

Form **990**

OMB No 1545-0047

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2017 calendar year, or tax year beginning 11/01, 2017, and ending 10/31, 2018**B** Check if applicable

- ☒ Address change  
☒ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C**  
ETX SUCCESSOR SYSTEM  
GROUP RETURN  
PO BOX 131000  
TYLER, TX 75713

**D** Employer identification number

37-1623919

**E** Telephone number

903-531-8010

**G** Gross receipts \$ 538,842,647.**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)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or 4947(a)(2)**J** Website: ▶ N/A**H(c)** Group exemption number ▶ 5692**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation**M** State of legal domicile**Part I Summary**

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY HEALTHCARE AND RELATED SERVICES. WE CONTINUOUSLY STRIVE TO BRING AN UNMATCHED SPIRIT OF EXCELLENCE TO THE ART AND SCIENCE OF HEALTH CARE. WE MEASURE OUR SUCCESS BY HOW OUR EFFORTS IMPROVE THE QUALITY OF LIFE FOR PEOPLE AND COMMUNITIES IN EAST TEXAS.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	103
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	67
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7,200
	6 Total number of volunteers (estimate if necessary)	6	254
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	370,747.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	8	498,282.
	9 Program service revenue (Part VIII, line 2g)	9	812,471.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	788,020,515.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	294,312,342.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2)	12	922,171.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	926,782.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	2,417,303.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	742,372,192.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	298,468,898.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	16b	11,211,950.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	4,975,116.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	385,414,845.
	19 Revenue less expenses Subtract line 18 from line 12	19	131,174,680.
	20 Total assets (Part X, line 16)	20	414,338,395.
	21 Total liabilities (Part X, line 26)	21	145,457,782.
	22 Net assets or fund balances Subtract line 21 from line 20	22	810,965,190.
		Beginning of Current Year	End of Year
		886,021,373.	6,821,008.
		441,202,649.	0.
		444,818,724.	6,821,008.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date	8/21/19
	BYRON HALE	CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	KRISTEN L. GUSA	Kristen L. Gusa	8/19/2019
	Firm's name	Firm's EIN	75-2147296
	Firm's address	Phone no	(903) 534-0088

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/08/17

Form 990 (2017)

0423256121 SEP 9 2019

**Part III** Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐

Yes

☒

No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☒

Yes

☐

No

If 'Yes,' describe these changes on Schedule O

SEE 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 \$ 179,188,244. including grants of \$ 4,181,279. ) (Revenue \$ 218,341,693. )

SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 37,281,974. including grants of \$ 185. ) (Revenue \$ 22,101,757. )

ETX SUCCESSOR - HEALTHCARE ASSOCIATES PROVIDES PHYSICIAN CLINICAL SERVICES TO AND IN CONNECTION WITH DELIVERY OF HEALTH CARE BY SYSTEM, ITS AFFILIATE TAX-EXEMPT HOSPITALS AND OTHER HEALTH CARE ORGANIZATIONS. ETX SUCCESSOR HCA CURRENTLY EMPLOYS 150+ PHYSICIANS, THE MAJORITY OF THE EMPLOYED PHYSICIANS SPECIALIZE IN PRIMARY CARE.

**4c** (Code ) (Expenses \$ 11,596,396. including grants of \$ 1,625. ) (Revenue \$ 10,329,986. )

ETMC EMS HAS A FLEET OF GROUND EMERGENCY AMBULANCES SERVING EAST TEXAS. THE SYSTEM OPERATES AN EXTENSIVE NETWORK OF 60 GROUND AMBULANCES, WITH EACH STATIONED AT DIFFERENT LOCATIONS TO ACHIEVE OPTIMAL GEOGRAPHIC COVERAGE AND RESPONSE TIME THROUGHOUT THE SYSTEM'S SERVICE AREA. ETMC EMS WAS SOLD TO ARDENT DURING 2018.

**4d** Other program services (Describe in Schedule O) SEE SCHEDULE O

(Expenses \$ 29,166,772. including grants of \$ 792,027. ) (Revenue \$ 26,253,962. )

**4e** Total program service expenses 257,233,386.

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> 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	X	
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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	X	
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		X
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		X
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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	X	
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
<b>21</b> 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	X	
<b>22</b> 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	X	
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	X	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2017)

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>735</b>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>0</b>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	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. <b>7,200</b>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	X	
<b>4 a</b>	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)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8882 filed during the year		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11 a</b>	Gross income from members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13 b</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		
<b>13 c</b>	Enter the amount of reserves on hand		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1 b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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? SEE SCHEDULE O	X	
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders? SEE SCHEDULE O	X	
<b>7 a</b> 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?	X	
<b>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>10 b</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?	X	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12 b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
<b>b</b> Other officers or key employees of the organization SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>16 b</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?	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶

BONNIE STONE PO BOX 131000 TYLER TX 75713 903-531-8010

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELMER G. ELLIS PRESIDENT & DIR	0 40	X		X				0.	1,121,942.	21,510.
(2) BYRON HALE TREASURER & DIR	0 40	X		X				0.	547,491.	29,132.
(3) SHARON CLARK DIRECTOR	2 0	X						0.	0.	0.
(4) RON SCHWARTZ VP EMS	40 0	X						316,647.	0.	31,396.
(5) PAULA ANTHONY DIRECTOR	0 40	X						0.	417,101.	25,190.
(6) STEPHEN RYDZAK, M.D. DIRECTOR	40 0	X		X				631,358.	0.	5,401.
(7) TERRY MORROW DIRECTOR	2 0	X						0.	0.	0.
(8) EDDIE HOWARD VP/ADMINISTRATO	40 0	X		X				368,692.	0.	26,740.
(9) PATRICK L. WALLACE ADMINISTRATOR	40 0	X		X				108,023.	0.	22,663.
(10) GARY M. HUDSON ADMINISTRATOR	40 0	X		X				197,388.	0.	18,554.
(11) CHARLES BROADWAY DIRECTOR	2 0	X						0.	0.	0.
(12) WAYNE PROPST, M.D. DIRECTOR	2 0	X						0.	0.	0.
(13) RUTH COOK ADMINISTRATOR	40 0	X		X				145,867.	0.	24,864.
(14) PERRY HENDERSON ADMINISTRATOR	0 40	X		X				0.	234,406.	25,813.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK LEITNER ADMINISTRATOR	40 0	X		X				215,888.	0.	29,510.
(16) JACK ENDRES ADMINISTRATOR	40 0	X		X				184,623.	0.	23,717.
(17) WARREN ROBICHEAUX ADMINISTRATOR	40 0	X		X				214,748.	0.	24,641.
(18) ADRON NEILL DIRECTOR	2 0	X						0.	0.	0.
(19) BEVERLY WADDLETON, M.D. DIRECTOR	40 0	X						131,801.	0.	12,138.
(20) CURT SMITH DIR OF HOMEHLTH	40 0	X		X				121,529.	0.	27,475.
(21) ALLEN BELL DIRECTOR	2 0	X						0.	0.	0.
(22) HARRY TILLEY DIRECTOR	2 0	X						0.	0.	0.
(23) ANDREW BENTLEY, M.D. DIRECTOR	40 0	X		X				563,327.	0.	12,138.
(24) ANN LAKE DIRECTOR	2 0	X						0.	0.	0.
(25) ROCKY GILL DIRECTOR	2 0	X						0.	0.	0.
<b>1 b Sub-total</b>								3,199,891.	2,320,940.	360,882.
<b>c Total from continuation sheets to Part VII, Section A</b>								15321298.	1,456,250.	560,029.
<b>d Total (add lines 1b and 1c)</b>								18521189.	3,777,190.	920,911.

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 ▶ 45

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3	X	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATHENS EMERGENCY MEDICAL ASSOC P.O. BOX 677979 DALLAS, TX 75267	ER PHYSICIANS	7,896,360.
CERNER HEALTH SERVICE P.O. BOX 959167 ST. LOUIS, MO 63195	SOFTWARE SYSTEM MAIN	3,295,720.
METRO AVIATION, INC P.O. BOX 7008 SHREVEPORT, LA 71137-7008	HELICOPTER MAINT.	4,221,728.
PULMONARY SPECIALIST 912 S FLEISHEL AVE. TYLER, TX 75701	INTENSIVIST, SLEEP L	2,533,130.
US ANESTHESIA PARTNERS OF TEXAS P.O. BOX 841069 AUSTIN, TX 78714-166	ANESTHESIA SERVICES	2,553,430.

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 ▶ 114



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(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply)						(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			
BARRY HUGHES DIRECTOR	2 0	X						0.	0.	0.
B.G. HARTLEY DIRECTOR	12 0	X						0.	0.	0.
BILL CLAWATER DIRECTOR	2 0	X						0.	0.	0.
EVAN SMITH, M.D. DIRECTOR	40 0	X						447,332.	0.	12,138.
JEFF TAYLOR DIRECTOR	2 0	X						0.	0.	0.
BRIAN BALLARD DIRECTOR	2 0	X						0.	0.	0.
BRIAN HOLCOMB DIRECTOR	2 0	X						0.	0.	0.
BRYAN HYLAND, M.D. DIRECTOR	40 0	X						384,711.	0.	12,138.
BRYAN PRICE DIRECTOR	2 0	X						0.	0.	0.
JOHN CAIN DIRECTOR	2 0	X						0.	0.	0.
CHARLES HALSTEAD DIRECTOR	2 0	X						0.	0.	0.
SEBETHA JENKINS-BOOKER, PH DIRECTOR	2 0	X						0.	0.	0.
CURTIS E. GREY, M.D. DIRECTOR	2 0	X						0.	0.	0.
DALE LAGRONE DIRECTOR	2 0	X						0.	0.	0.
DAVID CRAIG, M.D. DIRECTOR	2 0	X						0.	0.	0.
DONALD LEWIS DIRECTOR	2 0	X						0.	0.	0.
DAVID JOHNSON, M.D. DIRECTOR	2 0	X						0.	0.	0.
DAVID JONES, M.D. DIRECTOR	2 0	X						0.	0.	0.
DAVID LATHAM, M.D. FORMER DIRECTOR	2 0	X						0.	0.	0.
DONNA BENNETT DIRECTOR	2 0	X						0.	0.	0.
LAURA VANECEK DIRECTOR	2 0	X						0.	0.	0.

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(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply)						(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			
DONALD E. AREGO, M.D. DIRECTOR	40 0	X						169,598.	0.	12,138.
DOUG JOHNSTON, D.O. DIRECTOR	40 0	X						298,611.	0.	12,138.
ELDOR BRISH, M.D. DIRECTOR	40 0	X						456,081.	0.	7,081.
FRED A. HEIRICH DIRECTOR	2 0	X						0.	0.	0.
GARY GROSS, M.D. DIRECTOR	2 0	X						0.	0.	0.
ELAM SWANN DIRECTOR	2 0	X						0.	0.	0.
GEORGE ROBINSON DIRECTOR	2 0	X						0.	0.	0.
GEORGE T. HALL DIRECTOR	2 0	X						0.	0.	0.
HOLLEY HOWARD DIRECTOR	2 0	X						0.	0.	0.
HAROLD BEAIRD DIRECTOR	2 0	X						0.	0.	0.
J. B. SMITH DIRECTOR	2 0	X						0.	0.	0.
TROY ROBINSON DIRECTOR	2 0	X						0.	0.	0.
J. MICHAEL ORMS, M.D. DIRECTOR	40 0	X						0.	0.	0.
JACK DICKERSON DIRECTOR	2 0	X						0.	0.	0.
JERRY WEBSTER DIRECTOR	2 0	X						0.	0.	0.
JESSICA PARISH DIRECTOR	2 0	X						0.	0.	0.
JOE ANGLE VICECHAIRMAN&DIR	2 0	X		X				0.	0.	0.
JOHN PAYNE DIRECTOR	2 0	X						0.	0.	0.
JOYCE STARLING, M.D. DIRECTOR	40 0	X						126,425.	0.	10,917.
JOHN MAGOUYRK DIRECTOR	2 0	X						0.	0.	0.
JOHN T. WILSON DIRECTOR	2 0	X						0.	0.	0.

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(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply)						(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			
JON JOHNSTON DIRECTOR	2 0	X						0.	0.	0.
KAREN WIES, M.D. DIRECTOR	40 0	X						476,033.	0.	10,844.
JEAN BURROUGHS DIRECTOR	2 0	X						0.	0.	0.
LARRY DURRETT DIRECTOR	12 0	X						0.	0.	0.
LARRY KING DIRECTOR	2 0	X						0.	0.	0.
LAWRENCE QUAN, M.D. DIRECTOR	2 0	X						134,702.	0.	0.
LEESA N. HEDGE DIRECTOR	2 0	X						0.	0.	0.
LISA GRAVES, M.D. DIRECTOR	40 0	X		X				464,874.	0.	12,138.
MARINEL MUNDA, M.D. DIRECTOR	2 0	X						0.	0.	0.
MICHAEL AUSTIN, M.D. DIRECTOR	40 0	X						380,033.	0.	10,917.
MICHAEL BANKS, DDS DIRECTOR	2 0	X						0.	0.	0.
MICHELLE BROOKSHIRE DIRECTOR	2 0	X						0.	0.	0.
KATHY BABIN DIRECTOR	2 0	X						0.	0.	0.
MICHAEL YOUNG DIRECTOR	2 0	X						0.	0.	0.
NED MUSE DIRECTOR	2 0	X						0.	0.	0.
VIRGINIA LEWIS DIRECTOR	2 0	X						0.	0.	0.
PATRICIA SMITH DIRECTOR	2 0	X						0.	0.	0.
PAUL LATTA, DDS DIRECTOR	2 0	X						0.	0.	0.
ROBERT NICHOLS DIRECTOR	2 0	X						0.	0.	0.
ROBYN ROGERS DIRECTOR	2 0	X						0.	0.	0.
RODNEY WATKINS DIRECTOR	2 0	X						0.	0.	0.

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(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply)						(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			
RANDY KARNES DIRECTOR	2 0	X						0.	0.	0.
RON FRANKS DIRECTOR	2 0	X						0.	0.	0.
ROSEMARY BURNS DIRECTOR	2 0	X						0.	0.	0.
SAM DAWSON DIRECTOR	2 0	X						0.	0.	0.
SALAH ALMOHAMMED, M.D. DIRECTOR	40 0	X						248,148.	0.	12,138.
SAMUAL HOUSTON, M.D. DIRECTOR	2 0	X						0.	0.	0.
STAYTON BONNER DIRECTOR	2 0	X						0.	0.	0.
STEVEN POTTER, M.D. DIRECTOR	40 0	X						622,651.	0.	12,138.
STEVEN C. ROOSTH DIRECTOR	2 0	X						0.	0.	0.
RAVI KONIDALA, M.D. DIRECTOR	40 0	X						0.	0.	0.
SUE MURRAY DIRECTOR	2 0	X						0.	0.	0.
TODD PARRISH, M.D. DIRECTOR	40 0	X						375,633.	0.	0.
W.R. CHRISTENSEN, M.D. DIRECTOR	2 0	X						58,987.	0.	10,353.
WAYNE MASK, M.D. DIRECTOR	2 0	X						0.	0.	0.
TONY FARMER CFO	40 0			X				176,831.	0.	25,908.
KIM COOLEY VICE PRESIDENT	0 40			X				0.	145,532.	17,172.
ROBERT EVANS SR VP/ADMINISTR	40 0			X				444,365.	0.	26,976.
JAMES BLANTON CFO	40 0			X				163,424.	0.	26,334.
BECKI MANGUM TREASURER	0 40			X				0.	188,063.	24,111.
DAVID TRAVIS CFO	40 0			X				204,314.	0.	24,787.
PATRICK SWINDLE ADMINISTRATOR	40 0			X				128,681.	0.	19,855.

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(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply) -						(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			
JANET ANDERSEN CFO	40 0			X				180,357.	0.	469.
PHIL CARON CFO	40 0			X				194,631.	0.	24,647.
FREDDIE SANCHEZ VP MATERIALS MANAGEMENT	0 40				X			0.	496,883.	26,760.
DAVID LANGSTON VP HUMAN RESOURCES	0 40				X			0.	169,151.	25,231.
CARROLL ROGE VP MARKETING	0 40				X			0.	254,920.	15,587.
EDWARD KNIGHT VP HUMAN RESOURCES	0 40				X			0.	201,701.	23,596.
DENNIS S. DEVINNEY PHYSICIAN	40 0					X		1,701,796.	0.	12,138.
JOSEPH M. CONFLITTI PHYSICIAN	40 0					X		1,125,577.	0.	12,138.
ALIREZA BEHBOUDI PHYSICIAN	40 0					X		1,540,217.	0.	12,138.
MICHAEL J. KLOUDA PHYSICIAN	40 0					X		835,611.	0.	12,138.
STEPHEN GALE PHYSICIAN	40 0					X		631,764.	0.	12,138.
ARMOL DESHPANDE, M.D. FORMER DIRECTOR (FY 12)	40 0						X	321,924.	0.	10,844.
ROGER SESSIONS, M.D. FORMER DIRECTOR (FY 12)	40 0						X	576,192.	0.	12,138.
WILLIAM ROBERSON, D. FORMER DIRECTOR (FY 11)	2 0						X	318,796.	0.	12,138.
GARY BABBITT, M.D. FORMER DIRECTOR (FY 15)	40 0						X	347,545.	0.	11,294.
GERALD AKPASSA, M.D. FORMER DIRECTOR (FY 15)	40 0						X	515,081.	0.	12,138.
GORDON URETSKY, M.D. FORMER DIRECTOR (FY 15)	40 0						X	158,692.	0.	12,138.
NGHIA TRUONG, M.D. FORMER DIRECTOR (FY 12)	40 0						X	797,027.	0.	12,138.
SAM RABORN, M.D. FORMER DIRECTOR (FY 15)	40 0						X	314,654.	0.	0.

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b> 6,424.				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 806,047.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		812,471.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> NET PATIENT REVENUE	621500	282071808.	282071808.		
	<b>b</b> MGMT ALLOCATION	561000	4,789,178.	4,789,178.		
	<b>c</b> INTERCOMPANY REVENUE	561000	2,948,781.	2,948,781.		
	<b>d</b> CONTRACT/OUTSIDE SERVICES	811000	1,010,211.	647,099.	363,112.	
	<b>e</b> CONTRACTED THERAPY	621500	895,874.	895,874.		
	<b>f</b> All other program service revenue	WKS	2,596,490.	2,596,490.		
	<b>g Total.</b> Add lines 2a-2f		294312342.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		886,531.			886,531.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	240414000.			
		<b>b</b> Less cost or other basis and sales expenses	240373749.			
		<b>c</b> Gain or (loss)	40,251.			
	<b>d</b> Net gain or (loss)		40,251.			40,251.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
		<b>b</b> Less direct expenses				
		<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
		<b>b</b> Less direct expenses				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 1,117,986.					
	<b>b</b> Less cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory		1,117,986.		7,635.	1,110,351.
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> CAFETERIA/DIETARY REV		1,066,134.			1,066,134.	
<b>b</b> PARKING LOT		167,221.			167,221.	
<b>c</b> MISCELLANEOUS INCOME		65,180.			65,180.	
<b>d</b> All other revenue	WKS	782.			782.	
<b>e Total.</b> Add lines 11a-11d		1,299,317.				
<b>12 Total revenue.</b> See instructions		298468898.	293949230.	370,747.	3,336,450.	

**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	4,183,090.	4,183,090.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	792,026.	792,026.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,426,768.	0.	4,426,768.	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	99,868,034.	98,042,902.	1,825,132.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,869,908.	2,684,456.	185,452.	
9 Other employee benefits	16,943,236.	15,887,110.	1,056,126.	
10 Payroll taxes	7,066,734.	6,634,067.	432,667.	
11 Fees for services (non-employees)				
a Management				
b Legal	23,500.	17,379.	6,121.	
c Accounting	69,916.	300.	69,616.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	183,134.	152,662.	30,472.	
13 Office expenses	1,213,703.	1,190,654.	23,049.	
14 Information technology	1,023,407.	995,304.	28,103.	
15 Royalties				
16 Occupancy	7,914,760.	7,890,282.	24,478.	
17 Travel	84,753.	78,939.	5,814.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	251,779.	226,280.	25,499.	
20 Interest	8,774,904.	8,774,904.		
21 Payments to affiliates	4,031,434.	4,031,434.		
22 Depreciation, depletion, and amortization	10,480,849.	10,480,849.		
23 Insurance	1,955,070.	1,935,582.	19,488.	
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 SUPPLIES	39,351,279.	39,262,767.	88,512.	
b PHYSICIAN/MEDICAL SPEC. FEES	16,916,125.	16,099,011.	817,114.	
c SYSTEM FEE	14,321,339.		14,321,339.	
d OUTSIDE SERVICES	11,435,487.	11,126,597.	308,890.	
e All other expenses	27,426,343.	26,746,791.	679,552.	
25 Total functional expenses. Add lines 1 through 24e	281,607,578.	257,233,386.	24,374,192.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash — non-interest-bearing	9,051,163.	1	437,173.
	2 Savings and temporary cash investments	5,221,067.	2	1,072,771.
	3 Pledges and grants receivable, net	10,000.	3	10,000.
	4 Accounts receivable, net	75,891,337.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,474,519.	8	
	9 Prepaid expenses and deferred charges	11,982,535.	9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	177,676,391.	10c
	11 Investments — publicly traded securities	9,931,550.	11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	583,782,811.	15	5,301,064.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	886,021,373.	16	6,821,008.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	49,640,582.	17	
	18 Grants payable		18	
	19 Deferred revenue	729,182.	19	
	20 Tax-exempt bond liabilities	70,339,702.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	320,493,183.	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	441,202,649.	26	0.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		436,789,566.	27	401,742.
28 Temporarily restricted net assets		5,004,831.	28	3,394,939.
29 Permanently restricted net assets		3,024,327.	29	3,024,327.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
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 <b>Total net assets or fund balances.</b>		444,818,724.	33	6,821,008.
34 <b>Total liabilities and net assets/fund balances.</b>		886,021,373.	34	6,821,008.

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Form 990 (2017)



**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	298,468,898.
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,607,578.
3	Revenue less expenses Subtract line 2 from line 1	3	16,861,320.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	444,818,724.
5	Net unrealized gains (losses) on investments	5	-170,819.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	-454,688,217.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,821,008.

**Part XII Financial Statements and Reporting**

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

☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2 a 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

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3 a 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2 a		X
2 b		X
2 c		
3 a		X
3 b		

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Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number

**37-1623919**

**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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants').						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐b **33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

BAA

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)****Section D – Distributions****Current Year**

<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

**Section E – Distribution Allocations (see instructions)**

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

BAA

Schedule A (Form 990 or 990-EZ) 2017



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

**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 at [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2017**

**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 organization

ETX SUCCESSOR SYSTEM  
GROUP RETURN

Employer identification number

37-1623919

**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

▶ \$ 0.

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

▶ \$ 0.

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)				

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

Schedule C (Form 990 or 990-EZ) 2017

**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.)

- 1 a** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2017

**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
<b>SEE PART IV</b>			
<b>1</b> 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			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		24,491.
<b>j</b> Total. Add lines 1c through 1i			24,491.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**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.'

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2 a</b>	
<b>b</b> Carryover from last year	<b>2 b</b>	
<b>c</b> Total	<b>2 c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

**PART II-B - DESCRIPTION OF LOBBYING ACTIVITY**

THE ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THIS AMOUNT REPRESENTS A SPECIFIED PERCENTAGE OF TOTAL DUES PAID.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ETX SUCCESSOR SYSTEM  
GROUP RETURN

Employer identification number

37-1623919

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

1 a 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,029,158.	7,916,205.	7,558,076.	7,265,021.	6,402,237.
b Contributions	522,608.	490,818.	338,861.	336,322.	452,285.
c Net investment earnings, gains, and losses	306,665.	938,873.	235,768.	169,080.	635,449.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,439,165.	1,316,738.	216,500.	212,347.	224,950.
f Administrative expenses					
g End of year balance	6,419,266.	8,029,158.	7,916,205.	7,558,076.	7,265,021.

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

a Board designated or quasi-endowment ▶ 6.00 %

b Permanent endowment ▶ 44.00 %

c Temporarily restricted endowment ▶ 50.00 %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

0.

BAA

Schedule D (Form 990) 2017

**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) RESTRICTED FUNDS	5,301,064.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	5,301,064.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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.** N/A

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	2 a		
b	Donated services and use of facilities	2 b		
c	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII )	2 d		
e	Add lines 2a through 2d		2 e	
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	4 a		
b	Other (Describe in Part XIII )	4 b		
c	Add lines 4a and 4b		4 c	
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.** N/A

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	2 a		
b	Prior year adjustments	2 b		
c	Other losses	2 c		
d	Other (Describe in Part XIII )	2 d		
e	Add lines 2a through 2d		2 e	
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	4 a		
b	Other (Describe in Part XIII )	4 b		
c	Add lines 4a and 4b		4 c	
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.



**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- **Complete if the organization answered 'Yes' on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number  
**37-1623919**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a
- b** If 'Yes,' was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
- If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care
- ☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care?
- If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care:
- ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% 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'?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- b** If 'Yes,' did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
<b>1a</b>	X	
<b>1b</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	
<b>4</b>	X	
<b>5a</b>	X	
<b>5b</b>	X	
<b>5c</b>		X
<b>6a</b>	X	
<b>6b</b>	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			9,540,018.	7,643,683.	1,896,335.	0.67
<b>b</b> Medicaid (from Worksheet 3, column a)			20,982,970.	19,905,647.	1,077,323.	0.38
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			3,030,420.	2,730,856.	299,564.	0.11
<b>d</b> Total Financial Assistance and Means-Tested Government Programs	0	0	33,553,408.	30,280,186.	3,273,222.	1.16
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			389,256.	336,931.	52,325.	0.02
<b>f</b> Health professions education (from Worksheet 5)			206,345.	37,285.	169,060.	0.06
<b>g</b> Subsidized health services (from Worksheet 6)			35,421,258.	26,479,936.	8,941,322.	3.18
<b>h</b> Research (from Worksheet 7)			63,999.	19,000.	44,999.	0.02
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			4,771,480.		4,771,480.	1.69
<b>j</b> Total. Other Benefits	0	0	40,852,338.	26,873,152.	13,979,186.	4.97
<b>k</b> Total. Add lines 7d and 7j	0	0	74,405,746.	57,153,338.	17,252,408.	6.13

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

	Yes	No
1	X	
2		
3		
5		
6		
7		

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME).
- 6 Enter Medicare allowable costs of care relating to payments on line 5.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall).
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

PART VI

9a	X	
9b		X

**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? 8

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 and surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ETX SUCCESSOR - ATHENS PO BOX 131000 TYLER, TX 75713	X								A
2 ETX SUCCESSOR - CARTHAGE PO BOX 131000 TYLER, TX 75713	X								A
4 ETX SUCCESSOR - HENDERSON PO BOX 131000 TYLER, TX 75713	X								A
5 ETX SUCCESSOR - JACKSONVILLE PO BOX 131000 TYLER, TX 75713	X								A
6 ETX SUCCESSOR - PITTSBURG PO BOX 131000 TYLER, TX 75713	X								A
7 ETX SUCCESSOR - QUITMAN PO BOX 131000 TYLER, TX 75713	X								A
9 ETX SUCCESSOR - TYLER PO BOX 131000 TYLER, TX 75713	X								A
10 ETX SUCCESSOR - SPECIALTY HOSP PO BOX 131000 TYLER, TX 75713	X								A

**Part V Facility Information** (continued)

Copy of

**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.

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY**

FACILITY: A

INTERVIEWS WITH COMMUNITY LEADERS REPRESENTED A CRITICAL COMPONENT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY ETMC (EAST TEXAS MEDICAL CENTER). INDIVIDUALS INTERVIEWED INCLUDED REPRESENTATIVES OF:

- \* A MATTER OF BALANCE - COMMUNITY FALL PREVENTION PROGRAM
- \* ALLSTATE INSURANCE
- \* ANDREW CENTER
- \* ATHENS INDEPENDENT SCHOOL DISTRICT
- \* BECKVILLE INDEPENDENT SCHOOL DISTRICT
- \* BETHESDA HEALTH CLINIC
- \* CAMP COUNTY EMS
- \* CAMP COUNTY JUDGE
- \* CAMP COUNTY SHERIFF
- \* CARTHAGE INDEPENDENT SCHOOL DISTRICT
- \* CARTHAGE PRIMARY SCHOOL
- \* CASA FOR KIDS OF EAST TEXAS
- \* CENTURY 21 REALTY
- \* CITY OF CARTHAGE MAYOR
- \* CITY OF PITTSBURG MAYOR
- \* CITY OF PITTSBURG POLICE CHIEF
- \* CRISIS CENTER OF ANDERSON & CHEROKEE COUNTIES
- \* DEPUTY CHIEF APPRAISER
- \* EAST TEXAS CRISIS CENTER
- \* EAST TEXAS FOOD BANK
- \* EMERGENCY MEDICAL RESOURCES
- \* ET COUNCIL ON ALCOHOLISM & DRUG ABUSE

**Part V Facility Information** (continued)

Copy of

**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.

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY (CONTINUED)**

- \* ETMC ATHENS OB CLINIC
- \* ETMC CARE COORDINATOR
- \* ETMC EMS
- \* ETMC FIRST PHYSICIANS CLINIC
- \* ETMC INSTITUTIONAL REVIEW BOARD (IRB)
- \* ETMC QUITMAN AUXILIARY
- \* ETMC TRINITY ADMISSIONS DEPARTMENT
- \* EXPRESS EMPLOYMENT PROFESSIONALS
- \* FAIRFIELD EMERGENCY MEDICAL SERVICES DIRECTOR & BOARD MEMBER
- \* FAIRFIELD HOSPITAL DISTRICT
- \* FAMILY RESOURCE CENTER
- \* FIRST BAPTIST CHURCH - PITTSBURG, TX
- \* FIRST UNITED METHODIST CHURCH - JACKSONVILLE, TX
- \* FOOD PANTRY
- \* FORMER PRISON OFFICIAL
- \* GARY INDEPENDENT SCHOOL DISTRICT
- \* GATEWAY COMMUNITY CENTERS (MHMR)
- \* GIBSON PHARMACY
- \* HAIRDRESSER
- \* HEAVENLY THREADS QUILT SHOP
- \* HENDERSON INDEPENDENT SCHOOL DISTRICT
- \* HENDERSON MEMORIAL HOSPITAL FOUNDATION
- \* HOPE
- \* HOSPICE OF EAST TEXAS
- \* IN HIS IMAGE MINISTRIES
- \* JACKSONVILLE FIRE DEPARTMENT

**Part V Facility Information** (continued)

Copy of

**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

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY (CONTINUED)**

- \* JACKSONVILLE POLICE DEPARTMENT
- \* LABOR OF LOVE
- \* LOCAL PASTOR - CARTHAGE, TX
- \* LUMINANT
- \* MEALS ON WHEELS
- \* MENTAL HEALTH TASK FORCE
- \* NORTHEAST TEXAS CHILD ADVOCACY CENTER
- \* NORTHEAST TEXAS PUBLIC HEALTH DISTRICT
- \* PANOLA COLLEGE
- \* PANOLA COUNTY
- \* PANOLA COUNTY COURT OF LAW
- \* PATH
- \* PILGRIM BANK
- \* PITTSBURG DENTIST
- \* QUITMAN & MINEOLA CLINICS
- \* REFUGE OF LIGHT
- \* RESIDENT - DEW, TX
- \* RESIDENT - FAIRFIELD, TX
- \* RETIRED TRINITY RESIDENTS
- \* RUSK COUNTY CLINIC
- \* RUSK COUNTY JUDGE
- \* RUSK COUNTY SHERIFF OFFICE
- \* SALVATION ARMY
- \* ST. MATTHEWS EPISCOPAL CHURCH
- \* TAMU AGRILIFE EXTENSION SERVICE
- \* TEXAS DEPT. OF STATE HEALTH SERVICES

**Part V Facility Information** (continued)

Copy of

**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.

**PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY (CONTINUED)**

- \* THE CLOTHES CLOSET
- \* THE HELP CENTER
- \* TRINITY TABERNACLE ASSEMBLY OF GOD
- \* TYLER POLICE DEPARTMENT
- \* UNITED WAY OF SMITH COUNTY
- \* WESLEY HOUSE ASSISTED LIVING
- \* WOMEN'S HEALTH
- \* WOOD COUNTY CENTRAL HOSPITAL DISTRICT
- \* WOOD COUNTY ELECTRIC COOPERATIVE
- \* YMCA

THE INTERVIEW TASK FORCE INCLUDED THE ADMINISTRATOR FROM EACH ETMC HOSPITAL, AS WELL AS MEMBERS OF THE ETMC REGIONAL HEALTHCARE SYSTEM'S CHNA TEAM.

**PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT**

FACILITY: A

ETMC TYLER

ETMC ATHENS

ETMC CARTHAGE

ETMC FAIRFIELD

ETMC HENDERSON

ETMC JACKSONVILLE

ETMC PITTSBURG

ETMC QUITMAN

ETMC TRINITY

ETMC HOME HEALTH SERVICES

ETMC REHABILITATION HOSPITAL

**Part V Facility Information** (continued)

Copy of

**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.

**PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT (CONTINUE**

ETMC RHF SELF INSURANCE TRUST

EAST TEXAS MEDICAL CENTER FOUNDATION

EAST TEXAS FLIGHT AMBULANCE DBA AIR ONE

ETMC HEALTHCARE ASSOCIATES

ETMC SPECIALTY HOSPITAL

ETMC EMS

**PART V, LINE 7D - DESCRIPTION OF MAKING NEEDS ASSESSMENT WIDELY AVAILABLE**

FACILITY: A

PRESENTED AT COMMUNITY SUMMARY MEETING.

**PART V, LINE 22D - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INSURANCE**

FACILITY: A

A 75% DISCOUNT IS APPLIED TO STANDARD CHARGES.



**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? 8

Name and address	Type of Facility (describe)
1 ETX SUCCESSOR - REHABILITATION HOSPITAL PO BOX 131000 TYLER, TX 75713	REHABILITATION CENTER, PHYSICAL AND OCCUPATIONAL, INPATIENT AND OUTPATIENT
3 ETMC FOUNDATION PO BOX 131000 TYLER, TX 75713	SUPPORT RELATED HOSPITALS WITHIN THE SYSTEM THROUGH RAISING, MANAGEMENT AND DISTRIBUTION OF CHARITABLE GIFTS.
4 ETX SUCCESSOR - HEALTHCARE ASSOCIATES PO BOX 131000 TYLER, TX 75713	PHYSICIANS
5 ETX SUCCESSOR - HOME SERVICES PO BOX 131000 TYLER, TX 75713	HOME HEALTHCARE SERVICES
6 ETMC RHF SELF INSURANCE TRUST PO BOX 131000 TYLER, TX 75713	INSURANCE COVERAGE FOR THE ETX SUCCESSOR SYSTEM.
7 ET FLIGHT AMBULANCE DBA AIR ONE PO BOX 131000 TYLER, TX 75713	PROVIDE AIR AMBULANCE SERVICE.
8 ETX SPECIALTY SERVICES PO BOX 131000 TYLER, TX 75713	CARDIOVASCULAR SERVICES
9 ETMC EMS PO BOX 131000 TYLER, TX 75713	PROVIDE GROUND AMBULANCE SERVICES

BAA

Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

Copy 1 of 1

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8**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?		X
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		X
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):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2015</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C	X	
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		X
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):	X	
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If 'No,' skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2015</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If 'Yes,' (list url): _____		
b If 'No,' is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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)?		X
b If 'Yes' to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If 'Yes' to 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)

Copy 1 of 1

**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:	X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	X	
<b>15</b> 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):	X	
a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> 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):	X	
a <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
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 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 type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

BAA

Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

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**Billing and Collections**Name of hospital facility or letter of facility reporting group A

- 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?

	Yes	No
17		X

- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP.

- a ☐ Reporting to credit agency(ies)  
 b ☐ Selling an individual's debt to another party  
 c ☐ 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 ☐ Actions that require a legal or judicial process  
 e ☐ Other similar actions (describe in Section C)  
 f ☐ 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	X	
----	---	--

If 'Yes,' check all actions in which the hospital facility or a third party engaged.

- a ☒ Reporting to credit agency(ies)  
 b ☐ Selling an individual's debt to another party  
 c ☐ 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 ☐ Actions that require a legal or judicial process  
 e ☐ 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 ☒ 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 ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
 c ☒ Processed incomplete and complete FAP applications  
 d ☒ Made presumptive eligibility determinations  
 e ☐ Other (describe in Section C)  
 f ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	X	
----	---	--

If 'No,' indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions  
 b ☐ The hospital facility's policy was not in writing  
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
 d ☐ Other (describe in Section C)


Schedule H (Form 990) 2017

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group A**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

PART V

**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
<b>23</b>		X
<b>24</b>		X

Schedule H (Form 990) 2017

**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

**PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS**

THE ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THEREFORE ARE NOT CONSIDERED IN THE COLLECTION POLICY.

**PART VI, LINE 2 - NEEDS ASSESSMENT**

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ADOPTED BY ETX SUCCESSOR SYSTEM WAS DIVIDED INTO THREE MAJOR COMPONENTS:

- INTERNAL AND EXTERNAL DATA COLLECTION AND ANALYSIS
- COMMUNITY ASSESSMENT OF COMMUNITY NEED
- ETX SUCCESSOR SYSTEM PROVIDER INPUT

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IS DESIGNED TO MEASURE POSITIVE AND NEGATIVE PROGRESS RELATIVE TO SELECTED HEALTH STATUS INDICATORS; TARGET NEEDS BY POPULATION GROUP, GEOGRAPHIC MARKET SEGMENT AND HEALTH ISSUE; CONSIDER COMMUNITY INPUT AND FEEDBACK; AND IDENTIFY OPPORTUNITIES FOR PROGRAM AND SERVICE DEVELOPMENT AND ENHANCEMENT.

**PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE**

NOTIFICATIONS OF FINANCIAL ASSISTANCE AND THE CHARITY CARE PROGRAM ARE POSTED IN THE PATIENT ADMISSION AREAS AND EMERGENCY DEPARTMENTS, AND ALSO PRINTED IN LOCAL NEWSPAPERS. ADDITIONALLY, NOTIFICATION OF AVAILABILITY OF FINANCIAL ASSISTANCE IS

**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.

**PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE (CONTINUED)**

NOTED ON ALL PATIENT BILLING STATEMENTS, ALONG WITH THE PHONE NUMBER OF WHOM TO CONTACT FOR FINANCIAL ASSISTANCE. IN ADDITION, DIRECT CONTACT IS MADE TO THOSE INDIVIDUALS THAT THE ORGANIZATION BELIEVES MAY QUALIFY FOR CHARITY CARE, BASED ON LACK OF INSURANCE OR OTHER INDICATIONS, TO EXPLAIN THE AVAILABILITY OF FINANCIAL ASSISTANCE AND TO REQUEST THE INDIVIDUAL COMPLETE AND RETURN AN APPLICATION.

**PART VI, LINE 4 - COMMUNITY INFORMATION**

THE 20 COUNTY SERVICE AREA IS COMPOSED OF ABOUT 16 PERCENT OF THE POPULATION OVER AGE 65, AN INCREASING HISPANIC POPULATION, 60 PERCENT OF HOUSEHOLDS DEFINED AS 'WORKING POOR' OR POVERTY LEVEL, WITH 40 PERCENT UNINSURED OR UNDERINSURED.

**PART V - EXPLANATION OF NUMBER OF FACILITY TYPE**

ONE REHABILITATION CENTER AND THREE HOME HEALTHCARE SERVICES.

**ADDITIONAL INFORMATION**

UNCOMPENSATED CARE PROGRAM FUNDS WERE EVENLY ALLOCATED TO UNINSURED AND MEDICAID PATIENT COSTS.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization

ETX SUCCESSOR SYSTEM  
GROUP RETURN

Employer identification number

37-1623919

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

SEE PART IV

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.

1	(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
(1)	COMMUNITY BENEFITS/LPPF LOCAL PROVIDER PARTICIPATION TYLER, TX 75701			4,176,923.	0.			INDIGENT CARE DONATION
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

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

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

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

TEEA3901L 08/10/17

Schedule I (Form 990) (2017)



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

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

SENIOR MANAGEMENT WILL REVIEW THE NEEDS AND GIVE APPROVAL TO SUPPORT A VARIETY OF AGENCIES, SERVICE ORGANIZATIONS AND PROJECTS RELATED TO MEETING HEALTH AND HUMAN SERVICE NEEDS FOR TYLER AND EAST TEXAS, AS WELL AS THOSE CONTRIBUTING TO OVERALL QUALITY OF LIFE FOR THE COMMUNITY. CONTRIBUTIONS WERE MADE IN TERMS OF FINANCIAL AND IN-KIND DONATIONS, AGENCIES AND ORGANIZATIONS SUPPORTED ARE NON-PROFIT.

THE ETMC HELPING HANDS FUND WAS ESTABLISHED TO HELP OUR FELLOW EMPLOYEES WHO MAY ENCOUNTER SUBSTANTIAL EMERGENCY SITUATIONS AND NEEDS. THROUGH GENEROUS GIFTS ON THE PART OF ETX SUCCESSOR SYSTEM PERSONNEL, WE ARE ABLE TO "HELP OUR OWN" BY OFFERING IMMEDIATE, SHORT-TERM FINANCIAL ASSISTANCE TO THOSE IN NEED. THE HELPING HANDS FUND

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ETX SUCCESSOR SYSTEM  
GROUP RETURN

Employer identification number

37-1623919

**Part I Questions Regarding Compensation**

**1 a** 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 **PART III**

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as, maid, chauffeur, chef)

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

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

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

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

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

Yes No

--	--	--

1 b X

--	--	--

2 X

--	--	--

--	--	--

4 a X

--	--	--

4 b X

--	--	--

4 c X

--	--	--

--	--	--

5 a X

--	--	--

5 b X

--	--	--

**PART III**

--	--	--

6 a X

--	--	--

6 b X

--	--	--

7 X

--	--	--

8 X

--	--	--

9

--	--	--

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELMER G. ELLIS							
1 PRESIDENT & DIR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,079,844.	0.	42,098.	0.	21,510.	1,143,452.	0.
BYRON HALE							
2 TREASURER & DIR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 537,822.	0.	9,669.	0.	29,132.	576,623.	0.
RON SCHWARTZ							
3 VP EMS	(i) 307,260.	0.	9,387.	0.	31,396.	348,043.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
TONY FARMER							
4 CFO	(i) 174,999.	0.	1,832.	0.	25,908.	202,739.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PAULA ANTHONY							
5 DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 353,126.	0.	63,975.	0.	25,190.	442,291.	0.
KIM COOLEY							
6 VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 144,461.	0.	1,071.	0.	17,172.	162,704.	0.
STEPHEN RYDZAK, M.D.							
7 DIRECTOR	(i) 549,996.	77,524.	3,838.	0.	5,401.	636,759.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT EVANS							
8 SR VP/ADMINISTR	(i) 430,214.	0.	14,151.	0.	26,976.	471,341.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
EDDIE HOWARD							
9 VP/ADMINISTRATO	(i) 355,645.	0.	13,047.	0.	26,740.	395,432.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAMES BLANTON							
10 CFO	(i) 161,689.	0.	1,735.	0.	26,334.	189,758.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BECKI MANGUM							
11 TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 186,784.	0.	1,279.	0.	24,111.	212,174.	0.
DAVID TRAVIS							
12 CFO	(i) 202,174.	0.	2,140.	0.	24,787.	229,101.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
GARY M. HUDSON							
13 ADMINISTRATOR	(i) 186,485.	0.	10,903.	0.	18,554.	215,942.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RUTH COOK							
14 ADMINISTRATOR	(i) 139,154.	0.	6,713.	0.	24,864.	170,731.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PERRY HENDERSON							
15 ADMINISTRATOR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 224,714.	0.	9,692.	0.	25,813.	260,219.	0.
JANET ANDERSEN							
16 CFO	(i) 172,579.	0.	7,778.	0.	469.	180,826.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

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Schedule J (Form 990) 2017

BAA

**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.

**PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS**

SCHEDULE J, PART I, LINE 1A

COUNTRY CLUB DUES ARE PAID FOR BUSINESS PURPOSE. ANY PERSONAL USE IS REIMBURSED BY THE EMPLOYEE.

**PART I, LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATION**

SCHEDULE J, PART I, LINE 5A

DOCTORS RECEIVE A PERCENTAGE OF THEIR RECEIPTS AFTER THEIR FIRST YEAR. THE INCENTIVE COMPENSATION IS PAID ON A QUARTERLY BASIS BY TAKING THEIR RECEIPTS FOR THE QUARTER MULTIPLIED BY THE PERCENTAGE DESCRIBED IN THEIR CONTRACT LESS ANY DRAWS THAT HAVE BEEN PAID FOR THE QUARTER.

## Continuation Sheet for Schedule J (Form 990)

2017

Continuation Page 1 of 3

Name of the organization

ETX SUCCESSOR SYSTEM

Employer identification number

37-1623919

**Part II** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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				
MARK LEITNER ADMINISTRATOR	(i) 206,409. (ii) 0.	0.	9,479. 0.	0. 0.	29,510. 0.	245,398. 0.	0. 0.
JACK ENDRES ADMINISTRATOR	(i) 177,553. (ii) 0.	0.	7,070. 0.	0. 0.	23,717. 0.	208,340. 0.	0. 0.
PHIL CARON CFO	(i) 185,115. (ii) 0.	0.	9,516. 0.	0. 0.	24,647. 0.	219,278. 0.	0. 0.
WARREN ROBICHEAUX ADMINISTRATOR	(i) 206,422. (ii) 0.	0.	8,326. 0.	0. 0.	24,641. 0.	239,389. 0.	0. 0.
ANDREW BENTLEY, M.D. DIRECTOR	(i) 450,077. (ii) 0.	111,603. 0.	1,647. 0.	0. 0.	12,138. 0.	575,465. 0.	0. 0.
EVAN SMITH, M.D. DIRECTOR	(i) 445,291. (ii) 0.	0.	2,041. 0.	0. 0.	12,138. 0.	459,470. 0.	0. 0.
BRYAN HYLAND, M.D. DIRECTOR	(i) 316,268. (ii) 0.	67,128. 0.	1,315. 0.	0. 0.	12,138. 0.	396,849. 0.	0. 0.
DONALD E. AREGO, M.D. DIRECTOR	(i) 153,165. (ii) 0.	13,760. 0.	2,673. 0.	0. 0.	12,138. 0.	181,736. 0.	0. 0.
DOUG JOHNSTON, D.O. DIRECTOR	(i) 220,647. (ii) 0.	76,568. 0.	1,396. 0.	0. 0.	12,138. 0.	310,749. 0.	0. 0.
ELDOR BRISH, M.D. DIRECTOR	(i) 269,823. (ii) 0.	185,752. 0.	506. 0.	0. 0.	7,081. 0.	463,162. 0.	0. 0.
KAREN WIES, M.D. DIRECTOR	(i) 251,642. (ii) 0.	221,839. 0.	2,552. 0.	0. 0.	10,844. 0.	486,877. 0.	0. 0.
LISA GRAVES, M.D. DIRECTOR	(i) 227,738. (ii) 0.	235,848. 0.	1,288. 0.	0. 0.	12,138. 0.	477,012. 0.	0. 0.
MICHAEL AUSTIN, M.D. DIRECTOR	(i) 241,902. (ii) 0.	136,681. 0.	1,450. 0.	0. 0.	10,917. 0.	390,950. 0.	0. 0.
SALAH ALMOHAMMED, M.D. DIRECTOR	(i) 246,821. (ii) 0.	0. 0.	1,327. 0.	0. 0.	12,138. 0.	260,286. 0.	0. 0.
STEVEN POTTER, M.D. DIRECTOR	(i) 620,188. (ii) 0.	0. 0.	2,463. 0.	0. 0.	12,138. 0.	634,789. 0.	0. 0.
TODD PARRISH, M.D. DIRECTOR	(i) 369,381. (ii) 0.	3,734. 0.	2,518. 0.	0. 0.	0. 0.	375,633. 0.	0. 0.

TEEA4201L 08/09/17

Schedule J Cont (Form 990) 2017

# Continuation Sheet for Schedule J (Form 990)

2017

Continuation Page 2 of 3

Name of the organization: ETX SUCCESSOR SYSTEM

Employer identification number: 37-1623919

## Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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				
FREDDIE SANCHEZ	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
VP MATERIALS MANAGEMENT	(ii) 321,711.	164,466.	10,706.	0.	26,760.	523,643.	0.
DAVID LANGSTON	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
VP HUMAN RESOURCES	(ii) 167,548.	0.	1,603.	0.	25,231.	194,382.	0.
CARROLL ROGE	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
VP MARKETING	(ii) 252,384.	0.	2,536.	0.	15,587.	270,507.	0.
EDWARD KNIGHT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
VP HUMAN RESOURCES	(ii) 193,539.	0.	8,162.	0.	23,596.	225,297.	0.
DENNIS S. DEVINNEY	(i) 768,289.	929,885.	3,622.	0.	12,138.	1,713,934.	0.
PHYSICIAN	(ii) 0.	0.	0.	0.	0.	0.	0.
JOSEPH M. CONFLITTI	(i) 738,127.	384,750.	2,700.	0.	12,138.	1,137,715.	0.
PHYSICIAN	(ii) 0.	0.	0.	0.	0.	0.	0.
ALIREZA BEHBOUDI	(i) 711,107.	827,000.	2,110.	0.	12,138.	1,552,355.	0.
PHYSICIAN	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHAEL J. KLOUDA	(i) 672,683.	159,790.	3,138.	0.	12,138.	847,749.	0.
PHYSICIAN	(ii) 0.	0.	0.	0.	0.	0.	0.
STEPHEN GALE	(i) 601,635.	27,990.	2,139.	0.	12,138.	643,902.	0.
PHYSICIAN	(ii) 0.	0.	0.	0.	0.	0.	0.
ARMOL DESHPANDE, M.D.	(i) 320,833.	0.	1,091.	0.	10,844.	332,768.	0.
FORMER DIRECTOR (FY 12)	(ii) 0.	0.	0.	0.	0.	0.	0.
ROGER SESSIONS, M.D.	(i) 515,731.	53,323.	7,138.	0.	12,138.	588,330.	0.
FORMER DIRECTOR (FY 12)	(ii) 0.	0.	0.	0.	0.	0.	0.
WILLIAM ROBERSON, D.	(i) 316,119.	0.	2,677.	0.	12,138.	330,934.	0.
FORMER DIRECTOR (FY 11)	(ii) 0.	0.	0.	0.	0.	0.	0.
GARY BABBITT, M.D.	(i) 344,481.	0.	3,064.	0.	11,294.	358,839.	0.
FORMER DIRECTOR (FY 15)	(ii) 0.	0.	0.	0.	0.	0.	0.
GERALD AKPASSA, M.D.	(i) 513,523.	0.	1,558.	0.	12,138.	527,219.	0.
FORMER DIRECTOR (FY 15)	(ii) 0.	0.	0.	0.	0.	0.	0.
GORDON URETSKY, M.D.	(i) 156,030.	0.	2,662.	0.	12,138.	170,830.	0.
FORMER DIRECTOR (FY 15)	(ii) 0.	0.	0.	0.	0.	0.	0.
NGHIA TRUONG, M.D.	(i) 428,358.	366,731.	1,938.	0.	12,138.	809,165.	0.
FORMER DIRECTOR (FY 12)	(ii) 0.	0.	0.	0.	0.	0.	0.

TEEA4201L 08/09/17

Schedule J Cont (Form 990) 2017



**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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open To Public Inspection**

Name of the organization **ETX SUCCESSOR SYSTEM GROUP RETURN**

Employer identification number  
**37-1623919**

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2017



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(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) EXPRESS SERVICES, INC	DIRECTOR	108,543.	CONTRACT LABOR SERVI		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

## OMB No 1545-0047

2017

**Open to Public Inspection**

Employer identification number

37-1623919

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

	Yes	No
2a		
2b		
2c		
2d		

**Part I Liquidation, Termination, or Dissolution** (continued)

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III
- 4 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?  
b If 'Yes,' did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6 a Did the organization have any tax-exempt bonds outstanding during the year?  
b If 'Yes' to line 6a, did the organization discharge or release all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  
c If 'Yes,' on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' on line 6b, explain in Part III

	Yes	No
3		
4 a		
4 b		
5		
6 a		
6 b		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH, ACCOUNTS RECEIVABLE, INVENTORY, PREPAID EXPENSES AND P	3/01/18	240,414,000	SALES PRICE	82-2901215	AHS EAST TEXAS HEALTH SYSTEM LLC ONE BURTON HILLS BOULEVARD, SUIT NASHVILLE, TN 37215	

- 2 Did or will any officer, director, trustee, or key employee of the organization
- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2 a		X
2 b		X
2 c		X
2 d		X

**Part III** **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number  
**37-1623919**

**FUNDRAISING EXPENSES**

FUNDRAISING IS CONDUCTED AT THE RELATED ORGANIZATION, SYSTEM FOUNDATION FOR ALL ETX SUCCESSOR SYSTEM ORGANIZATIONS. THE EXPENSES ARE NOT CHARGED BACK TO THE ORGANIZATION.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO PROVIDE QUALITY HEALTHCARE AND RELATED SERVICES. WE CONTINUOUSLY STRIVE TO BRING AN UNMATCHED SPIRIT OF EXCELLENCE TO THE ART AND SCIENCE OF HEALTH CARE. WE MEASURE OUR SUCCESS BY HOW OUR EFFORTS IMPROVE THE QUALITY OF LIFE FOR PEOPLE AND COMMUNITIES IN EAST TEXAS.

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

ON MARCH 1, 2018 ALL MEMBERS OF THE GROUP, EXCEPT ETMC FOUNDATION, SOLD THEIR ASSETS TO AHS EAST TEXAS HEALTH SYSTEM, LLC AND CEASED OPERATIONS. THESE ENTITIES HAVE BEEN LIQUIDATED AND DISSOLVED, AND THEIR NET ASSETS TRANSFERRED TO THE PARENT ORGANIZATION (ETX SUCCESSOR SYSTEM, A 501C3 ORGANIZATION, TAX ID 75-1803327). THE ONLY MEMBER OF THIS GROUP RETURN WHICH CONTINUES TO EXIST IS ETMC FOUNDATION. ETMC FOUNDATION CONVERTED TO A PRIVATE FOUNDATION STATUS AS OF 11/01/18, AND WILL FILE FORM 990PF IN FUTURE YEARS. THIS IS THE FINAL GROUP FORM 990 THAT WILL BE FILED.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

"ETX SUCCESSOR SYSTEM (THE "SYSTEM") IS THE PARENT COMPANY WHICH WHOLLY-OWNS AND OPERATES 16 SUBSIDIARY ORGANIZATIONS. THE SYSTEM IS HEADQUARTERED IN TYLER, TEXAS AND ITS OPERATIONS EXTEND IN ALL DIRECTIONS FROM TYLER, TEXAS, IN AN APPROXIMATE 100-MILE RADIUS.

ALL GENERAL ACUTE-CARE HOSPITALS NOT INCLUDED IN AMOUNTS ON LINES 4B, 4C AND 4D.

ETX SUCCESSOR - TYLER HAS 502 LICENSED BEDS.

ETX SUCCESSOR - ATHENS HAS 119 LICENSED BEDS.

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number

37-1623919

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

ETX SUCCESSOR - CARTHAGE HAS 49 LICENSED BEDS.

ETX SUCCESSOR - HENDERSON HAS 49 LICENSED BEDS.

ETX SUCCESSOR - JACKSONVILLE HAS 74 LICENSED BEDS.

ETX SUCCESSOR - PITTSBURG HAS 25 LICENSED BEDS.

ETX SUCCESSOR - QUITMAN HAS 25 LICENSED BEDS.

THE HOSPITAL'S MEDICAL FACILITIES OFFER A FULL RANGE OF MEDICAL SERVICES ON AN INPATIENT AND OUTPATIENT BASIS. INCLUDING OBSTETRICS, SURGERY, INTENSIVE CARE, PHYSICAL THERAPY, MENTAL HEALTH, CANCER, KIDNEY TRANSPLANTS, INTERVENTIONAL RADIOLOGY, TRAUMA CARE AND 24-HOUR EMERGENCY SERVICES.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

THE ETX SUCCESSOR REHABILITATION HOSPITAL HAS 49 LICENSED BEDS. IT PROVIDES INPATIENT AND OUTPATIENT SERVICES INCLUDING PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, CARDIAC AND PULMONARY REHABILITATION. ETX SUCCESSOR REHABILITATION ALSO OFFERS PREVENTIVE AND HEALTH ENHANCEMENT SERVICES.

SYSTEM FOUNDATION SUPPORTS THE SYSTEM AND AFFILIATE HOSPITALS AS WELL AS THE CHARITABLE COMPANIES AFFILIATED WITH THE SYSTEM. THIS INCLUDES PROVIDING FINANCIAL ASSISTANCE TO THE SYSTEM, RAISING, MANAGING AND DISTRIBUTING OF CHARITABLE FUNDS AND GIFTS, PROVIDING EDUCATIONAL PROGRAMS ON MEDICAL AND HEALTH MATTERS AND PROVIDING FOR THE REGIONAL DEVELOPMENT OF HEALTHCARE AND MEDICAL TREATMENT OF ILLNESSES, PHYSICAL AND MENTAL DISABILITIES.

THE ETX SUCCESSOR SPECIALTY HOSPITAL IS A LONG-TERM, ACUTE HOSPITAL LICENSED FOR 36 BEDS. THE HOSPITAL IS DEDICATED TO ACUTE CARE FOR THE MEDICALLY COMPLEX PATIENT. SPECIALIZED PROGRAMS INCLUDE VENTILATOR CARE, COMPLEX MULTI-SYSTEM MEDICAL,

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number  
**37-1623919**

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

CVA/STROKE, TRAUMA, ONCOLOGY AND WOUND CARE.

ETX SUCCESSOR TYLER HAS A BEHAVIORAL HEALTH CENTER THAT PROVIDES INPATIENT AND  
OUTPATIENT MENTAL HEALTH SERVICES.

ETX SUCCESSOR HOME SERVICES PROVIDES NON-HOSPITAL HEALTH CARE SERVICES.

ETX FLIGHT AMBULANCE DBA AIR ONE HAS 3 AIR AMBULANCES.

ETMC RHF SELF INSURANCE TRUST PROVIDES SELF INSURANCE COVERAGE FOR THE ETX SUCCESSOR  
SYSTEM ENTITIES.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

THE FOLLOWING MEMBERS OF ETX SUCCESSOR SYSTEM ARE ALSO BOARD MEMBERS / KEY EMPLOYEES  
OF ENTITIES AFFILIATED WITH ETX SUCCESSOR SYSTEM: ELMER G. ELLIS, BYRON HALE, B.G.  
HARTLEY, LARRY DURRETT, STEPHEN RYDZAK, M.D., FREDDIE SANCHEZ, DAVID LANGSTON, AND  
CARROLL ROGE.

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

ETX SUCCESSOR SYSTEM IS THE PARENT AND SOLE MEMBER OF THE ETX SUCCESSOR SYSTEM  
AFFILIATES AND APPOINTS CERTAIN MEMBERS TO THE BOARD.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE RETURN IS PREPARED BY OUR THIRD PARTY ACCOUNTING FIRM AND IS REVIEWED BY SENIOR  
MANAGEMENT. IT IS THEN PRESENTED TO THE BOARD FOR THEIR REVIEW AND COMMENTS. THE  
FINAL RETURN IS PROVIDED TO THE BOARD PRIOR TO FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES,

Name of the organization **ETX SUCCESSOR SYSTEM  
GROUP RETURN**

Employer identification number  
**37-1623919**

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

OFFICERS AND TRUSTEES. ANNUALLY ALL OFFICERS, KEY EMPLOYEES AND TRUSTEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM DISCLOSING ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH THE ORGANIZATION. SHOULD ANY TRANSACTION ARISE THAT MAY CREATE A CONFLICT, THE TRANSACTION IS REVIEWED AND APPROPRIATE MEASURES ARE TAKEN.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION FOR THE CEO, EXECUTIVE DIRECTORS AND TOP MANAGEMENT IS REVIEWED AND APPROVED BY INDEPENDENT DIRECTORS, AFTER CONSIDERING THE RESULTS OF A COMPENSATION SURVEY OF COMPARABLE POSITIONS AT COMPARABLE ENTITIES. THE EVALUATION AND DETERMINATION PROCESS, AS WELL AS A DESCRIPTION OF THE COMPARABLE INFORMATION UTILIZED, IS DOCUMENTED IN MEETING MINUTES PROMPTLY FOLLOWING THE CONCLUSION OF THE MEETING OF THE DIRECTORS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED AND APPROVED BY INDEPENDENT DIRECTORS, AFTER CONSIDERING THE RESULTS OF A COMPENSATION SURVEY OF COMPARABLE POSITIONS AT COMPARABLE ENTITIES. THE EVALUATION AND DETERMINATION PROCESS, AS WELL AS A DESCRIPTION OF THE COMPARABLE INFORMATION UTILIZED, IS DOCUMENTED IN MEETING MINUTES PROMPTLY FOLLOWING THE CONCLUSION OF THE MEETING OF THE DIRECTORS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ELIMINATION OF INTERCOMPANY PAYABLE/RECEIVABLE

\$ -454688217.  
TOTAL \$ -454688217.



**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

ETX SUCCESSOR SYSTEM  
GROUP RETURN

Employer identification number

37-1623919

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ETX SUCCESSOR SYSTEM PO BOX 131000 TYLER, TX 75713 75-1803327	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
(2) FIRST CHOICE COOPERATIVE PO BOX 131000 TYLER, TX 75713 75-2627236	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
(3) ETX SUCCESSOR TYLER PO BOX 131000 TYLER, TX 75713 75-1803325	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM	X	
(4) ETX SUCCESSOR REHABILITATION HOSPITAL PO BOX 131000 TYLER, TX 75713 75-2599215	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X

**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) Dispropor- tionate 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) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
-----												
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**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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ETX SUCCESSOR REGIONAL HEALTH PO BOX 131000 TYLER, TX 75713 75-1925036	HEALTH SERVICES	TX	ETX SUCCESSOR SYSTEM	C CORP	49,472,657.	12,273,472.			X
(2) -----									
-----									
-----									
(3) -----									
-----									
-----									

BAA

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Schedule R (Form 990) 2017

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		
<b>c</b> Gift, grant, or capital contribution from related organization(s)		
<b>d</b> Loans or loan guarantees to or for related organization(s)		
<b>e</b> Loans or loan guarantees by related organization(s)		
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		
<b>h</b> Purchase of assets from related organization(s)		
<b>i</b> Exchange of assets with related organization(s)		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
<b>o</b> Sharing of paid employees with related organization(s)		
<b>p</b> Reimbursement paid to related organization(s) for expenses		
<b>q</b> Reimbursement paid by related organization(s) for expenses		
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)		

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) ETX SUCCESSOR SYSTEM	K	5,015,486.FMV	
(2) ETX SUCCESSOR SYSTEM	P	15,485,771.FMV	
(3) ETX SUCCESSOR SYSTEM	Q	12,240.FMV	
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
-----													
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(2) -----													
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**Part VII** Supplemental Information.

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

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**Part II** Continuation of 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) Sec 512(b)(13) controlled entity?	
						Yes	No
ETX SUCCESSOR HOME SERVICES PO BOX 131000 TYLER, TX 75713 75-2503960	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETMC RHF SELF INSURANCE TRUST PO BOX 131000 TYLER, TX 75713 75-6345356	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR SPECIALTY HOSPITAL PO BOX 131000 TYLER, TX 75713 75-2547158	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETMC FOUNDATION PO BOX 131000 TYLER, TX 75713 75-2695524	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR HEALTHCARE ASSOCIATES PO BOX 131000 TYLER, TX 75713 75-2605821	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR ATHENS PO BOX 131000 TYLER, TX 75713 75-1854562	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR CARTHAGE PO BOX 131000 TYLER, TX 75713 75-2735077	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR HENDERSON PO BOX 131000 TYLER, TX 75713 26-4123728	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X
ETX SUCCESSOR JACKSONVILLE PO BOX 131000 TYLER, TX 75713 75-2715084	HEALTH SERVICE	TX	501 (C) (3)	EXEMPT	ETX SUCCESSOR SYSTEM		X

