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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Mother Frances Hospital Regional Health Care Center

% SHELLY RUTHERFORD

Doing business as

SEE SCHEDULE O

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

1315 DOCTORS DRIVE

Room/suite

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

TYLER, TX 75701

F Name and address of principal officer

JASON PROCTOR

800 E DAWSON

TYLER, TX 75701

D Employer identification number

75-0818167

E Telephone number

(903) 606-5639

G Gross receipts \$

774,457,583

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶

www.tmfhc.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1958

M State of legal domicile

TX

Part I

Summary

Activities & Governance

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

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

2 Check this box ☐ 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

Beginning of Current Year

End of Year

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

2020-06-25

Date

ELIZABETH PULLIAM CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00900299

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE STE 4000

Phone no (317) 681-7940

INDIANAPOLIS, IN 46204

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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 571,581,806 including grants of \$ 637,718) (Revenue \$ 745,281,711)
See Additional Data

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

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

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

4e Total program service expenses ▶ 571,581,806

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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>		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 Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	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 264	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,448	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)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ▶CJ 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		No
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	12	
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	5	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
 ▶ SHELLY RUTHERFORD 1315 DOCTORS DRIVE TYLER, TX 75701 (903) 606-5057

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 ☐

1

● 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)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,592,961	11,617,318	1,607,609

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 ▶ 201

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCKESSON DRUG CONROE, 3301 POLLOK DRIVE CONROE, TX 77303	PHARMACY	40,900,112
CARDINAL HEALTH MED PROD, 7000 CARDINAL PLACE DUBLIN, OH 43017	INVENTORY/GEN STORES	21,211,126
CARDIOVASCULAR ASSOCIATES OF EAST T, 225 E AMHERST DRIVE TYLER, TX 75701	IMAGING	10,036,400
MEDTRONIC USA INC, 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEDICAL SUPPLIES	9,963,752
CROTHALL FACILITIES MANAGEMENT, 1500 LIBERTY RIDGE DRIVE SUITE 210 WAYNE, PA 19087	BUILDING SERVICES	7,482,393

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 ► 127

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	6,379,143			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,114,559			
	g	Noncash contributions included in lines 1a - 1f \$ _____					
	h	Total. Add lines 1a-1f		7,493,702			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621110	727,158,436	727,158,436	0	
	b	LAB TESTING	900099	8,317,482	8,317,482	0	
	c	UNCON SUB REVENUE	900099	4,842,559	4,842,559	0	
	d	REBATES	900099	4,749,043	4,749,043	0	
	e	WELLNESS CENTER	900099	214,191	214,191	0	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		745,281,711			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,435,157		1,435,157	
	4		Income from investment of tax-exempt bond proceeds	0			
	5		Royalties	0			
	6a	(i) Real	(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		2,838,421		16,175	2,822,246
	7a	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-202,512			-202,512
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a	0		
b		Less direct expenses	b	0			
c		Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities See Part IV, line 19		a	0			
	b		Less direct expenses	b	0		
	c		Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances . . .		a	399,066			
	b		Less cost of goods sold . . .	b	0		
	c		Net income or (loss) from sales of inventory		399,066	399,066	
Miscellaneous Revenue		Business Code					
11a	AIR METHODS PROGRAM	900099	12,348,629	0	0	12,348,629	
b	ALL OTHER REVENUE	900099	2,093,128	0	2,784,085	-690,957	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		14,441,757				
12	Total revenue. See Instructions		771,687,302	745,281,711	2,800,260	16,111,629	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	637,718	637,718		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	232,179,710	216,762,977	15,416,733	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0	0	0	0
9 Other employee benefits.	24,052,379	23,101,962	950,417	0
10 Payroll taxes.	12,745,643	12,014,043	731,600	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	0	0	0	0
c Accounting.	1,352	1,352		0
d Lobbying.	67,181	0	67,181	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	225,875	0	225,875	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	63,861,596	59,027,714	4,833,882	0
12 Advertising and promotion.	0	0	0	0
13 Office expenses.	16,917,212	15,429,852	1,487,360	0
14 Information technology.	0	0	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	6,512,693	5,934,972	577,721	0
17 Travel.	463,125	223,085	240,040	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	424,400	335,414	88,986	0
20 Interest.	2,358,540	2,358,540	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	29,295,186	26,078,575	3,216,611	0
23 Insurance.	3,812,776	14,107	3,798,669	0
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	137,275,212	137,175,413	99,799	0
b PROVISION FOR UNCOLL ACCT	52,793,040	52,793,040	0	0
c MANAGEMENT ALLOCATION	75,579,370	0	75,579,370	0
d COMMUNITY BENEFIT EXPENSE	24,841,462	17,774,066	7,067,396	0
e All other expenses	2,682,007	1,918,976	763,031	
25 Total functional expenses. Add lines 1 through 24e.	686,726,477	571,581,806	115,144,671	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).	0			

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	1,893,821	1	724,954
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	70,214,082	4	78,925,162
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	213,150	7	316,109
	8 Inventories for sale or use	7,010,350	8	7,008,998
	9 Prepaid expenses and deferred charges	1,981,702	9	9,432,928
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 549,137,999		
	b Less: accumulated depreciation	10b 99,996,934	416,638,767	10c 449,141,065
	11 Investments—publicly traded securities	9,421,955	11	10,610,609
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	11,880,060	13	11,181,807
	14 Intangible assets	46,000,000	14	47,933,333
	15 Other assets. See Part IV, line 11	120,559,901	15	99,733,461
16 Total assets. Add lines 1 through 15 (must equal line 34)	685,813,788	16	715,008,426	
Liabilities	17 Accounts payable and accrued expenses	62,941,258	17	36,321,187
	18 Grants payable	0	18	0
	19 Deferred revenue	55	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,416,400	23	1,417,041
	24 Unsecured notes and loans payable to unrelated third parties	11,008,974	24	2,037,899
	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	204,200,715	25	197,866,797
	26 Total liabilities. Add lines 17 through 25	279,567,402	26	237,642,924
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	405,601,480	27	476,658,394
	28 Temporarily restricted net assets	644,906	28	707,108
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	406,246,386	33	477,365,502	
34 Total liabilities and net assets/fund balances	685,813,788	34	715,008,426	

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	771,687,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	686,726,477
3	Revenue less expenses Subtract line 2 from line 1	3	84,960,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	406,246,386
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	17,269,072
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31,110,781
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	477,365,502

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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: Mother Frances Hospital Regional Health Care Center

Form 990 (2018)

Form 990, Part III, Line 4a:

THE HOSPITALS OPERATING PLAN INCORPORATES PROVISIONS FOR INDIVIDUALS WHO DO NOT POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES OUR COMMITMENT TO OUR COMMUNITY EXTENDS TO FREE OR SUBSIDIZED INDIVIDUAL CARE, SUBSIDIZED EDUCATION OF HEALTHCARE PROFESSIONALS, DISCOUNTED FEES FOR PARTICIPANTS IN GOVERNMENT PROGRAMS, COMMUNITY HEALTH EDUCATION AND TO OTHER COMMUNITY AGENCIES SPECIFIC COMMUNITY SERVICES AND PROGRAMS INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SENIOR CITIZEN HEALTH AWARENESS PROGRAMS, AWARENESS PROGRAMS FOR YOUTH AT RISK, AND AWARENESS PROGRAMS FOR PERSONS WITH SPECIAL PHYSICAL OR MENTAL NEEDS INDIVIDUALS SERVED AMOUNTED TO 85,010 VISITS TO OUR EMERGENCY DEPARTMENTS, 7,122 INPATIENT SURGERY PROCEDURES, 15,808 OUTPATIENT SURGERY PROCEDURES, 25,520 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE, AND 136,566 PATIENTS WHO RECEIVED OUTPATIENT CARE CHRISTUS Trinity Mother Frances Health System serves as a training site for students pursuing degrees in Nursing, Allied Health, Advance Practice Nursing and Medicine CTMFHS Associates serve as formal preceptors for these student while on site Associate preceptors include Registered Nurses, Advance Practice Registered Nurses, Radiologic Technologists and Physicians GME programs are not included These programs address community-wide workforce issues - not the workforce needs of the health care organization These health career mentoring projects include job shadowing Many times it is also a community collaboration that includes schools, colleges, universities, or private businesses It may also include special need students Offerings will be available for students from all economic areas and needs Hours spent interviewing, orienting, scheduling, and touring high school and college job shadow students Orientations include training on our health system, confidentiality and HIPPA, infection control, hospital codes, and other policies and procedures The CHRISTUS Trinity Mother Frances Sports Medicine Program has a solid mission that contributes to the overall health of the community by focusing on the long-term problem of Type II diabetes and obesity in school age children By providing graduate assistant athletic trainers on the campuses throughout the CHRISTUS Tyler Market, free Saturday morning sports injury clinics and free pre-participation screenings, the program helps to -prevent injuries and quickly evaluate and diagnose injuries -direct rapid referral to specialist physicians -rehabilitation and faster return to normal life -work with student accident insurance -keep financial losses to a minimum to ensure schools can afford student accident insurance

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			
Fagg Sanford MD Director	8 0 32 0	X						0	830,047	85,501
Jason Proctor Director/VICE-CHAIR/President	32 0	X		X				0	522,987	113,462
Jean Coleman Director	8 0 6 0 0 0	X						0	0	0
Mary Lauren Faulkner Director	8 0 0 0	X						0	0	0
Noah Israel MD Director	8 0 0 0	X						0	0	0
Pat Thomas MD Director	1 0 6 0	X						0	49,596	0
Scott Smith MD Sr Vice President	5 0 35 0	X		X				0	983,696	155,426
Sister Malgorzata Majszczyk Director	6 0 0 0	X						0	0	0
Steven Keuer MD Director/Regional CMO	6 0 34 0	X		X				0	958,373	184,416
ANDY KIRKPATRICK MD DIRECTOR/CHAIR	8 0 32 0	X		X				0	672,567	87,878

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			
CHRIS GLENNEY DIRECTOR/REGIONAL CEO	6 0 34 0	X		X				0	1,666,029	315,046
Jeb Jones Director	8 0 0 0	X						0	0	0
Elizabeth Pulliam System CFO	9 5 30 5			X				0	452,473	71,254
SCOTT FOSSEY VP OF DEVELOPMENT	10 0 30 0				X			0	345,682	31,484
ALI BIRJANDI VP PERFORMANCE IMPROVEMENT	40 0 0 0				X			0	292,273	29,658
MARY ELIZABETH JACKSON VP ADVOCACY - GOVT AFFAIRS	40 0 0 0				X			0	303,487	14,208
ANDY NAVARRO VP MISSION INTEGRATION	40 0 0 0				X			0	328,923	50,015
CHRISTOPHER SCHMIDLY VP, STRATEGY BUS DEV	40 0 0 0				X			0	414,379	10,071
ANDREW VON ESCHENBACH CIO/VP REVENUE CYCLE MGMT	40 0 0 0				X			0	432,479	25,423
SHELLY WELCH CHIEF NURSING OFFICER	40 0 0 0				X			0	349,908	52,364

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			
BECKY WESTERN ASSOCIATE CIO	40 0 0 0				X			0	204,957	13,469
FADI NASRALLAH MD CMO	40 0 0 0				X			0	795,000	131,158
ROBERT W BIENERT CNRA	40 0 0 0					X		428,555	0	15,020
DUSTIN J VIDRINE CNRA	40 0 0 0					X		321,404	0	4,661
TIMOTHY M CLARK CNRA	40 0 0 0					X		299,676	0	4,413
DONALD J MITCHELL CNRA	40 0 0 0					X		273,982	0	4,440
TAWONDA J FELTON CNRA	40 0 0 0					X		269,344	0	3,940
J Lindsey Bradley Director Ex-Officio(Ret 6/17)	0 0 0 0						X	0	843,286	0
Todd Hancock FORMER SVP/COO (TERM 2/17)	0 0 40 0						X	0	1,171,176	204,302

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Mother Frances Hospital Regional Health Care Center

Employer identification number
75-0818167

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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.			

Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: Mother Frances Hospital Regional Health Care
Center

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Mother Frances Hospital Regional Health Care Center	Employer identification number 75-0818167
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		67,181
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			67,181
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
CONTACT WITH GOVERNMENT OFFICIALS AND THEIR STAFFS	SCHEDULE C, PART II-B, LINES 1D AND 1G AT THE STATE LEVEL, CHRISTUS HAD DIRECT CONTACT WITH MEMBERS OF THE TEXAS LEGISLATURE AND THEIR RESPECTIVE STAFF THROUGH EMAILS, LETTERS, TELEPHONE CALLS AND MEETINGS ON ISSUES RELATED TO MEDICAID REIMBURSEMENT, ACCESS TO HEALTHCARE AND STATE FUNDING FOR SAFETY NET PROVIDERS, GRADUATE MEDICAL EDUCATION, TRAUMA NETWORK AND SERVICES, LOCAL PROVIDER PARTICIPATION FUNDS, OPIOID ABUSE, THE PUBLIC INFORMATION ACT, MATERNAL HEALTH, CHILDREN'S HEALTH ISSUES, BEHAVIORAL HEALTH, MEDICAID MANAGED CARE, PRESCRIPTION DRUGS COSTS, PHARMACY AND PRESCRIBING AUTHORITY, RURAL HOSPITALS, PHYSICIAN RELATIONS, SURPRISE BILLING, AND THE 1115 WAIVER PROGRAM. AT THE FEDERAL LEVEL, WE HAD DIRECT CONTACT WITH MEMBERS AND STAFF THROUGH EMAILS, LETTERS, TELEPHONE CALLS AND MEETINGS TO DISCUSS ISSUES RELATED TO SAFETY-NET PROVIDERS, ACCESS TO CARE, HEALTHCARE REFORM PROPOSALS, QUALITY PROGRAM IMPLEMENTATION, RURAL HOSPITALS, REMOTE MEDICAL TECHNOLOGY, 340B DRUG PROGRAM, CHILDRENS HEALTH ISSUES, THE ACE KIDS ACT, MEDICAID, RURAL HEALTH PROGRAM REAUTHORIZATION, AND HEALTHCARE FOR VETERANS. EXECUTIVE HRS 186 ADMIN HRS 16 MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-2019

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Mother Frances Hospital Regional Health Care Center

Employer identification number
75-0818167

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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	3,676,633	3,522,036	3,185,371	2,885,950	2,762,072
b Contributions	10,000	30,000		445,000	
c Net investment earnings, gains, and losses	206,545	200,996	345,766	-118,741	124,878
d Grants or scholarships	10,120	76,399	9,101	26,838	1,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,883,058	3,676,633	3,522,036	3,185,371	2,885,950

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

69 110 %

c

Temporarily restricted endowment

30 890 %

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)		No
3a(ii)	Yes	
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		17,519,825		17,519,825
b Buildings		224,824,192	27,150,644	197,673,548
c Leasehold improvements		1,718,466	740,995	977,471
d Equipment		245,067,284	72,052,466	173,014,818
e Other		60,008,232	52,829	59,955,403
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				449,141,065

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) INTERCOMPANY RECEIVABLE	93,349,028
(2) DC SERP ASSET	6,384,433
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	99,733,461

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO CHRISTUS HEALTH BOND FUND	151,154,997
PENSION LIABILITY	26,503,754
CAPITAL LEASE	19,295,296
ASSET RETIREMENT OBLIGATIONS	894,295
SALES TAX	18,455
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	197,866,797

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: Mother Frances Hospital Regional Health Care Center

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND ITEMS SUPPORTED BY THE ENDOWMENT WHILE SEEKING TO MAINTAIN ITS PURCHASING POWER

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC740) FOOTNOTE PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND 2018

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► 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
Mother Frances Hospital Regional Health Care
Center

Employer identification number
75-0818167

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	0			146,807
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	0			146,807

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health Care
Center

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	0	Program Services	INSURANCE	36,951
Central America and the Caribbean	0	0	Investments	INVESTMENTS-BOOK VALUE	109,856

SCHEDULE H (Form 990)	Hospitals	OMB No 1545-0047
Department of the Treasury	► 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.	2018 Open to Public Inspection
Name of the organization Mother Frances Hospital Regional Health Care Center		Employer identification number 75-0818167

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	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			29,943,968		29,943,968	4 720 %
b Medicaid (from Worksheet 3, column a)			36,142,578	74,361,803		
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,404,677	1,307,545	97,132	0 020 %
d Total Financial Assistance and Means-Tested Government Programs			67,491,223	75,669,348	30,041,100	4 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	9	122,025	901,632	138,568	763,064	0 120 %
f Health professions education (from Worksheet 5)	3	8,941	1,355,491	4,800	1,350,691	0 210 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		187,880		187,880	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	5,156	980,182	125,000	855,182	0 130 %
j Total. Other Benefits	19	136,122	3,425,185	268,368	3,156,817	0 490 %
k Total. Add lines 7d and 7j	19	136,122	70,916,408	75,937,716	33,197,917	5 230 %

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	2	5,121	658,471		658,471	0 100 %
9 Other						
10 Total	2	5,121	658,471		658,471	0 100 %

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	52,793,040	
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	269,245	
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	195,850,784	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	211,983,623	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-16,132,839	
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 checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	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?

2

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)

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):** _____

12

Community Health Needs Assessment

	Yes	No
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 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 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>19</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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
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)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 _____ % and FPG family income limit for eligibility for discounted care of 400 _____ %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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)**

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
23		No
24		No

Part V	Facility Information (continued)
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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? 1

Name and address	Type of Facility (describe)
1 MFH Outpatient Surgery CENTER 415 South Fleishel Tyler, TX 75702	Ambulatory Surgical Center
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>FACTORS OTHER THAN THE FPG DETERMINING FREE OR DISCOUNTED CARE THE HOSPITAL USES THE FOLLO WING FACTORS IN ITS DETERMINATION 1) ASSET LEVEL 2) MEDICAL INDIGENCY 3) INSURANCE STATUS 4) UNDERSINSURANCE STATUS 5) GREATER THAN 400% UNDER THE CATASTROPHIC CAP PROVISION 6) RE SIDENCY SCHEDULE H, PART I, LINE 5 BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW PURPOSES ONLY THE PROVISION OF CHARITY CARE IS NOT LIM ITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES SCHEDULE H, PART I, LINE 6A ANNUAL COM MUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY CHRISTUS HEALTH IS AN INTERNATION AL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEN D THE HEALING MINISTRY OF JESUS CHRIST " THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES AC TIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGAN IZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN C REATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SCHEDULE H, PART I, LINE 7, COLUMN (F) PERCENT OF TOTAL EXPENSE TOTAL EXPENS E FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$686,726,477 THE BAD DEBT EXPENSE INCLUD ED IN THIS AMOUNT IS \$52,793,040 THIS LEAVES A TOTAL EXPENSE OF \$633,933,437 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) SCHEDULE H, PART I, LINE 7, COLUMN (F) DESCRIPTION OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS PERCENTAGE OF TOTAL COSTS THE ORGANIZ ATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PE RCENTAGE OF TOTAL EXPENSE IS 11 19%, WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE SCHEDULE H, PART I, LINE 7I CASH AND IN-KIND CONTRIBUTIONS MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE MADE OVER \$980,182 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2019 THE AFOREMENTIONED AMO UNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8 AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTA NCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS A ND OTHER ASSISTANCE SCHEDULE H, PART I, LINE 7 LINE 7A RATIO OF PATIENT CARE COST TO CHA RGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7C ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7E ACTUAL EXPENS ES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7G ACTUAL EXPENSE LESS ANY DIRECT OFFSETTING REVENUE LINE 7H ACTUAL EXPENSE LESS ANY DIRECT OFFSETTING REVENUE LINE 7I ACTUAL EXPENSE OF THE CONTRIBUTIONS SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES The Christus Health Advocacy Department is workin g in partnership with local, state and federal policy makers to ensure activities and prog rams are in place that will enhance public health and advance general knowledge During FY 2018, Christus Health advocated for improving public policies, working to establish, and in some instances, augment, grassroots advocacy and greater access to health care services for the patients we serve Some of the main community building activities are improving a ccess to health services and building collaborative relationships with other organizations seeking to address chronic conditions that disproportionately impact the poor and underse rved SCHEDULE H, PART III, SECTION A, LINE 1 BAD DEBT REPORTING IN ACCORDANCE WITH HFMA S TATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATIO N STATEMENT NO 15 THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT T HE TIME OF SERVICE THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECT ION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNI NSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL ACCORDINGLY, ALL ACC OUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPEN SATED CARE SCHEDULE H, PART III, SECTION A, LINE 2 METHODOLOGY USED IN DETERMINING BAD DE BT THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCO RDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF SCHEDULE H, PART III, SECTION A, LINE 3 ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PAT IENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE P</p>

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>OLICY THE FILING ORGANIZATION RECOGNIZED THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEE K FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS IN ORDER TO ESTIMATE THE AM OUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE F OR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PA RO DECISION SUPPORT, LLC PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE T O PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERST IC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION P ROCESS THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMIN ED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMAT ION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOUL D HAVE LIKELY QUALIFIED FOR ASSISTANCE DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE O RGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT W ERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 42 9% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIA L ASSISTANCE THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY THE AMOUNTS WERE NOT REPORTED AS BAD DEBT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN T HE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESEUMPTIVE E LIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2019 THUS, THE ORGANIZATION ESTIMATES THAT ONLY 0 51% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2019 ARE ATTRIBUTABLE T O PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IT IS IMPORTANT TO NO TE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT E XACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CA RE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 3 0, 2011</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	<p>BAD DEBT EXPENSE FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES (U S GAAP) REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES, AND THE PROVISIONS FOR BAD DEBT, ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAY LIMIT, DISPROPORTIONATE SHARE MEDICAID 1115 WAIVER PROGRAMS, RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL ABILITIES, ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S HEALTH PLANS, DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS, DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS, INCLUDING ASSETS ACQUIRED, AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES "</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	COSTING METHODOLOGY The medical Center uses Medicare cost report methodology, which apportions routine costs (room and board) based on Medicare or Medicaid days to total days and apportions ancillary costs based on program charges to total charges

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT THE HOSPITAL'S COMMUNITY HEALTH PROFILES PROVIDE A SNAPSHOT OF SUBURBAN, URBAN, AND RURAL SERVICE AREAS WITHIN TEXAS USING KEY HEALTH INDICATORS, WHICH FACILITATE COMPARISONS LOCALLY, REGIONALLY, AND OVER TIME COMMUNITY HEALTH PROFILES ARE INTENDED TO ASSIST INTERNAL STAKEHOLDERS, COMMUNITY HEALTH COUNCIL MEMBERS, AND THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT IN DECIDING WHERE TO ALLOCATE RESOURCES AND ADDRESS HEALTH INEQUALITIES ALL ENTITY ADVOCATES USE NATIONAL, STATE, AND LOCAL SECONDARY AND PRIMARY DATA SOURCES TO PROVIDE A CURRENT OVERVIEW OF LOCAL HEALTH NEEDS, FACTORS IMPACTING DISEASE AND INJURY BURDEN, SOCIOECONOMIC STATUS, ACCESS TO HEALTH CARE, AGE DISTRIBUTION, INDICATORS AND LIFESTYLE BEHAVIORS THIS DATA IS USED TO GALVANIZE JOINT COMMUNITY HEALTH EFFORTS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES AND TO EMPOWER THE GREATER COMMUNITY SCHEDULE H, PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE MOTHER FRANCIS HOSPITAL - TYLER MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050 IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE SCHEDULE H, PART VI, LINE 4 Community information THE HOSPITAL OWNS AND OPERATES A 476 LICENSED BED GENERAL ACUTE CARE HOSPITAL AND RELATED HEALTHCARE FACILITIES IN TYLER, TEXAS THE HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF SMITH COUNTY WITH A POPULATION OF APPROXIMATELY 200,000 THE SECONDARY SERVICE AREA OF THE HOSPITAL CONSISTS OF ANDERSON, CHEROKEE, GREGG, HENDERSON, RAINS, RUSK, UPSHUR, WOOD, AND VAN ZANDT COUNTIES WITH A TOTAL POPULATION OF APPROXIMATELY 500,000 SCHEDULE H, PART VI, LINE 5 Promotion of community health 1 Tyler Family Circle of Care - Women's Services/Children's Services/Family and Special Needs Clinics Description These clinics provide medical care services to all ages of patients The clinics see Medicaid, Medicare, CHIP/CHIP Perinate, self-pay, uninsured/underserved, and serving those without the ability to pay regardless of their county of residence A community benefit is paid to cover the costs of 60% of the IT services and system The primary objective is to reduce the number of women who delivered babies with no prenatal care or childbirth education and reduce the number of sick infants born Social workers help clients become eligible for Medicaid, WIC, and other financial assistance This facility provides access to well-baby care and sick baby care for new mothers who were provided care at the Tyler Family Circle of Care - women's service and for the medically underserved children of east Texas This clinic has the highest percentage of at-risk ethnic groups 2 Emergency Education Description Detailed instruction and hands on participation is offered for certification in areas including CPR, first aid, and AED use Courses are offered to school district and sponsors for UIL programs on an as needed basis Hundreds of people were trained across multiple counties, school districts, and churches The sports training program provides many of these services 3 Trinity Mother Frances Health System Website Description The TMFHS website at www.christushealth.org/Trinity provides a large amount of information about the health system, Trinity Physicians, upcoming classes</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>and events and a wealth of health information. This now includes the implementation of MY CHART for personal health information directly.</p> <p>4 Community Partnerships Description Assistance was provided both financially and with staffing for groups and organizations to provide collaborative programs, services, and health information. Projects included over 80 opportunities, including school-based programs, youth programs, and general public events. To provide assistance and support and to educate the public on programs offered by Komen Foundation, American Heart Association, American Cancer Society, Alzheimer Association, Boy Scouts, Children's Advocacy Center, nursing programs, Champions for Children, American Foundation for Suicide Prevention, and public and private schools.</p> <p>5 United Way Description Our employees provided financial support to assist with the design, development, funding, and mission development of over 30 non-profit agencies in the community providing services to children and families at-risk regardless of their ability to pay for those services. The hospital provides an additional financial donation to the United Way in addition to the individual donations.</p> <p>6 Health Education /Screening Programs Description Community education for healthy life styles was offered throughout the region for a variety of conditions. The Fit City Tyler Program and various walks are included as well as stress management, diabetes education, heart health, and cancer awareness screenings. The Women with Heart program also offered education on heart disease in 4 counties.</p> <p>7 School Assistance Description Over 4,000 high school physicals and pre-participation exams were done at no cost to the schools. Additionally, over 200 student athletes were seen for free in Saturday sports clinics. All programs are open to anyone to participate provided they have parental approval. Support for on-site trainers is also provided on an as needed basis.</p> <p>8 Youth Fitness Description Sports training programs, injury prevention and healing, running classes, walking programs, and nutritional programs were offered to educate youths and young adults on the potentials for injuries and the long term effects of not caring for the body. Examples would include Tyler Soccer Association, summer football while other programs would include assistance with local basketball, volleyball, track, and other traditional group programs with non-profits and school districts.</p> <p>9 Young Adults and Students and Learning Skills Description Christus TMF made a decision to participate and lead the way on helping to develop skills children need to learn and become interested in healthcare careers. Through our volunteer services programs training, job shadowing, REACH training for special need students, student programs, etc. are offered to individuals, schools, community colleges and four year institutions not only in our main hospitals but in clinics throughout our service area.</p> <p>10 Care Management for Discharged Patients Description Funds are utilized as designated by the Care Management Department to assist patients with continuity of care needs from the hospital discharge time. These funds could be used for transportation costs to home, home health visits, durable medical equipment, walkers, crutches, medications, as well as minimal days in a skilled nursing home.</p> <p>11 Ross Breast Center Description Ross Breast Center's mobile unit covers special events reaching people with education and screenings.</p> <p>12 Community Breast Health Education Description A team of educators in collaboration with Komen reach out to women across the community to provide breast self-exam and prescreening information to individuals of all ages from teenagers to seniors.</p> <p>13 Neonatal Services Description Christus TMF opened the first Level IIIA Neonatal Intensive Care Unit in Smith County making it possible to offer technology, facilities and skilled staffed to provide quality care to both the b</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046. THE CODE REQUIRES NONPROFIT HOSPITALS TO FILE THE ASCBS FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS). THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT. ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E., LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2015. TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE. STATE FILING OF COMMUNITY BENEFIT REPORT TX.

Additional Data

Software ID:**Software Version:**

EIN: 75-0818167

Name: Mother Frances Hospital Regional Health Care Center

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

[illegible]

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION A	PRIMARY WEBSITE ADDRESS FOR TYLER REHAB ASSOCIATES, LP www.encompasshealth.com/ctmfrehabhospital SCHEDULE H, PART V, SECTION B, LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MOTHER FRANCES HOSPITAL - TYLER IDENTIFIED AND ADDRESSED THE FOLLOWING PRIORITIES THROUGH ITS IMPLEMENTATION PLAN 1) ACCESS TO PRIMARY CARE SERVICES 2) NEED FOR INCREASED EMPHASIS ON A COLLABORATIVE CONTINUUM OF CARE 3) PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES 4) ACCESS TO SPECIALTY CARE SERVICES 5) ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE 6) ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS SCHEDULE H, PART V, SECTION B, LINE 5 Representatives from the community BOTH MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER (MFH-TYLER) AND TYLER REHAB ASSOCIATES, LP COVER THE SAME COMMUNITY AND ARE WITHIN THE SAME HEALTH CARE SYSTEM, THEREFORE, THEY USED THE SAME COMMUNITY REPRESENTATIVES THEY CONDUCTED 48 INTERVIEWS WITH THE TWO GROUPS OUTLINED IN IRS FINAL REGULATIONS ISSUED DECEMBER 29, 2014 DURING THESE INTERVIEWS, THE HOSPITAL DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS, AND ISSUES RELATED TO SPECIFIC POPULATIONS THE INTERVIEWEES INCLUDED, BUT WERE NOT LIMITED TO, INDIVIDUALS FROM THE FOLLOWING ORGANIZATIONS TYLER FAMILY CIRCLE OF CARE CLINIC, ST PAUL CHILDREN'S FOUNDATION, WHISPERING PINES NURSING HOME, LITERACY COUNCIL OF TYLER, NORTHEAST CHILD ADVOCACY CENTER, BETHESDA HEALTH CLINIC, YOUR PHILANTHROPY, EAST TEXAS HUMAN NEEDS NETWORK (ETHNN), PEOPLE ATTEMPTING TO HELP (PATH), SAMARITAN COUNSELING CENTER, EAST TEXAS COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING, AND VARIOUS OTHERS ADDITIONALLY, A SURVEY WAS SENT TO A SELECT GROUP OF 940 INDIVIDUALS OR ORGANIZATIONS WHO ARE MEMBERS OF THE ETHNN OUT OF THE SELECTED GROUP, 120 RESPONSES WERE COLLECTED AND ANALYZED SURVEY QUESTIONS RELATED TO A VARIETY OF HEALTH PROBLEMS AS WELL AS BARRIERS FOR LOW INCOME RESIDENTS A PAPER SURVEY WAS ALSO CONDUCTED AT THREE TYLER FAMILY CIRCLE OF CARE CLINIC LOCATIONS THE SURVEY WAS PROVIDED TO PATIENTS AT CHECK-OUT AND SURVEYED ITEMS SUCH AS LOCATION OF CARE, PROBLEMS SEEING A DOCTOR, AND LIKELINESS OF RETURNING TO CLINICS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 7A, 7B, & 10A	THE URL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS https://www.christushealth.org/-/media/files/chip/christus-tmf-tyler-chna--chip-2016.ashx?la=en CHNA & CHIP CAN ALSO BE FOUND ON CHRISTUS HEALTH SYSTEM WEBSITE THE URL IS https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NEEDS IDENTIFIED IN CHNA ADDRESSED AND NOT ADDRESSED MOTHER FRANCES HOSPITAL - TYLER IDENTIFIED AND ADDRESSED THE FOLLOWING PRIORITIES THROUGH ITS IMPLEMENTATION PLAN 1) ACCESS TO PRIMARY CARE SERVICES 2) NEED FOR INCREASED EMPHASIS ON A COLLABORATIVE CONTINUUM OF CARE 3) PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES 4) ACCESS TO SPECIALTY CARE SERVICES 5) ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE 6) ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS PROPOSED PROGRAMS TO ADDRESS THE PRIORITIZED NEEDS 1) SUPPORT DEVELOPMENT AND IMPLEMENTATION IN REGION 1 OF THE MEDICAID WAIVER PROGRAM IN ORDER TO ACCOMPLISH THE FOLLOWING - EXPAND PRIMARY CARE ACCESS - EXPAND SPECIALTY CARE ACCESS - DEVELOP TELEMEDICINE PROGRAM FOR NICU - ESTABLISH AND RE-CERTIFY 19 MEDICAL HOMES - DEVELOP A PALLIATIVE CARE PROJECT THAT INCLUDES OUTPATIENT SERVICES - DEVELOP A PATIENT NAVIGATION PROJECT FOR BREAST CANCER PATIENTS - DEVELOP A CARE TRANSITION PROGRAM 2) PROVIDE SUPPORT FOR THE LITERACY COUNCIL, ALZHEIMER'S, DIABETES, AMERICAN HEART ASSOCIATION, CANCER FOUNDATION FOR LIFE, AMERICAN CANCER SOCIETY, HOSPICE OF EAST TEXAS, AND HEALTH FITNESS PROGRAMS 3) PROVIDE SUPPORT AND EXPAND THE FOLLOWING PROGRAMS - TYLER FAMILY CIRCLE OF CARE/WOMEN'S SERVICES - TYLER FAMILY CIRCLE OF CARE/PRIMARY CARE SERVICES - TRINITY CLINIC , PEDIATRIC SPECIAL NEEDS PROGRAM - TELECARE PLUS - YOUR HEALTH INFORMATION RESOURCE - BET HESDA CLINIC SUPPORT - ST. PAUL'S CLINIC - RURAL HOSPITAL SUPPORT PROGRAM THROUGH DONATION 5 - HEALTH SCREENING & PREVENTATIVE PROGRAM - NEONATAL SERVICES - TRAUMA & EMERGENCY ROOM SERVICES - ROSS BREAST CENTER MOBILE UNIT - MEDICAB, EMS - LITERACY COUNCIL - ALZHEIMER'S ASSOCIATION 4) SUPPORT OF A NEW BEHAVIORAL HEALTH COMMUNITY PROJECT 5) PARTICIPATION IN THE EPISCOPAL FOUNDATION COMMUNITY HEALTH COLLABORATION FORUMS 6) NORTHEAST TEXAS PUBLIC HEALTH DISTRICT FIT CITY CHALLENGE SPONSORSHIP 7) PROVIDE SUPPORT FOR THE SUSAN G KOMEN RACE FOR THE CURE 8) TYLER JUNIOR COLLEGE FOUNDATION TO SUPPORT NURSING AND HEALTH SCIENCES CENTER 9) TEXAS HEALTH AND HUMAN SERVICES REGIONAL ADVISORY COUNCIL MOTHER FRANCES HOSPITAL - TYLER DECIDED NOT TO ADDRESS "ACCESS TO DENTAL SERVICES" LARGELY DUE TO THE FACT THAT IT IS NOT A CORE BUSINESS FUNCTION OF THE HOSPITAL AND THE LIMITED CAPACITY OF THE HOSPITAL TO ADDRESS THIS NEED HOSPITAL LEADERSHIP FELT THAT RESOURCES AND EFFORTS WOULD BE BETTER SPENT ADDRESSING THE 9 PRIORITIZED NEEDS ABOVE TYLER REHAB IDENTIFIED AND ADDRESSED THE FOLLOWING PRIORITIES THROUGH ITS IMPLEMENTATION PLAN - NEED FOR INCREASED EMPHASIS ON A COLLABORATIVE CONTINUUM OF CARE - PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES - ACCESS TO SPECIALTY CARE SERVICES - ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS THE REHAB HO

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	SPITAL DECIDED NOT TO ADDRESS "ACCESS TO DENTAL SERVICES", "ACCESS TO PRIMARY CARE SERVICE S", AND "ACCESS TO MENTAL AND BEHAVIORAL HEALTHCARE" THIS IS LARGELY DUE TO THE FACT THAT THESE ARE NOT CORE BUSINESS FUNCTIONS OF THE HOSPITAL AND THE LIMITED CAPACITY OF THE HOS PITAL TO ADDRESS THESE NEEDS HOSPITAL LEADERSHIP FELT THAT RESOURCES AND EFFORTS WOULD BE BETTER SPENT ADDRESSING THE FOUR PRIORITIZED NEEDS ABOVE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13	<p>DETERMINATION OF ELIGIBILITY FOR DISCOUNTED CARE UNDER THE HOSPITAL'S POLICY, PATIENTS WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL ASSISTANCE THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS IN GENERAL, PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE PATIENTS WHO WERE UNINSURED AND ABOVE 300% OF THE FEDERAL POVERTY GUIDELINES WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS PATIENTS WHO WERE UNINSURED AND BETWEEN 300% AND 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN AGB SCHEDULE H, PART V, SECTION B, LINE 15E FAP APPLICATION FORM'S METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PATIENTS THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS</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
SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, & 16C	FAP Documents available to the public The hospital's FAP, FAP application form, and plain language summary are available at the following website http //www tmfhc org/patients-visitors/financial-assistance SCHEDULE H, PART V, SECTION B, LINE 16J HOW THE HOSPITAL FACILITY PUBLICIZES THE FINANCIAL ASSISTANCE POLICY THE HOSPITAL POSTED SIGNS TO INFORM PATIENTS ABOUT THE AVAILABILITY OF CHARITY CARE IN THE EMERGENCY DEPARTMENT, LOBBY, AND ADMISSIONS AREAS (THE SIGNS DID NOT SPECIFICALLY REFERENCE THE POLICY (FAP), WHICH IS WHY THE HOSPITAL DID NOT SELECT "YES" IN RESPONSE TO LINE 16F) IN ADDITION, A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT WWW CHRISTUSHEALTH ORG/CHARITYCARE (THIS WEBSITE WAS THE FIRST RESULT IN GOOGLE WHEN PATIENTS SEARCHED FOR THE HOSPITAL NAME AND CHARITY CARE OR FINANCIAL ASSISTANCE) EFFECTIVE JULY 1, 2016, THE INDIVIDUAL HOSPITAL'S HOMEPAGE HAD A CONSPICUOUS FINANCIAL ASSISTANCE LINK DIRECTING PATIENTS TO THE CHARITY CARE HOMEPAGE FINANCIAL COUNSELORS ALSO PUBLICIZED THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING ONE-ON-ONE VISITS WITH PATIENTS THE HOSPITAL ATTEMPTED TO PROVIDE ALL UNINSURED PATIENTS WITH FINANCIAL COUNSELING SPENDING TIME FACE-TO-FACE WITH PATIENTS ALLOWED COUNSELORS TO FACILITATE THE APPLICATION PROCESS FOR PATIENTS WHO OTHERWISE MIGHT NOT HAVE SOUGHT ASSISTANCE COUNSELORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 17	<p>DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS SCHEDULE H, PART V, SECTION B, LINE 20E NOTIFICATION OF FINANCIAL ASSISTANCE POLICY WHEN COLLECTION CALLS RESULTED IN PATIENT CONTACT, BUSINESS AGENTS PERFORMED A VERBAL SCREENING TO SEE IF THE PATIENT MIGHT BE ELIGIBLE FOR CHARITY CARE IN ADDITION, BILLING STATEMENTS CONTAINED THE FOLLOWING NOTICE YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN SCHEDULE H, PART V, SECTION B, LINE 22A DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED 70% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), 50% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 201% TO 300% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 200% FPL) FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE</p>

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
Mother Frances Hospital Regional Health Care
Center

Employer identification number

75-0818167

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 13
- 3 Enter total number of other organizations listed in the line 1 table 1

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

Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: Mother Frances Hospital Regional Health Care Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 1301 S Broadway Tyler, TX 75701	13-1788491	501(c)(3)	25,000				Tyler Cattle B Gala
AMERICAN HEART ASSOCIATION PO Box 50040 Prescott, AZ 86304	13-5613797	501(c)(3)	25,000				SW Gala S10 Tyler Heart Ball

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
CANCER FOUNDATION FOR LIFE PO Box 8257 TYLER, TX 75701	75-2957440	501(c)(3)	35,000				Pledge & Fit Steps for Life
CATHOLIC CHARITIES DIOCESE OF TYLER PO Box 2016 TYLER, TX 75710	20-2766724	501(C)(3)	25,400				SPEAKER SPONSORSHIP/HUNGER RELIEF/NURSING PROGRAM

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
TYLER ECONOMIC DEVELOPMENT COUNCIL INC 315 N Broadway TYLER, TX 75702	75-2254467	501(c)(3)	25,000				Tyler Economic Dvlp
JUNIOR LEAGUE OF TYLER INC 1919 S DONNYBORRK TYLER, TX 75701	75-0884075	501(c)(3)	6,100				GRANT

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
UNITED WAY OF SMITH COUNTY INC PO Box 10029 TYLER, TX 75711	75-0957331	501(C)(3)	50,203				UNITED WAY GIFT
CHRISTUS Trinity Mother Frances Foundation 1315 Doctors Drive TYLER, TX 75701	75-2028241	501(c)(3)	295,205				PLEDGES

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
TYLER AREA CHAMBER OF COMMERCE 315 N BROADWAY TYLER, TX 75702	75-0624670	501(C)(3)	10,000				ANNUAL DONATION & MEMBERSHIP DUES
TEXAS ROSE FESTIVAL PO BOX 8224 TYLER, TX 75711	75-1171774	501(C)(4)	11,000				ROSE SHOW

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
LUIS PALAU ASSOCIATION PO BOX 130685 TYLER, TX 75713	93-0713827	501(c)(3)	10,000				CITY FEST GRANT
ST PAUL CHILDRENS FOUNDATION INC 1358 E RICHARDS STREET TYLER, TX 75702	75-2687636	501(C)(3)	10,000				GRANT

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
ALZHEIMERS ALLIANCE OF SMITH COUNTY 211 WINNCHESTER DRIVE TYLER, TX 75701	75-2486061	501(c)(3)	8,800				GRANT
CHRISTUS TMF VOLUNTEERS 1315 DOCTORS DRIVE TYLER, TX 75701	75-2028241	501(C)(3)	36,000				PLEDGES

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 Mother Frances Hospital Regional Health Care Center	Employer identification number 75-0818167
---	--

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes									
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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a Yes									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A, COMPANION TRAVEL TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS

Return Reference	Explanation
FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II	DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUALS ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUALS ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS

Return Reference	Explanation
RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION	<p>SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATIONS CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATIONS CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENT THE FOLLOWING RECEIVED SEVERANCE PAYMENTS DURING 2018 J LINDSEY BRADLEY RECEIVED \$843,286 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 CHRISTOPHER SCHMIDLY RECEIVED \$61,200 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018</p>

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNING WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN SCHEDULE J, PART II, COLUMN B (II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDER YEAR 2018

Return Reference	Explanation
DEFERRED COMPENSATION	FORM 990, SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL



Additional Data

Software ID:
Software Version:
EIN: 75-0818167
Name: Mother Frances Hospital Regional Health Care Center

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				
Fagg Sanford MD Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	818,206	1,464	10,377	56,472	29,029	915,548	0
Jason Proctor Director/VICE-CHAIR/President	(i)	-----	-----	-----	0	0	0	0
	(ii)	368,905	149,668	4,414	95,907	17,555	636,449	0
J Lindsey Bradley Director Ex-Officio(Ret 6/17)	(i)	-----	-----	-----	0	0	0	0
	(ii)			843,286	0	0	843,286	0
Scott Smith MD Sr Vice President	(i)	-----	-----	-----	0	0	0	0
	(ii)	596,969	361,727	25,000	129,079	26,347	1,139,122	0
Steven Keuer MD Director/Regional CMO	(i)	-----	-----	-----	0	0	0	0
	(ii)	598,914	334,779	24,680	172,760	11,656	1,142,789	0
ANDY KIRKPATRICK MD DIRECTOR/CHAIR	(i)	-----	-----	-----	0	0	0	0
	(ii)	638,243	1,464	32,860	53,426	34,452	760,445	0
CHRIS GLENNEY DIRECTOR/REGIONAL CEO	(i)	-----	-----	-----	0	0	0	0
	(ii)	639,605	1,013,387	13,037	294,769	20,277	1,981,075	0
Elizabeth Pulliam System CFO	(i)	-----	-----	-----	0	0	0	0
	(ii)	313,194	129,125	10,154	58,627	12,627	523,727	0
SCOTT FOSSEY VP OF DEVELOPMENT	(i)	-----	-----	-----	0	0	0	0
	(ii)	264,025	73,041	8,616	8,650	22,834	377,166	0
Todd Hancock FORMER SVP/COO (TERM 2/17)	(i)	-----	-----	-----	0	0	0	0
	(ii)	433,569	712,364	25,243	180,254	24,048	1,375,478	0
ROBERT W BIENERT CNRA	(i)	428,555	-----	-----	15,020	0	443,575	0
	(ii)	-----	-----	-----	0	0	0	0
DUSTIN J VIDRINE CNRA	(i)	321,404	-----	-----	4,661	0	326,065	0
	(ii)	-----	-----	-----	0	0	0	0
TIMOTHY M CLARK CNRA	(i)	299,676	-----	-----	4,413	0	304,089	0
	(ii)	-----	-----	-----	0	0	0	0
DONALD J MITCHELL CNRA	(i)	273,982	-----	-----	4,440	0	278,422	0
	(ii)	-----	-----	-----	0	0	0	0
TAWONDA J FELTON CNRA	(i)	269,344	-----	-----	3,940	0	273,284	0
	(ii)	-----	-----	-----	0	0	0	0
ALI BIRJANDI VP PERFORMANCE IMPROVEMENT	(i)	-----	-----	-----	0	0	0	0
	(ii)	227,821	62,606	1,846	8,250	21,408	321,931	0
MARY ELIZABETH JACKSON VP ADVOCACY - GOVT AFFAIRS	(i)	-----	-----	-----	0	0	0	0
	(ii)	234,029	61,966	7,492	8,250	5,958	317,695	0
ANDY NAVARRO VP MISSION INTEGRATION	(i)	-----	-----	-----	0	0	0	0
	(ii)	252,351	71,511	5,061	34,409	15,606	378,938	0
CHRISTOPHER SCHMIDLY VP, STRATEGY BUS DEV	(i)	-----	-----	-----	0	0	0	0
	(ii)	250,884	86,475	77,020	0	10,071	424,450	0
ANDREW VON ESCHENBACH CIO/VP REVENUE CYCLE MGMT	(i)	-----	-----	-----	0	0	0	0
	(ii)	318,340	103,826	10,313	8,980	16,443	457,902	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				
SHELLY WELCH CHIEF NURSING OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	262,112	67,352	20,444	33,145	19,219	402,272	0
BECKY WESTERN ASSOCIATE CIO	(i)	-----	-----	-----	0	0	0	0
	(ii)	156,377	38,576	10,004	1,000	12,469	218,426	0
FADI NASRALLAH MD CMO	(i)	-----	-----	-----	0	0	0	0
	(ii)	549,250	229,930	15,820	88,688	42,470	926,158	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Mother Frances Hospital Regional Health Care Center	Employer identification number 75-0818167
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Susan Rippy	PAT THOMAS BRD MEMBER	52,254	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF TRANSACTIONS 1) WAGES OF \$52,254 WERE PAID TO THE DAUGHTER OF BOARD MEMBER, PAT THOMAS

SCHEDULE O

(Form 990 or 990-EZ)

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**

Department of the Treasury

Name of the organization

Mother Frances Hospital Regional Health Care
Center

Employer identification number

75-0818167

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, BOX C	<p>MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER OPERATES UNDER THE FOLLOWING NAMES LOUIS & PEACHES OWEN HEART HOSPITAL MOTHER FRANCES HOSPITAL OUTPATIENT SURGERY CENTER FLIGHT FOR LIFE TRINITY MOTHER FRANCES ENDOSCOPY CENTER TYLER SQUARE AMBULATORY SERVICES CENTER CHRISTUS MOTHER FRANCES HOSPITAL CHRISTUS MOTHER FRANCES HOSPITAL TYLER CHRISTUS MOTHER FRANCES HOSPITAL SOUTH TYLER CHRISTUS TRINITY MOTHER FRANCES DEHAVEN SURGERY CENTER - TYLER CHRISTUS TRINITY MOTHER FRANCES ENDOSCOPY CENTER FORM 990, PART V, LINE 1A 1099S REPORTED BY ORGANIZATION NO 1099S ARE ISSUED BY THE FILING ORGANIZATION THE ORGANIZATIONS 1099S ARE ISSUED BY A RELATED ORGANIZATION, MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER, WHO REPORTS ALL 1099-MISC FOR THE ENTIRE SYSTEM AND ALLOCATES EXPENSES TO THE APPROPRIATE RELATED ORGANIZATION, THEREFORE, THIS QUESTION IS ANSWERED AS "NONE" FOR THIS FILING ORGANIZATION FORM 990, PART VI, LINE 6 MEMBERS OR STOCKHOLDERS CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM IS THE SOLE MEMBER OF MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	Power to elect or appoint members THE SOLE MEMBER, CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM, HAS THE POWER TO APPOINT ALL DIRECTORS AND THEIR SUCCESSORS TO THE GOVERNING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>Decisions reserved to members or stockholders CHRISTUS HEALTHS BOARD OF DIRECTORS HAS THE FOLLOWING POWERS APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATIONS PHILOSOPHY, MISSION AND VISION, APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATIONS ARTICLES OF INCORPORATION AND BYLAWS, APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATIONS BOARD OF DIRECTORS, APPOINT AND REMOVE THE FILING ORGANIZATIONS CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS, APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY, APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION, APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION, APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION, APPROVE CAPITAL PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION, APPROVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENTURE, ANY TRANSACTION INVOLVING A SYSTEM PARTIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATIONS REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION, APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION, APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION, APPROVE THE FILING ORGANIZATIONS BUDGET, SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$10 MILLION BY THE FILING ORGANIZATION, AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO) THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION, APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	ENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>Process used to review the Form 990 THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990 THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2020 VIA WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>Process for determining compensation THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE CENTER THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY 2 RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES 3 COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION BASED ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE FORM 990, PART VI, LINE 18 PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	E ORGANIZATIONS RELATED TO CHRISTUS HEALTH FORMS 990 AND 990-T ARE MADE AVAILABLE UPON RE QUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAIL OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY AND FIN STMTS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets Pension Liability (\$29,925,173) Adjustment to Net Unrestricted (\$ 274,262) Transfer of Net Assets Between Entities (\$ 911,348) Rounding \$ 2 ----- Total (\$31,110,781)

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493178013840	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No 1545-0047
					2018
	Department of the Treasury Internal Revenue Service	Name of the organization Mother Frances Hospital Regional Health Care Center			Employer identification number 75-0818167

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

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

(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) TYLER RADIATION EQUIP LEASING 10101 WOOD WOODLANDS, TX 77380 26-2554738	EQUIPMENT LEASING	TX	MFH REG	UNRELATED	0	0		No	0		No	51 000 %

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.

(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) TRINCARE INC 1315 DOCTORS DRIVE TYLER, TX 75701 75-2161369	RETAIL HEALTH SVC	TX	CTMFHS	C-CORPORATION				Yes	
(2) HEALTHPLAN OF TEXAS INC 1315 DOCTORS DRIVE TYLER, TX 75701 75-2636832	THIRD PARTY ADMIN	TX	CTMFHS	C-CORPORATION				Yes	
(3) THE REGIONAL HEALTHCARE ALLIANCE 1315 DOCTORS DRIVE TYLER, TX 75701 75-2484109	PREFER PROVIDER	TX	CTMFHS	C-CORPORATION				Yes	
(4) TEXAS HEALTH FACILITY INSUR CORP LTD PO BOX 1109 BWI, CJ CJ 98-0136025	INSURANCE	CJ	MFH REG	C-CORPORATION	-36,951	109,856	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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
(1)CH WILKINSON PHYSICIAN NETWORK	L	9,094,461	ACCRUAL
(2)CHRISTUS HOPKINS HEALTH ALLIANCE	L	106,339	ACCRUAL
(3)CHRISTUS HEALTH PLAN	L	90,482	ACCRUAL
(4)THE GOOD SHEPHERD HOSPITAL	L	329,112	ACCRUAL
(5)CHRISTUS TRINITY MOTHER FRANCES FOUNDATION	C	6,379,143	ACCRUAL

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: 75-0818167
Name: Mother Frances Hospital Regional Health Care Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1315 DOCTORS DRIVE TYLER, TX 75701 75-2771569	HOSPITAL	TX	501(c)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2028241	SUPPORT	TX	501(c)(3)	12, TYPE I	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2511459	HEALTHCARE	TX	501(c)(3)	3	MFH REG	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(c)(3)	12, TYPE II	CH		No
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(c)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-1976930	HOSPITAL	TX	501(c)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 46-5720165	HEALTHCARE	TX	501(c)(3)	3	MFH REG	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SUPP HTH SVCS	TX	501(c)(3)	10	NA		No