE SCHEDULE O	(i)	0	0	0	0	0	0	0
	(ii)	371,065	25,567	2,270	21,600	27,049	447,551	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
METHODIST HOSPITAL GROUP**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

35-2410801

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 ITEM (H) (B)	AFFILIATED ORGANIZATIONS NOT INCLUDED IN GROUP RETURN (TOTAL OF 2 ENTITIES) (1) TMH PHYSICIAN ORGANIZATION (D/B/A HOUSTON METHODIST SPECIALTY PHYSICIAN GROUP), EIN 57-1201170, 6565 FANNIN, HOUSTON, TX 77030 (2) METHODIST HOSPITAL FOUNDATION (D/B/A HOUSTON METHODIST HOSPITAL FOUNDATION), EIN 76-0094743, 6565 FANNIN, HOUSTON, TX 77030

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	THE ORGANIZATIONS IN METHODIST HOSPITAL GROUP (GROUP) (SEE STATEMENT 1) ARE PART OF THE METHODIST HOSPITAL, DOING BUSINESS AS HOUSTON METHODIST HOSPITAL, WHOSE MISSION IS TO PROVIDE HIGH QUALITY, COST-EFFECTIVE HEALTH CARE THAT DELIVERS THE BEST VALUE TO THE PEOPLE WE SERVE IN A SPIRITUAL ENVIRONMENT OF CARING IN ASSOCIATION WITH INTERNATIONALLY RECOGNIZED TEACHING AND RESEARCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE ENTITIES IN METHODIST HOSPITAL GROUP (SEE STATEMENT 1) INCLUDED IN THIS RETURN PERFORM DIFFERENT ACTIVITIES THE PROGRAM SERVICE ACCOMPLISHMENTS FOR THE ACTIVITIES ARE DESCRIBED BELOW</p> <p>1 METHODIST HEALTH CENTERS DOES BUSINESS AS HOUSTON METHODIST SUGAR LAND HOSPITAL (HMSL), HOUSTON METHODIST WILLOWBROOK HOSPITAL (HMWB), HOUSTON METHODIST WEST HOSPITAL (H MW), AND HOUSTON METHODIST WOODLANDS HOSPITAL (HMTW) 1A HMSL IS LOCATED IN SUGAR LAND, T EXAS, WHICH IS APPROXIMATELY 21 MILES SOUTHWEST OF DOWNTOWN HOUSTON, TEXAS AS OF DECEMBER 31, 2018, HMSL'S OPERATING BED CAPACITY WAS 321 PRINCIPAL MEDICAL SERVICES PROVIDED BY H MSL INCLUDE INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE, INTENSIVE CARE, 24 SURGERY SUITES, ONE BRONCHOSCOPY SUITE, TWO ENDOSCOPY SUITES, A RADIATION THERAPY CENTER, THREE C ARDIAC CATHETERIZATION LABS, A 24-HOUR EMERGENCY CARE CENTER, A BIRTHING AND WOMEN'S CENTE R, AN ACUTE WOUND CARE CENTER, A COMPREHENSIVE BREAST CENTER, A COMPLETE SPORTS MEDICINE A ND OUTPATIENT PHYSICAL THERAPY REHABILITATION CENTER AND STATE OF THE ART IMAGING SERVICES , INCLUDING MRI, CT, AND NUCLEAR MEDICINE HMSL HAS EARNED QUALITY-BASED HOSPITAL ACCREDIT ATION THROUGH DET NORSKE VERITAS (DNV), CHEST PAIN ACCREDITATION THROUGH THE SOCIETY OF CA RDIOVASCULAR PATIENT CARE, AND ACCREDITATION WITH THE COMMENDATION BY THE AMERICAN COLLEGE OF SURGEONS - COMMISSION ON CANCER HMSL RECORDED 272,471 VISITS DURING 2018 WHICH WERE C OMPRISED OF 202,596 OUTPATIENT VISITS, 52,809 EMERGENCY VISITS, AND 17,066 INPATIENT ADMIS SIONS 1B HMWB IS LOCATED IN NORTHWEST HARRIS COUNTY, APPROXIMATELY 25 MILES NORTHWEST OF DOWNTOWN HOUSTON, TEXAS AS OF DECEMBER 31, 2018, HMWB'S OPERATING BED CAPACITY WAS 310 PRINCIPAL MEDICAL SERVICES PROVIDED BY HMWB INCLUDE INPATIENT AND OUTPATIENT MEDICAL AND S URGICAL CARE, SURGERY SUITES, ENDOSCOPY SUITES, A CARDIAC CATHETERIZATION LAB, A 24-HOUR E MERGENCY DEPARTMENT, TWO FREESTANDING EMERGENCY CARE CENTERS, A CHILDBIRTH CENTER WITH A N EONATAL INTENSIVE CARE UNIT, AN INTENSIVE CARE UNIT, A BREAST CARE CENTER, INFUSION SERVIC ES, WOUNDS CARE, GENERAL AND DIAGNOSTIC RADIOLOGY, NUCLEAR MEDICINE, LABORATORY, RADIATION THERAPY, ORTHOPEDICS AND SPORTS MEDICINE, NEUROLOGY AND NEUROSURGERY, PHYSICAL THERAPY AN D 24 HOUR COVERAGE IN THE OBSTETRICS EMERGENCY DEPARTMENT AND INTENSIVE CARE UNIT HMWB RE CORDED 179,193 OUTPATIENT VISITS, 18,333 ADMISSIONS AND 71,768 EMERGENCY ROOM VISITS FOR A TOTAL OF 269,294 VISITS IN 2018 1C HMW IS LOCATED IN THE WESTERN PART OF HARRIS COUNTY, APPROXIMATELY 21 MILES WEST OF DOWNTOWN HOUSTON, TEXAS ON DECEMBER 17, 2010, HMW OPENED ITS EMERGENCY CENTER, OPERATING ROOMS, ICU, SURGERY CENTER AND ALL ANCILLARY SUPPORT SERVI CES THE HOSPITAL ALSO OPENED WITH ONE 6 STORY PROFESSIONAL OFFICE BUILDING AND HAS SINCE OPENING ADDED A SECOND OFFICE BUILDING AS WELL AS TWO PARKING GARAGES OTHER AREAS THAT HA VE BEEN DEVELOPED AND/OR EXPANDED SINCE OPENING INCLUDE ADDITIONAL SPECIALTY & OUTPATIENT AREAS INCLUDING A CANCER CENTE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>R, BIRTHING CENTER, BREAST CENTER, WOUND CARE, OPERATING ROOMS, CATH LABS AND CARDIAC IMAGING & AND A PHYSICAL THERAPY AREA DURING 2018 HMW HAD 121,235 OUTPATIENT VISITS, 48,296 EMERGENCY ROOM VISITS AND 11,888 INPATIENT ADMISSIONS FOR A TOTAL OF 181,419 VISITS CURRENTLY, HMW HAS 212 LICENSED OPERATING BEDS THE CAMPUS MASTER PLAN INCLUDES EXPANSION SPACE TO INCREASE THE INPATIENT CAPACITY TO APPROXIMATELY 400 BEDS AND TO ACCOMMODATE TWO ADDITIONAL PROFESSIONAL BUILDINGS 1D HMTW - HOUSTON METHODIST THE WOODLANDS IS LOCATED IN SOUTHERN MONTGOMERY COUNTY, APPROXIMATELY 35 MILES NORTH OF DOWNTOWN HOUSTON, TEXAS AS OF DECEMBER 31, 2018, HMTW'S OPERATING BED CAPACITY WAS 146 PRINCIPAL MEDICAL SERVICES PROVIDED BY HMTW INCLUDE INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE, SURGERY SUITES, ENDOSCOPY SUITES, CARDIAC CATHETERIZATION LABS, 24-HOUR EMERGENCY CARE CENTER, BIRTHING CENTER WITH A LEVEL II NURSERY, INTENSIVE CARE UNIT, GENERAL AND DIAGNOSTIC RADIOLOGY, NUCLEAR MEDICINE, LABORATORY, RADIATION THERAPY, SPORTS MEDICINE, PHYSICAL THERAPY, INFUSION AND 24 HOUR COVERAGE IN THE OB EMERGENCY DEPARTMENT AND INTENSIVE CARE UNIT HMTW RECORDED 7,871 ADMISSIONS, 5,628 SURGERIES, 1,693 CARDIAC CATHETERIZATION VISITS, 23,364 EMERGENCY ROOM VISITS AND 17,888 EQUIVALENT ADMISSIONS 2 HOUSTON METHODIST ST JOHN HOSPITAL(D/B/A HOUSTON METHODIST CLEAR LAKE HOSPITAL (HMCL)) IS ONE OF THE NEWEST MEMBERS OF HOUSTON METHODIST AND OPERATES AS AN ACUTE CARE HOSPITAL IN NASSAU BAY, TEXAS THE HOSPITAL HAS 123 LICENSED OPERATING BEDS AS OF DECEMBER 31, 2018 IN ADDITION TO HAVING OVER 500 PHYSICIANS AND 800 STAFF MEMBERS TO OFFER ADVANCED MEDICAL AND SURGICAL CARE, HMCL HAS EARNED QUALITY-BASED HOSPITAL ACCREDITATION THROUGH DET NORSKE VERITAS (DNV), CHEST PAIN ACCREDITATION THROUGH THE SOCIETY OF CARDIOVASCULAR PATIENT CARE AND IS A STROKE READY DESIGNATED FACILITY THROUGH DNV HMCL RECORDED 158,585 VISITS DURING 2018 WHICH WERE COMPRISED OF 127,407 OUTPATIENT VISITS, 24,464 EMERGENCY VISITS, AND 6,714 INPATIENT ADMISSIONS 3 HOUSTON METHODIST ST CATHERINE HOSPITAL (D/B/A HOUSTON METHODIST CONTINUING CARE HOSPITAL (HMCCH)) IS A SPECIALTY CARE HOSPITAL PROVIDING LONG-TERM ACUTE CARE (LTAC) AS WELL AS OFFERING MANY OUTPATIENT SERVICES IN THE KATY COMMUNITY LTAC PATIENTS RECEIVE DAILY CARE FROM A DEDICATED MEDICAL TEAM FOR A PERIOD OF TYPICALLY 25 DAYS OR MORE THE SERVICES PROVIDED INCLUDE INTENSIVE PHYSICAL THERAPY, RESPIRATORY THERAPY, HEAD TRAUMA TREATMENT, PAIN MANAGEMENT, IMAGING, AND OUTPATIENT REHABILITATION CURRENTLY HMCCH HAS 50 OPERATING BEDS 4 SAN JACINTO METHODIST HOSPITAL (D/B/A HOUSTON METHODIST BAYTOWN HOSPITAL (HMB)) PROVIDES HOSPITAL SERVICES OUT OF TWO LOCATIONS IN BAYTOWN, TEXAS, WHICH IS APPROXIMATELY 30 MILES EAST OF DOWNTOWN HOUSTON, TEXAS TWO SITES HAVE ADJACENT PROFESSIONAL OFFICE BUILDINGS THAT LEASE OFFICE SPACE TO PHYSICIANS WHO PRACTICE WITHIN THE HOSPITALS AND HOUSE HOSPITAL FUNCTIONS AS OF DECEMBER 31, 2018, HMB HAD 217 HOSPITAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS	<p>L BEDS IN OPERATION PRINCIPAL MEDICAL SERVICES PROVIDED INCLUDE WOMEN'S HEALTH, OBSTETRIC S, CANCER CENTER, UROLOGY, ORTHOPEDICS, DIABETES EDUCATION, CARDIOVASCULAR LAB, REHABILITATION, INTENSIVE CARE MEDICAL AND SURGICAL SERVICES AND EMERGENCY CARE A FULL SERVICE PSYCHIATRIC PROGRAM IS INCLUDED, AS WELL AS A SKILLED NURSING FACILITY HMB OPERATES THE ONLY HOSPITAL EMERGENCY ROOM IN BAYTOWN AND SERVED ITS COMMUNITY IN 2018 BY PROVIDING 13,374 INPATIENT ADMISSIONS, 56,380 EMERGENCY ROOM VISITS, AND 108,378 OUTPATIENT VISITS FOR A TOTAL OF 178,132 VISITS 5 TMH MEDICAL OFFICE BUILDINGS IS OPERATED TO SUPPORT HOUSTON METHODIST HOSPITAL, HOUSTON METHODIST WILLOWBROOK HOSPITAL, HOUSTON METHODIST SAN JACINTO HOSPITAL, HOUSTON METHODIST SUGAR LAND HOSPITAL, HOUSTON METHODIST WEST HOSPITAL, HOUSTON METHODIST ST CATHERINE HOSPITAL, AND HOUSTON METHODIST THE WOODLANDS HOSPITAL THE TMH MEDICAL OFFICE BUILDINGS ALSO OPERATES OFFICE BUILDINGS CONNECTED, ATTACHED OR PROXIMAL TO THESE HOSPITALS TMH MEDICAL OFFICE BUILDINGS PROVIDES SPACE FOR HOSPITAL DEPARTMENTS AND SUPPORT SERVICES IN ADDITION TO THESE SERVICES, TMH MEDICAL OFFICE BUILDINGS LEASES SPACE TO HOSPITAL EMPLOYED PHYSICIAN PRACTICES IN SUPPORT OF THESE HOSPITALS 6 DIAGNOSTIC CENTER HOSPITAL OF TEXAS (DCH) OWNS HOSPITAL ASSETS THAT ARE LEASED UNDER THE TERMS OF A LONG TERM LEASE TO HOUSTON METHODIST HOSPITAL (HMH) HMH IN TURN UTILIZES THESE ASSETS, ALONG WITH OTHER SUBSTANTIAL ASSETS THAT IT OWNS, TO PROVIDE DIRECT PATIENT CARE</p>

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Return Reference	Explanation
<p>7 THE HOUSTON METHODIST RESEARCH INSTITUTE, ESTABLISHED IN 2004, IS A</p>	<p>CORNERSTONE OF HOUSTON METHODIST'S POSITION AS A NATIONALLY RECOGNIZED ACADEMIC MEDICAL CENTER ITS GOAL IS TO STREAMLINE THE MOVEMENT OF NEW DISCOVERIES INTO THE CLINIC AS RAPIDLY AS POSSIBLE WITH PRAGMATIC AND INVENTIVE DEVELOPMENT PRACTICES RESEARCH TEAMS BRIDGE THE BOUNDARIES BETWEEN SPECIALTIES IN ORDER TO INNOVATE HEALTH CARE TECHNOLOGY AND TRAIN CLINICIANS AND RESEARCHERS FROM AROUND THE WORLD IN TRANSLATIONAL PRACTICES AND ADVANCED TECHNOLOGIES THE RESEARCH INSTITUTE HAS BUILT RESEARCH DEPARTMENTS, PROGRAMS, AND CORE FACILITIES TO PROVIDE PLATFORM TECHNOLOGY IN SUPPORT OF CLINICAL RESEARCH PROGRAMS THROUGHOUT HOUSTON METHODIST ITS RESEARCH GOALS ARE CLOSELY ALIGNED AND PROVIDE THE ACADEMIC FOUNDATION FOR HOUSTON METHODIST HOSPITAL'S CLINICAL SERVICE LINES THE RESEARCH INSTITUTE SERVES AS A FOCAL POINT FOR PHYSICIANS AND SCIENTISTS WITH DIVERSE INTERESTS AND BACKGROUNDS TO COME TOGETHER, SHARE IDEAS, AND DEVELOP INNOVATIONS FOR CLINICAL CARE THE PURPOSE OF THE RESEARCH INSTITUTE IS TO CONDUCT ESSENTIAL BIOMEDICAL RESEARCH, WHICH IS A CRITICAL COMPONENT OF AN ACADEMIC MEDICAL CENTER THE RESEARCH INSTITUTE'S MISSION IS TO REDUCE THE BURDEN OF DISEASE AND SUFFERING BY DEVELOPING NEW STRATEGIES FOR THE TREATMENT AND PREVENTION OF DISEASE HMRI TRANSLATES ADVANCES IN THE BASIC BIOMEDICAL SCIENCES INTO NEW APPROACHES TO IMPROVE HUMAN HEALTH (TRANSLATIONAL RESEARCH) AND CONDUCTS CLINICAL TRIALS THAT TEST HYPOTHESES ABOUT THE EFFECTIVENESS OF PROPOSED TREATMENTS FOR HUMAN DISEASE (CLINICAL RESEARCH) MAJOR GOALS FOR THE FUTURE OF THE RESEARCH INSTITUTE INCLUDE - TO MAKE SEMINAL CONTRIBUTIONS IN THE BIOMEDICAL SCIENCES - TO SET THE PACE OF SCIENTIFIC DISCOVERY NATIONALLY AND INTERNATIONALLY - TO PROVIDE BETTER CARE FOR OUR PATIENTS AND PATIENTS EVERYWHERE - TO ENHANCE THE REPUTATION OF THE HOSPITAL AS AN INNOVATOR IN MEDICAL RESEARCH AND PATIENT CARE - TO DISSEMINATE THE FINDINGS AND COMMERCIALIZE DISCOVERY THE RESEARCH INSTITUTE HAS THREE DEPARTMENTS NANOMEDICINE, CARDIOVASCULAR DISEASE, AND SYSTEMS MEDICINE & BIOENGINEERING THERE ARE ALSO 20 RESEARCH CORE FACILITIES AND 22 INTERDISCIPLINARY RESEARCH PROGRAMS AT HOUSTON METHODIST - BIOMARKER RESEARCH PROGRAM - BLANTON EYE INSTITUTE - CENTER FOR BIOENERGETICS - CENTER FOR CARDIOVASCULAR REGENERATION - CENTER FOR COMPUTATIONAL SURGERY - CENTER FOR IMMUNOTHERAPY - CENTER FOR INFLAMMATION & EPIGENETICS - CENTER FOR MOLECULAR & TRANSLATIONAL HUMAN INFECTIOUS DISEASES RESEARCH - CENTER FOR MUSCULOSKELETAL REGENERATION - CENTER FOR NEUROREGENERATION - CENTER FOR OUTCOMES RESEARCH - CENTER FOR PRECISION SURGERY - CENTER FOR REGENERATIVE AND RESTORATIVE NEUROSURGERY - CENTER FOR UROLOGICAL REGENERATION - HOUSTON METHODIST INSTITUTE FOR TECHNOLOGY, INNOVATION & EDUCATION - IMMUNOBIOLOGY & TRANSPLANT SCIENCE CENTER - INSTITUTE OF RECONSTRUCTIVE SURGERY - KENNETH R. PEAK BRAIN & PEDIATRIC TREATMENT CENTER - NANTZ NATIONAL ALZHEIMER CENTER - NEUROSCIENCES RESEARCH PROGRAM - REGENERATIVE MEDICINE PROGRAM</p>

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Return Reference	Explanation
7 THE HOUSTON METHODIST RESEARCH INSTITUTE, ESTABLISHED IN 2004, IS A	RAM - SHERRIE AND ALAN CONOVER CENTER FOR LIVER DISEASE & TRANSPLANTATION 8 HOUSTON METHO DIST COORDINATED CARE (HMCC) IS A NON-PROFIT CORPORATION THAT WAS FORMED ON JUNE 7, 2016 F OR THE BENEFIT OF HOUSTON METHODIST HOSPITALS ITS PURPOSE IS TO MANAGE, COORDINATE AND PR OMOTE ACCOUNTABILITY FOR THE QUALITY, PATIENT SAFETY, COST AND OVERALL CARE OF HOUSTON MET HODIST'S MEDICARE-ELIGIBLE PATIENTS BY FOLLOWING THEM THROUGH THEIR HEALTHCARE JOURNEY, AS WELL AS TO DECREASE HEALTH CARE COSTS TO MEDICARE AND THE PATIENTS HMCC SERVES HOUSTON M ETHODIST COORDINATED CARE ESTABLISHES, REPORTS, AND ENSURES PROVIDER COMPLIANCE WITH HEALT H CARE QUALITY CRITERIA, INCLUDING PERFORMANCE STANDARDS, CARE PROTOCOLS AND EFFICIENCY ME ASURE

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JOHN BOOKOUT III, DIRECTOR OF HOUSTON METHODIST RESEARCH INSTITUTE, IS THE SON OF JOHN BOOKOUT, WHO IS ALSO A DIRECTOR OF THE SAME ENTITY

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN 2018, HOUSTON METHODIST RESEARCH INSTITUTE MADE A CHANGE TO ITS BYLAWS THE AMENDMENT EXPANDS THE MAXIMUM NUMBER OF DIRECTORS FROM THIRTY (30) TO THIRTY-ONE (31), AND ALLOWS FOR THE CREATION OF AN EX-OFFICIO POSITION WITH VOTE ON ITS BOARD FOR THE PRESIDENT OF THE INSTITUTE FOR ACADEMIC MEDICINE

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>-HOUSTON METHODIST HOSPITAL IS THE SOLE CORPORATE MEMBER OF HOUSTON METHODIST RESEARCH INSTITUTE AND TMH HEALTH CARE GROUP -TMH HEALTH CARE GROUP IS THE SOLE CORPORATE MEMBER OF DIAGNOSTIC CENTER HOSPITAL CORP OF TEXAS, METHODIST HEALTH CENTERS, HOUSTON METHODIST BAYTOWN HOSPITAL, HOUSTON METHODIST SPECIALTY PHYSICIAN GROUP, TMH MEDICAL OFFICE BUILDINGS AND HOUSTON METHODIST COORDINATED CARE -HOUSTON METHODIST SPECIALTY PHYSICIAN GROUP IS THE SOLE CORPORATE MEMBER OF METHODIST PATHOLOGY ASSOCIATES, PLLC, METHODIST RADIOLOGY ASSOCIATES, PLLC, TMH PHYSICIAN ASSOCIATES, PLLC, TMH PHYSICIANS AND SURGEONS, PLLC, AND LONE STAR PATHOLOGY PLLC -METHODIST HEALTH CENTERS IS THE SOLE CORPORATE MEMBER OF HMCL, HMCCH AND HMSTC REAL PROPERTY</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EXCEPT AS NOTED BELOW, THE SUBSIDIARY ORGANIZATIONS' SOLE CORPORATE MEMBER OR THE ULTIMATE PARENT COMPANY, TMH, HAVE THE AUTHORITY TO APPOINT, REMOVE OR REPLACE THE MEMBERS OF THEIR RESPECTIVE BOARDS OF DIRECTORS. THE FOLLOWING ENTITIES ARE CONTROLLED SOLELY BY THEIR MEMBER, PO, AND DO NOT HAVE A SEPARATE GOVERNING BODY: TMH PHYSICIAN ASSOCIATES, PLLC; METHODIST PATHOLOGY ASSOCIATES, PLLC; METHODIST RADIOLOGY ASSOCIATES, PLLC; TMH PHYSICIANS AND SURGEONS, PLLC; LONE STAR PATHOLOGY, PLLC.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SUBSIDIARY ORGANIZATIONS' SOLE CORPORATE MEMBER OR ULTIMATE PARENT COMPANY, TMH, RESERVE THE FOLLOWING POWERS -AUTHORITY TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE ORGANIZATION, -AUTHORITY TO ESTABLISH THE MISSION, STRATEGY, AND POLICY OF THE ORGANIZATION, -APPROVAL AUTHORITY OF ALL GUARANTEES OF DEBT BY THE ORGANIZATION, -APPROVAL AUTHORITY OF THE ANNUAL OPERATING AND CAPITAL BUDGET OF THE ORGANIZATION, -APPROVAL AUTHORITY OF ALL ACQUISITIONS, DISSOLUTION, SALES OF CAPITAL ASSETS, PARTNERSHIPS, AND JOINT VENTURES OF THE ORGANIZATION, -AUTHORITY TO DIRECT THE ORGANIZATION IN ITS ACTIONS AS THE CORPORATE MEMBER OR SHAREHOLDER OF THE OTHER ORGANIZATIONS, -AUTHORITY TO AMEND THE CERTIFICATE AND THE BYLAWS AND COMPARABLE GOVERNING DOCUMENTS OF THE ORGANIZATION

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES (RETURN) IN A THOROUGH MANNER. THE RETURN IS PREPARED BY A PAID PREPARER. PRIOR TO FILING THE RETURN, A COPY OF THE FORM 990 IS MADE AVAILABLE TO BOARD MEMBERS (INCLUDING REQUIRED SCHEDULES) AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS' QUESTIONS.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	INDIVIDUALS SERVING IN A SIGNIFICANT DECISION MAKING CAPACITY COMPLETE A CONFLICT OF INTEREST (COI) QUESTIONNAIRE ANNUALLY A COMPREHENSIVE EVALUATION AND THOROUGH REVIEW OF DISCLOSURES IS PERFORMED BY A 6-MEMBER COI COMMITTEE COMPRISED OF EXECUTIVES, MANAGEMENT, AND STAFF THE RESULTS OF THE COI DISCLOSURES ARE SUMMARIZED AND REPORTED TO THE PARENT CORPORATION, HOUSTON METHODIST HOSPITAL'S BOARD AUDIT & COMPLIANCE COMMITTEE, INCLUDING CERTAIN ACTIONS BEING TAKEN TO PROTECT THE INTEGRITY OF HOUSTON METHODIST DECISION-MAKING IN ADDITION, CERTAIN DISCLOSURE RESULTS ARE ALSO COMMUNICATED TO MANAGEMENT AND TO AFFECTED COMMITTEE CHAIRS TO PROMOTE TRANSPARENCY, PROTECT DECISION-MAKING INTEGRITY, AND TO ENSURE RESTRICTIONS ARE IMPOSED WHERE APPROPRIATE CONFLICTED INDIVIDUALS MAY NOT VOTE OR EXERT SELF-SERVING INFLUENCE ON THE DISCLOSED MATTER

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>HOUSTON METHODIST HOSPITAL (HMH) (SOLE CORPORATE MEMBER OF THE SUBSIDIARIES) FOLLOWS IRS REGULATIONS AS IT RELATES TO ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS RELATED TO TOTAL COMPENSATION OF THE CEO OF THE ORGANIZATIONS AS WELL AS OTHER KEY EMPLOYEES AND COMPENSATED OFFICERS OF THE ORGANIZATIONS LISTED BELOW. IT HAS ESTABLISHED A PROCESS THAT INCLUDES THE FOLLOWING ELEMENTS: A SEPARATE COMMITTEE (THE BOARD COMMITTEE) COMPRISED OF INDEPENDENT DIRECTORS MEETS AT LEAST ANNUALLY TO REVIEW, DELIBERATE AND MAKE RECOMMENDATIONS TO HOUSTON METHODIST HOSPITAL BOARD OF DIRECTORS AS IT RELATES TO ANY CHANGES IN TOTAL COMPENSATION INCLUDING BASE PAY, BONUS AWARDS FROM INCENTIVE PROGRAMS OR BENEFITS AND PERQUISITES OF THE CEO. FOR 2018, THE BOARD COMMITTEE REVIEWED AND RECOMMENDED COMPENSATION PACKAGES FOR THE FOLLOWING POSITIONS: -PRESIDENT/CEO, HOUSTON METHODIST WHO SERVES AS DIRECTOR, OFFICER, DIRECTOR AND OFFICER - PRESIDENT & CEO (METHODIST HEALTH CENTERS), DIRECTOR (HOUSTON METHODIST RESEARCH INSTITUTE), DIRECTOR & OFFICER-CHAIRPERSON (HOUSTON METHODIST BAYTOWN HOSPITAL), DIRECTOR AND OFFICER-PRESIDENT/CEO (TMH HEALTH CARE GROUP), DIRECTOR AND OFFICER-CHAIRPERSON (TMH MEDICAL OFFICE BUILDINGS), AND DIRECTOR & OFFICER-CHAIRPERSON (DIAGNOSTIC CENTER HOSPITAL CORPORATION OF TEXAS), DIRECTOR, CHAIRPERSON, PRESIDENT & CEO (HOUSTON METHODIST CLEAR LAKE HOSPITAL), DIRECTOR, CHAIRPERSON, PRESIDENT & CEO (HOUSTON METHODIST CONTINUING CARE HOSPITAL), DIRECTOR, CHAIRPERSON, PRESIDENT & CEO (HOUSTON METHODIST ST. CATHERINE REAL PROPERTY) -EVP, CHIEF FINANCIAL OFFICER/CHIEF BUSINESS OFFICER, OFFICER-ASSISTANT SECRETARY & TREASURER (HOUSTON METHODIST HOSPITAL), OFFICER-ASSISTANT SECRETARY (HOUSTON METHODIST RESEARCH INSTITUTE), OFFICER-ASSISTANT SECRETARY (METHODIST HEALTH CENTERS), OFFICER-ASSISTANT SECRETARY (HOUSTON METHODIST BAYTOWN HOSPITAL), OFFICER-SECRETARY (TMH HEALTH CARE GROUP), DIRECTOR AND OFFICER, VICE CHAIRPERSON, SECRETARY AND TREASURER (DIAGNOSTIC CENTER HOSPITAL), DIRECTOR AND OFFICER, SECRETARY & TREASURER (TMH MEDICAL OFFICE BUILDINGS), DIRECTOR, SECRETARY, TREASURER (HOUSTON METHODIST ST. CATHERINE REAL PROPERTY), DIRECTOR, CHAIRPERSON, SECRETARY (HOUSTON METHODIST CLEAR LAKE HOSPITAL), DIRECTOR, SECRETARY, TREASURER (HOUSTON METHODIST CONTINUING CARE HOSPITAL) -EVP, CHIEF INFORMATION OFFICER (HOUSTON METHODIST HOSPITAL), DIRECTOR, PRESIDENT & CEO (DIAGNOSTIC CENTER HOSPITAL), DIRECTOR (TMH MEDICAL OFFICE BUILDINGS), VICE PRESIDENT (TMH PHYSICIAN ORGANIZATION) -EVP, CHIEF LEGAL OFFICER, STRATEGIC & BUSINESS DEVELOPMENT OFFICER (HOUSTON METHODIST HOSPITAL), DIRECTOR, VICE CHAIR (HOUSTON METHODIST CONTINUING CARE HOSPITAL), DIRECTOR (HOUSTON METHODIST CLEAR LAKE HOSPITAL), DIRECTOR, VICE CHAIRPERSON (HOUSTON METHODIST ST. CATHERINE REAL PROPERTY) -SVP, HUMAN RESOURCES -SVP, HOUSTON METHODIST HOSPITAL FOUNDATION -SVP AND CEO OF HOUSTON METHODIST BAYTOWN HOSPITAL WHO SERVES AS OFFICER-PRESIDENT, CEO AND TREASURER OF HOUSTON METHODIST B</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AYTOWN HOSPITAL -PRESIDENT/CEO, HOUSTON METHODIST RESEARCH INSTITUTE WHO ALSO SERVES AS A DIRECTOR -SVP AND CEO, HOUSTON METHODIST SUGAR LAND HOSPITAL -SVP AND CEO, HOUSTON METHODIST WILLOWBROOK HOSPITAL -SVP AND CEO, HOUSTON METHODIST WEST HOUSTON HOSPITAL -SVP AND CEO , HOUSTON METHODIST THE WOODLANDS HOSPITAL -SVP AND COO, HOUSTON METHODIST RESEARCH INSTITUTE THE BOARD COMMITTEE ESTABLISHES THAT NO MEMBER HAS ANY CONFLICT OF INTEREST WITH REGARD TO THE EXECUTIVE COMPENSATION ARRANGEMENTS BEING APPROVED THE BOARD COMMITTEE REVIEWS AND CONSIDERS INFORMATION PROVIDED BY AN EXTERNAL CONSULTANT ENGAGED TO ENSURE IT HAS DIRECT ACCESS TO -COMPENSATION INFORMATION PAID BY COMPARABLE ORGANIZATIONS, FOR FUNCTIONALLY COMPARABLE POSITIONS -COMPENSATION NORMS IN THE ORGANIZATION'S IMMEDIATE LOCALE AND FROM OTHER INDEPENDENT COMPENSATION SURVEYS BY NATIONALLY RECOGNIZED INDEPENDENT FIRMS THAT REPRESENT THE ORGANIZATION'S LOGICAL PEER GROUP -COMPENSATION INFORMATION THAT INCLUDES INFORMATION ON BASE SALARY, INCENTIVES, BENEFITS AND PERQUISITES FOR TOTAL COMPENSATION COMPARISON PURPOSES TO ENSURE REASONABLE COMPETITIVE RANKING THE BOARD COMMITTEE RELIES ON THE COMPARABILITY DATA TO REACH CONSENSUS THAT ITS RECOMMENDATIONS TO THE BOARD REGARDING EXECUTIVE COMPENSATION CHANGES ARE REASONABLE AND IN LINE WITH THE ORGANIZATION'S OVERALL TOTAL COMPENSATION PHILOSOPHY FOR EXECUTIVE PAY THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY SUBSTANTIATED THE COMPENSATION FOR POSITIONS HELD BY THE OTHER COMPENSATED OFFICERS, DIRECTORS AND KEY EMPLOYEES LISTED ON PART VII, SECTION A IS DETERMINED BASED ON A THOROUGH REVIEW OF NUMEROUS COMPENSATION STUDIES CONDUCTED BY NATIONALLY RECOGNIZED, INDEPENDENT FIRMS THAT PROVIDE MARKET DATA FOR TOTAL COMPENSATION FOR SIMILAR POSITIONS THE COMPENSATION INFORMATION CONSIDERED INCLUDES INFORMATION ON BASE SALARY, INCENTIVES, AND BENEFITS FOR TOTAL COMPENSATION PURPOSES TO ENSURE REASONABLE COMPETITIVE RANKING IN ORDER TO MEET RECRUITMENT AND RETENTION OBJECTIVES THAT SECURE THE TALENT REQUIRED TO CONTRIBUTE TO ORGANIZATIONAL SUCCESS)</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS (EXCEPT THE ARTICLES OF INCORPORATION, WHICH ARE ON FILE WITH THE SECRETARY OF THE STATE OF TEXAS), CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATIONS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

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Return Reference	Explanation
FORM 990, PART VII, SECTION A	THE FOLLOWING LIST OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES PROVIDE ENTITY LEVEL DETAILS TO SUPPORT THE INFORMATION REPORTED IN PART VII SINCE MANY OF THE GROUP'S REPORTABLE INDIVIDUALS SERVE MORE THAN ONE ENTITY INCLUDED IN THIS GROUP RETURN IN ADDITION, PURSUANT TO TREASURY REGULATION SECTION 1 6033-2(D)(5), HOUSTON METHODIST HOSPITAL, WHICH IS THE CENTRAL ORGANIZATION OF THE GROUP, ELECTED TO REPORT INFORMATION ABOUT ITS CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, AND CURRENT HIGHEST COMPENSATED EMPLOYEES IN THIS GROUP RETURN EACH PERSON LISTED BELOW HELD THE FOLLOWING POSITION WITH THE CENTRAL ORGANIZATION AND/OR ENTITIES INCLUDED IN THIS GROUP RETURN

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Return Reference	Explanation
<p>ALBERT CHAO IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION</p>	<p>HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) ALECIA RISTER RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST RESEARCH INSTITUTE AND HE LD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - KEY EMPLOYEE, CHIEF FINA NCIAL OFFICER (AVERAGE HOURS PER WEEK-50) ANDREW VON ESCHENBACH, MD IS AN UNCOMPENSATED DI RECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (A VERAGE HOURS PER WEEK-2) ANTONIO GOTTO, MD, DPHIL, EX OFFICIO RECEIVED ALL OF HIS PART VI I COMPENSATION FROM HOUSTON METHODIST HOSPITAL HE HELD THE FOLLOWING POSITION HOUSTON ME THODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) AUGUSTINE M K CHOI, MD , EX OFFICIO IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODI ST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) BISHOP SCOTT JONES IS AN UNCO MPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) BARBARA QUANDT RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HEALTH CENTERS, HMWB - KEY EMPLOYEE - VICE PRESIDENT & CHIEF NURSING OFFICER (AVERAGE HOURS PER WEEK-2) BRET T CURRAN RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST H OSPITAL AND HELD THE FOLLOWING POSITION HMM SVP BILLING & COLLECTION (AVERAGE HOURS PER W EEK - 48), HMM MEDICAL OFFICE BUILDINGS - DIRECTOR (AVERAGE HOURS PER WEEK-50) BRIAN AQUINO, MD IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST COO RDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) CARL T LITTLE RECEIVED ALL OF HIS PA RT VII COMPENSATION FROM THE HEALTH CENTERS HE HELD THE FOLLOWING POSITION METHODIST HEA LTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT/CHIEF OPERATING OFFICER METHODIST WILLOWBROOK H OSPITAL (AVERAGE HOURS PER WEEK-50) CARLTON E BAUCUM IS AN UNCOMPENSATED DIRECTOR HE HE LD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR & OFFICER, VICE CHAIRPERSON (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - DIRECTOR (AVERAGE HOURS PER WEEK-2) , HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) CAROLE HACKETT RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FO LLOWING POSITIONS HOUSTON METHODIST HOSPITAL - SENIOR VICE PRESIDENT, HUMAN RESOURCES (AV ERAGE HOURS PER WEEK-50) CARRIE L BYINGTON, MD, EX OFFICIO IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAG E HOURS PER WEEK-2) CATHERINE S JODEIT IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLO WING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) CATHY L EASTER RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - SENIOR VICE PRESIDENT/CHIEF EXECUTIVE OFFICER GLOBAL HEAL</p>

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Return Reference	Explanation
<p>ALBERT CHAO IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION</p>	<p>TH CARE SERVICES (AVERAGE HOURS PER WEEK-50) CHRIS SIEBENALER RECEIVED ALL OF HIS PART VI I COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITIONS METHODIST H EALTH CENTERS - KEY EMPLOYEE, REGIONAL SENIOR VICE PRESIDENT (AVERAGE HOURS PER WEEK 16) A ND HOUSTON METHODIST CLEAR LAKE HOSPITAL (AVERAGE HOURS PER WEEK 16) AND CHIEF EXECUTIVE O FFICER - HOUSTON METHODIST SUGAR LAND (AVERAGE HOURS PER WEEK-16) AND 2 WITH RELATED ORGAN IZATION CHRISTOPHER P ROBBEN RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED OR GANIZATION AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST COORDINATED CARE - DIRECTOR & OFFICER, MEDICAL DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP) AND 48 WITH RELATED O RGANIZATION CONNIE DYER IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITION ME THODIST HEALTH CENTERS - DIRECTOR (AVERAGE HOURS PER WEEK-2) DAN O DINGES IS AN UNCOMPEN SATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIR ECTOR (AVERAGE HOURS PER WEEK-2) DANIEL B NEWMAN RECEIVED ALL OF HIS PART VII COMPENSATI ON FROM HOUSTON METHODIST CLEAR LAKE HOSPITAL HE HELD THE FOLLOWING POSITION HOUSTON MET HODIST CLEAR LAKE HOSPITAL - OFFICER, SENIOR VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER (A VERAGE HOURS PER WEEK-48) AND 2 WITH RELATED ORGANIZATION DANIEL W PANTERA RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITI ONS HOUSTON METHODIST HOSPITAL - VP BUS PRACTICES OFFICER, CHIEF AUDIT OFFICER (AVERAGE H OURS PER WEEK-50) DAVID C BAGGETT, JR IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWI NG POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) D AVID CHAO IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) DAVID M UNDERWOOD, JR IS AN UN COMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTO R & OFFICER, ASSISTANT SECRETARY (AVERAGE HOURS PER WEEK-2 IN THE GROUP) AND 2 WITH RELATE D ORGANIZATION DAVID P BERNARD RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON ME THODIST BAYTOWN HOSPITAL HE HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPI TAL - OFFICER, SENIOR VICE PRESIDENT, CHIEF EXECUTIVE OFFICER, TREASURER (AVERAGE HOURS PER WEEK-48) AND 2 WITH RELATED ORGANIZATION DEBRA F SUKIN RECEIVED ALL OF HER PART VII COM PENSATION FROM HOUSTON METHODIST HOSPITAL SHE HELD THE FOLLOWING POSITIONS METHODIST HEA LTH CENTERS - KEY EMPLOYEE, REGIONAL SENIOR VICE PRESIDENT - HOUSTON METHODIST BAYTOWN HOS PITAL AND METHODIST WILLOWBROOK HOSPITAL, AND CHIEF EXECUTIVE OFFICER - HOUSTON METHODIST THE WOODLANDS HOSPITAL (AVERAGE HOURS PER WEEK-48) AND 2 WITH RELATED ORGANIZATION DR ED MUND ROBB, III IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHO DIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) DR THOMAS J PACE, III IS AN UNCOMPE NSATED DIRECTOR HE HELD THE F</p>

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Return Reference	Explanation
ALBERT CHAO IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION	<p> FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) EDWARD A JONES RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST RESEARCH INSTITUTE AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - KEY EMPLOYEE, SENIOR VICE PRESIDENT/CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK-50) EDWARD L TYRRELL RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL, SENIOR VICE PRESIDENT (AVERAGE HOURS PER WEEK OF 40), HOUSTON METHODIST RESEARCH INSTITUTE - OFFICER, TREASURER (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CLEAR LAKE HOSPITAL - OFFICER, TREASURER (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - OFFICER, TREASURER (AVERAGE HOURS PER WEEK-2 AND 4 WITH RELATED ORGANIZATION) EDWIN "ED" H KNIGHT IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) ELIZABETH BLANTON WAREING IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR & OFFICER, SECRETARY (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR & OFFICER, VICE CHAIRPERSON (AVERAGE HOURS PER WEEK-2) AND 2 WITH RELATED ORGANIZATION EMILY A CROSSWELL IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST BAYTOWN HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) AND 2 WITH RELATED ORGANIZATION ERNEST D COCKRELL, II IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) EVAN KATZ IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) </p>

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Return Reference	Explanation
<p>EWING WERLEIN, JR , IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING</p>	<p>POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR & OFFICER, SENIOR CHAIRPERSON (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - EX OFFICIO, DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - EX OFFICIO, DIRECTOR (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - EX OFFICIO, DIRECTOR & OFFICER, SENIOR CHAIRPERSON (AVERAGE HOURS PER WEEK-2) AND 2 WITH RELATED ORGANIZATION FAISAL N MASUD RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP) AND 48 WITH RELATED ORGANIZATION GARY W EDWARDS IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) GIORGIO BORLENGHI IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) GREGORY TERRY, MD RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP, AND 48 WITH RELATED ORGANIZATION) GREGORY V NELSON IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR, EX OFFICIO (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRECTOR, EX OFFICIO (AVERAGE HOURS PER WEEK-2), HM HEALTH CARE GROUP EX OFFICIO - DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2) AND 2 WITH RELATED ORGANIZATION HEATHER KOEHLER IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) JANET LEATHERWOOD RECEIVED ALL OF HER PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITIONS METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT & CHIEF NURSING OFFICER, HOUSTON METHODIST SUGAR LAND HOSPITAL (AVERAGE HOURS PER WEEK-50) JANICE FINDER RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP), AND 48 WITH RELATED ORGANIZATION JARREN GARRET RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST BAYTOWN HOSPITAL HE HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPITAL - KEY EMPLOYEE, VICE PRESIDENT & CHIEF OPERATING OFFICER (AVERAGE HOURS PER WEEK-50) JEFF CARR RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - OFFICER, TREASURER (AVERAGE HOURS PER WEEK-2 IN THE GROUP, AND 48 WITH RELATED ORGANIZATION) JOE BOB PERKINS IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR & OFFICER, ASSISTANT TREASURER (AVERAGE HOURS PER WEEK-2) JOHN COOKE, MD, PHD RECEIVED</p>

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Return Reference	Explanation
<p>EWING WERLEIN, JR., IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING</p>	<p>VED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP AND 48 WITH RELATED ORGANIZATION) JOHN F. BOOKOUT IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR & OFFICER, CHAIRMAN EMERITUS (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRECTOR, AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR, CHAIRMAN EMERITUS (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) JOHN F. BOOKOUT, III IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR & OFFICER, SECRETARY (AVERAGE HOURS PER WEEK-2) JONATHAN STURGIS RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST BAYTOWN HOSPITAL AND HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPITAL - KEY EMPLOYEE, VICE PRESIDENT & CHIEF FINANCIAL OFFICER (AVERAGE HOURS PER WEEK-50) JOSEPH C. "RUSTY" WALTER, III IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR & OFFICER, TREASURER (AVERAGE HOURS PER WEEK-2) AND HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) JOSEPH R. "ROD" CANON IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) JOSHUA SEPTIMUS, MD RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN THE GROUP AND 48 WITH RELATED ORGANIZATION) JULIA ANDRIENI MD RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR & OFFICER, CHAIRPERSON, PRESIDENT & CEO (AVERAGE HOURS PER WEEK-48 IN THE GROUP AND 2 WITH RELATED ORGANIZATION) JULIE S. ELLIS IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) KATHERINE WALSH RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST CLEAR LAKE HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST CLEAR LAKE HOSPITAL - KEY EMPLOYEE, VICE PRESIDENT & CHIEF NURSING OFFICER (AVERAGE HOURS PER WEEK-50) KEITH BARBER RECEIVED ALL OF HIS PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITION METHODIST HEALTH CENTERS - KEY EMPLOYEE, SENIOR VICE PRESIDENT & CHIEF EXECUTIVE OFFICER OF HOUSTON METHODIST WILLOWBROOK HOSPITAL (AVERAGE HOURS PER WEEK-48 AND 2 WITH RELATED ORGANIZATION) KERRIE GUERRERO RECEIVED ALL OF HER PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITIONS METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT & CHIEF NURSING OFFICER OF HOUSTON METHODIST THE WOODLANDS HOSPITAL (AVERAGE HOURS PER WEEK-50) KEVIN J. BURNS</p>

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Return Reference	Explanation
EWING WERLEIN, JR , IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING	RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - CORPORATE OFFICER, ASSISTANT SECRETARY & TREASURER (AVERAGE HOURS PER WEEK- OF 24), DIAGNOSTIC CENTER HOSPITAL - DIRECTOR & OFFICER, VICE CHAIRPERSON/SECRETARY & TREASURER (AVERAGE HOURS PER WEEK-2), TMH MEDICAL OFFICE BUILDINGS - DIRECTOR & OFFICER, SECRETARY/TREASURER (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - OFFICER, ASSISTANT SECRETARY (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - OFFICER, SECRETARY (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST BAYTOWN HOSPITAL - OFFICER, ASSISTANT SECRETARY (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - OFFICER, ASSISTANT SECRETARY (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CLEAR LAKE HOSPITAL - DIRECTOR & OFFICER, SECRETARY/CHAIRPERSON (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CONTINUING CARE HOSPITAL - DIRECTOR & OFFICER, SECRETARY & TREASURER (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST ST CATHERINE REAL PROPERTY - DIRECTOR & OFFICER, SECRETARY & TREASURER (AVERAGE HOURS PER WEEK-2),HOUSTON METHODIST COORDINATED CARE - OFFICER, VICE PRESIDENT & SECRETARY (AVERAGE HOURS PER WEEK-2, AND 6 WITH RELATED ORGANIZATION) KEVIN J LILLY IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) KYLE R STANZEL RECEIVED ALL OF HIS PART VII COMPENSATION FROM METHODIST HEALTH CENTERS HE HELD THE FOLLOWING POSITION METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT & CHIEF OPERATING OFFICER HOUSTON METHODIST WEST HOSPITAL (AVERAGE HOURS PER WEEK-50)

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Return Reference	Explanation
LIISA ORTEGON RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON	<p>METHODIST HOSPITAL AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - KEY EMPLOYEE, SENIOR VICE PRESIDENT & CHIEF NURSING EXECUTIVE (AVERAGE HOURS PER WEEK-50) LINDA K KULHANEK RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HE LD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - KEY EMPLOYEE, VICE PRESIDENT FINANCE & OPERATIONS (AVERAGE HOURS PER WEEK-50) LOWELL STANTON RECEIVED ALL OF HIS PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITIONS METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT & REGIONAL CHIEF FINANCIAL OFFICER (AVERAGE HOURS PER WEEK-25), HOUSTON METHODIST CLEAR LAKE HOSPITAL -KEY EMPLOYEE, VICE PRESIDENT & REGIONAL CHIEF FINANCIAL OFFICER (AVERAGE HOURS PER WEEK-25) MAHENDRA G JAIN RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2, AND 48 WITH RELATED ORGANIZATION) MARC L BOOM, MD RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK OF 30), DIAGNOSTIC CENTER HOSPITAL CORP OF TEXAS - EX OFFICIO, DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2), TMH MEDICAL OFFICE BUILDINGS - EX OFFICIO, DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST BAYTOWN HOSPITAL - EX OFFICIO, DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - EX OFFICIO, DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - EX OFFICIO, DIRECTOR (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - EX OFFICIO, DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CLEAR LAKE HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CONTINUING CARE HOSPITAL - DIRECTOR & OFFICER, CHAIRPERSON, PRESIDENT , CEO (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST ST CATHERINE REAL PROPERTY - DIRECTOR & OFFICER, CHAIRPERSON, PRESIDENT & CEO (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) MARK A HOUSER IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2) MARTHA DEBUSK IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR (AVERAGE HOURS PER WEEK-2) MARTHA WALTON IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) MARY A DAFFIN IS AN UNCOMPENSATED DIRECTOR SHE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR & OFFICER, VICE CHAIR (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - DIRECTOR (</p>

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Return Reference	Explanation
LIISA ORTEGON RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON	<p> AVERAGE HOURS PER WEEK-2) MARY ELIZA SHAPER IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) MAYA PATEL, MD IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) MAURO FERRARI, PH D RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST RESEARCH INSTITUTE AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST RESEARCH INSTITUTE - EX OFFICIO, DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK-50) MICHAEL GARCIA RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - KEY EMPLOYEE - SENIOR VICE PRESIDENT & CHIEF OPERATING OFFICER (AVERAGE HOURS PER WEEK-50) NANCY CORRINE KEENAN RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HEALTH CENTERS, HMWB - KEY EMPLOYEE - VICE PRESIDENT & CHIEF NURSING OFFICER (AVERAGE HOURS PER WEEK-50) NATALIE J DRYDEN RECEIVED ALL OF HER PART VII COMPENSATION FROM A RELATED ORGANIZATION HELD THE FOLLOWING POSITION HOUSTON METHODIST HEALTH COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 AND 48 WITH RELATED ORGANIZATION) PETE ALFARO IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST BAYTOWN HOSPITAL - DIRECTOR & OFFICER, VICE CHAIRPERSON (AVERAGE HOURS PER WEEK-2) RACHEL D BISHOP RECEIVED ALL OF HER PART VII COMPENSATION FROM A RELATED ORGANIZATION HELD THE FOLLOWING POSITION HOUSTON METHODIST HEALTH COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 AND 48 WITH RELATED ORGANIZATION) RAMON M CANTU RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- KEY EMPLOYEE, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER (AVERAGE HOURS PER WEEK OF 44), HOUSTON METHODIST CLEAR LAKE HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST CONTINUING CARE HOSPITAL - DIRECTOR & OFFICER, VICE PRESIDENT (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST ST CATHERINE REAL PROPERTY - DIRECTOR & OFFICER, VICE PRESIDENT (AVERAGE HOURS PER WEEK-2) REBECCA CHALUPA RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST BAYTOWN HOSPITAL AND HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPITAL - KEY EMPLOYEE, VICE PRESIDENT AND CHIEF NURSING OFFICER (AVERAGE HOURS PER WEEK-50) REV KENNETH R LEVINGSTON IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRECTOR & OFFICER, SECRETARY (AVERAGE HOURS PER WEEK-2) REV REGINALD LILLIE IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION METHODIST HEALTH CENTERS - DIRECTOR (AVERAGE HOURS PER WEEK- </p>

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Return Reference	Explanation
LIISA ORTEGON RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON	2) RICARDO PARDO, MD IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITON HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) RICHARD A PEEBLES IS A N UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPIT AL - DIRECTOR & OFFICER, SECRETARY (AVERAGE HOURS PER WEEK-2)

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Return Reference	Explanation
ROBERT A PHILLIPS, MD, PH D. RECEIVED ALL OF HIS PART VII COMPENSATION	<p>FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - KEY EMPLOYEE, EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER (AVERAGE HOURS PER WEEK -46), METHODIST HEALTH CENTERS - DIRECTOR & OFFICER, CHIEF MEDICAL OFFICER (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) ROBERT K MOSES, JR IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- DIRECTOR (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRECTOR & OFFICER, VICE CHAIRPERSON (AVERAGE HOURS PER WEEK-2), TMH HEALTH CARE GROUP - DIRECTOR & OFFICER, VICE CHAIRPERSON (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) ROBERTA SCHWARTZ RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL- KEY EMPLOYEE, CHIEF INFORMATION OFFICER, EXECUTIVE VICE PRESIDENT (AVERAGE HOURS PER WEEK-46), TMH MEDICAL OFFICE BUILDINGS - DIRECTOR (AVERAGE HOURS PER WEEK -2), DIAGNOSTIC CENTER HOSPITAL CORP OF TEXAS - DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER (AVERAGE HOURS PER WEEK-2) RON AGENTRY RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-50) SEVA PAPAGEORGE, MD RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 IN GROUP AND 48 IN RELATED ORGANIZATION) SHAWN TITTLE, MD RECEIVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST BAYTOWN HOSPITAL - FORMER KEY EMPLOYEE, CHIEF QUALITY OFFICER (AVERAGE HOURS PER WEEK-25 AND 25 IN RELATED ORGANIZATION) SIDNEY J SANDERS RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITION HMH MEDICAL OFFICE BUILDINGS - DIRECTOR & OFFICER, PRESIDENT & CHIEF EXECUTIVE OFFICER(AVERAGE HOURS PER WEEK-50) SPENCER TILLMAN IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2) STEVEN CHAZEN IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) STEPHEN T WONG RECEIVED ALL OF HIS PART VII COMPENSATION FROM HOUSTON METHODIST RESEARCH INSTITUTE AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - ACM DEPT CHAIR/CENTER DIRECTOR (AVERAGE HOURS PER WEEK-50) STEVEN D ARNOLD IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) STEVEN S LOOKE IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2) SUSAN H COULTER RECEIVED ALL OF HER PART VII COMPENSATION FROM HOUSTON METHODIST HOSPITAL AND HELD THE FOLLOWING POSITION</p>

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Return Reference	Explanation
<p>ROBERT A PHILLIPS, MD, PH D RECEIVED ALL OF HIS PART VII COMPENSATION</p>	<p>ONS HOUSTON METHODIST HOSPITAL - SENIOR VICE PRESIDENT DEVELOPMENT FOUNDATION ADMINISTRAT ION (AVERAGE HOURS PER WEEK-25 AND 25 IN RELATED ORGANIZATION) TIFFANY BURNS, MD RECEIVED ALL OF HER PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSIT ION HOUSTON METHODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2 AND 48 IN REL ATED ORGANIZATION) TIMOTHY B BOONE, MD, PHD RECEIVED ALL OF HIS PART VII COMPENSATION F ROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON METHODIST RESEARCH INS TITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2 AND 48 IN RELATED ORGANIZATON) TIMOTHY IRVINE , MD IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLOWING POSITION HOUSTON METHODIST COORD INATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) TODD TRASK, MD RECIEVED ALL OF HIS PART VII COMPENSATION FROM A RELATED ORGANIZATION AND HELD THE FOLLOWING POSITION HOUSTON MET HODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2 AND 48 IN RELATED ORGANIZATION) TOM- THUAN NGUYEN, MD IS AN UNCOMPENSATED DIRECTOR AND HELD THE FOLLWOING POSITON HOUSTON METH ODIST COORDINATED CARE - DIRECTOR (AVERAGE HOURS PER WEEK-2) TRENT FULIN, RECEIVED ALL OF HIS PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWING POSITION METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT AND CHEIF OPERATING OFFICER OF HOU STON METHODIST THE WOODLANDS HOSPITAL (AVERAGE HOURS PER WEEK-50) VICTORIA BROWNEWELL REC IEVED ALL OF HER PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND HELD THE FOLLOWIN G POSITIONS METHODIST HEALTH CENTERS - KEY EMPLOYEE, VICE PRESIDENT & CHIEF NURSING OFFIC ER OF HOUSTON METHODIST WEST HOSPITAL (AVERAGE HOURS PER WEEK-25) & HOUSTON METHODIST CONT INUING CARE HOSPITAL (AVERAGE HOURS PER WEEK-25) VIDAL G MARTINEZ IS AN UNCOMPENSATED DI RECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HO URS PER WEEK-2), HOUSTON METHODIST RESEARCH INSTITUTE - DIRECTOR (AVERAGE HOURS PER WEEK-2 , AND 2 WITH RELATED ORGANIZATION) VIDAL RAMIREZ IS AN UNCOMPENSATED DIRECTOR HE HELD TH E FOLLOWING POSITION METHODIST HEALTH CENTERS - DIRECTOR (AVERAGE HOURS PER WEEK OF 2) W BENJAMIN MORELAND IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWING POSITIONS HOUSTON METHODIST HOSPITAL - DIRECTOR (AVERAGE HOURS PER WEEK-2), METHODIST HEALTH CENTERS - DIRE CTOR & OFFICER, CHAIRPERSON (AVERAGE HOURS PER WEEK-2, AND 2 WITH RELATED ORGANIZATION) W AYNE M VOSS RECEIVED ALL OF HIS PART VII COMPENSATION FROM METHODIST HEALTH CENTERS AND H ELDED THE FOLLOWING POSITIONS METHODIST HEALTH CENTERS - KEY EMPLOYEE, SENIOR VICE PRESIDEN T/HOSPITAL CHIEF EXECUTIVE OFFICER - HOUSTON METHODIST WEST HOSPITAL (AVERAGE HOURS PER WE EK-24) & HOUSTON METHODIST CONTINUING CARE HOSPITAL (AVERAGE HOURS PER WEEK-24 AND 2 WITH RELATED ORGANIZATION) WILLIAM F SCHWER IS AN UNCOMPENSATED DIRECTOR HE HELD THE FOLLOWI NG POSITION METHODIST HEALTH CENTERS - DIRECTOR (AVERAGE HOURS PER WEEK-2)</p>

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PART VII, SECTION A, COLUMN B	CERTAIN OFFICERS/DIRECTORS OF THE ORGANIZATIONS OF THE METHODIST HOSPITAL GROUP (GROUP) ARE EMPLOYEES OF HOUSTON METHODIST HOSPITAL AND RELATED ORGANIZATIONS, HOUSTON SPECIALTY PHYSICIAN GROUP (A SUBORDINATE ORGANIZATION WITHIN THE GROUP BUT FILING A SEPARATE RETURN), HOUSTON METHODIST HOSPITAL FOUNDATION (A SUBORDINATE ORGANIZATION WITHIN THE GROUP BUT FILING A SEPARATE RETURN) OR ITS NON-GROUP AFFILIATES THE OFFICERS AND DIRECTORS WHO ARE EMPLOYED BY THESE ORGANIZATIONS WORK A TOTAL OF 50 HOURS PER WEEK ON BEHALF OF THESE ORGANIZATIONS AND OTHER ORGANIZATIONS OF HOUSTON METHODIST THE COMPENSATION SHOWN ON PART VII AND SCHEDULE J REFLECTS THE TOTAL COMPENSATION EARNED FOR THE OFFICER/DIRECTOR FOR THE COMBINED HOURS SPENT WORKING FOR ALL THE ORGANIZATIONS IN THE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B	THE AMOUNTS REPORTED ON PART VII, SECTION B, ARE FOR BOTH SERVICES AND MATERIALS THESE AMOUNTS COULD NOT BE SEPARATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN HEALTH CARE GROUP 197,265,104 TRANSFERS FROM DONOR RESTRICTED FUNDS - EQUIPMENT 538,258 UPL NET ADJUSTMENTS -29,917,773

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X - BALANCE SHEET	DIAGNOSTIC CENTER HOSPITAL (DCH) OF THE METHODIST HOSPITAL GROUP DOES NOT FOLLOW SFAS 117 DUE TO SOFTWARE LIMITATIONS, THE SECTION COULD NOT BE PRESENTED PROPERLY AND THEREFORE DIAGNOSTIC CENTER HOSPITAL'S AMOUNT OF RETAINED EARNINGS AND COMMON STOCK ARE INCLUDED ON LINE 27 INSTEAD OF LINE LINES 30 AND 32 LINE 30 - CAPITAL STOCK OR TRUST PRINCIPAL, ETC - \$37,482,581 LINE 32 - RETAINED EARNINGS, ENDOWMENT, ETC - \$20,820,642

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, QUESTION 3A & 3B	THE A-133 AUDIT REFERRED TO ON LINES 3A & 3B WAS OBTAINED BY HOUSTON METHODIST RESEARCH INSTITUTE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
METHODIST HOSPITAL GROUP

Employer identification number
35-2410801

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)METHODIST HOSPITAL SELF-INSURANCE TRUST 6565 FANNIN HOUSTON, TX 77030 74-1948396	INSURANCE TRUST	TX	501(C)(3)	LINE 12A, I	THE METHODIST HOSPITAL		No
(2)METHODIST PRIMARY CARE GROUP 4401 GARTH ROAD BAYTOWN, TX 77521 76-0556120	HEALTH CARE	TX	501(C)(3)	LINE 12A, I	TMH HEALTH CARE GROUP	Yes	
(3)STEHLIN FOUNDATION 6565 FANNIN HOUSTON, TX 77030 74-1622404	INACTIVE	TX	501(C)(3)	LINE 10	THE METHODIST HOSPITAL RESEARCH INSTITUTE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEDVEST 1 LIMITED 6565 FANNIN HOUSTON, TX 77030 76-0534067	HEALTH CARE INVESTMENTS	TX	MEDVEST INCORPORATED	RELATED	379,509	1,734,456		No			No	100.000 %
(2) LITCHFIELD MEMORIAL PARTNERS LP 800 TOWN AND COUNTRY BLVD STE 200 HOUSTON, TX 77024 36-4778395	PROPERTY INVESTMENTS	TX	MEDVEST INCORPORATED	UNRELATED	-70,969	16,869,844		No			No	90.000 %

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

See Additional Data Table

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

Part V

Transactions With Related Organizations

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-2410801
Name: METHODIST HOSPITAL GROUP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ALLIED METHODIST HOSPITAL PHYSICIANS 6565 FANNIN HOUSTON, TX 77030 76-0551274	PHYSICIAN GROUP	TX	TMH HEALTH CARE GROUP	C	1,122,522	163,190	100 000 %	Yes	
(1) MEDVEST HOLDINGS INC 6565 FANNIN HOUSTON, TX 77030 76-0667765	INVESTMENT COMPANY	TX	N/A	C					No
(2) MEDVEST INCORPORATED 6565 FANNIN HOUSTON, TX 77030 76-0182470	INVESTMENT COMPANY	TX	TMH HEALTH CARE GROUP	C	-154,914	26,678,918	100 000 %	Yes	
(3) METHODIST WILLOWBROOK MOB CONDOMINIUM ASSOC 6565 FANNIN HOUSTON, TX 77030 68-0500294	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			19 950 %	Yes	
(4) METHODIST WILLOWBROOK MOB CONDOMINIUM ASSOC II 6565 FANNIN HOUSTON, TX 77030 26-2137993	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			5 340 %	Yes	
(5) SAN JACINTO METHODIST - ALEXANDER CONDOMINIUM ASSOC 6565 FANNIN HOUSTON, TX 77030 47-0921764	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			50 900 %	Yes	
(6) SJMH CONDOMINIUM ASSOCIATION 6565 FANNIN HOUSTON, TX 77030 41-2096917	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			37 140 %	Yes	
(7) THE METHODIST HOSPITAL CONDOMINIUM ASSOCIATION 6565 FANNIN HOUSTON, TX 77030 86-1065871	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			48 620 %	Yes	
(8) TMH MEDICAL OFFICE BUILDINGS CONDOMINIUM ASSOC 6565 FANNIN HOUSTON, TX 77030 76-0287893	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			24 490 %	Yes	
(9) METHODIST WEST HOUSTON MEDICAL OFFICE BUILDING CONDO ASSOC 6565 FANNIN HOUSTON, TX 77030 30-0655123	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			39 620 %		No
(10) THE METHODIST HEALTH CARE SYSTEM SHORT TERM DISABIITY PLAN TRUST 6565 FANNIN HOUSTON, TX 77030 76-6161019	INSURANCE TRUST	TX	N/A	T					No
(11) ROMLAC INC 6565 FANNIN HOUSTON, TX 77030 74-1674943	REAL ESTATE INVESTMENT	TX	N/A	C					No
(12) THE SUE M CHANDLER TRUST 6565 FANNIN HOUSTON, TX 77030 01-0828432	SPLIT INTEREST TRUST	TX	N/A	T					No
(13) HOUSTON METHODIST THE WOODLANDS MOB CONDO ASSOC 6565 FANNIN HOUSTON, TX 77030 81-3764171	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			23 890 %		No
(14) HOUSTON METHODIST ST CATHERINE MOB CONDO ASSOC 6565 FANNIN HOUSTON, TX 77030 81-4457755	CONDOMINIUM ASSOCIATION	TX	TMH MEDICAL OFFICE BLDG	C			8 830 %		No