

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 Methodist Hospitals of Dallas

Doing business as
 Methodist Health System

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1441 N Beckley Ave

City or town, state or province, country, and ZIP or foreign postal code
 Dallas, TX 752031201

D Employer identification number
 75-0800661

E Telephone number
 (214) 947-4512

G Gross receipts \$ 1,385,137,120

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

F Name and address of principal officer
 James C Scoggin Jr
 1441 N Beckley Ave
 Dallas, TX 752031201

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

J Website: ▶ WWW.METHODISTHEALTHSYSTEM.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1937

M State of legal domicile TX

Part I Summary

| | | | |
|---|---|---------------------------|---------------|
| 1 | Briefly describe the organization's mission or most significant activities TO IMPROVE AND SAVE LIVES THROUGH COMPASSIONATE QUALITY HEALTH CARE | | |
| 2 Check this box <input 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 | 27 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 9,103 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 1,209 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 613,676 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -94,924 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,817,222 | 7,464,839 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,274,617,761 | 1,328,904,082 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 29,068,911 | 37,755,951 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,242,692 | 10,378,301 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,320,746,586 | 1,384,503,173 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 33,908,051 | 23,368,443 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 611,335,876 | 618,966,207 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 275,052 | 0 | 0 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 607,331,097 | 644,343,002 | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,252,575,024 | 1,286,677,652 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 68,171,562 | 97,825,521 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 1,985,399,012 | 2,104,892,447 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 536,929,071 | 535,346,182 |

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 2019-08-14
 Craig Bjerke CFO
 Type or print name and title _____

Paid Preparer Use Only

| | | | | |
|--|---|------|---|-------------------|
| Print/Type preparer's name RACHEL SPURLOCK | Preparer's signature RACHEL SPURLOCK | Date | Check <input type="checkbox"/> if self-employed | PTIN P00520729 |
| Firm's name ▶ CROWE LLP | | | Firm's EIN ▶ 35-0921680 | |
| Firm's address ▶ 750 N St Paul Suite 850 Dallas, TX 75201 | | | Phone no (214) 777-5200 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PRIMARY MISSION OR PURPOSE OF METHODIST HEALTH SYSTEM IS TO SERVE PEOPLE IN DEFINED SERVICE AREAS BY MEETING THEIR HEALTH NEEDS EFFECTIVELY AND IN A MANNER THAT REFLECTS A "COMMITMENT TO THE CHRISTIAN CONCEPTS OF LIFE AND LEARNING" AS DEFINED IN THE COVENANT BETWEEN METHODIST HEALTH SYSTEM AND THE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH, AND, IN ALL WAYS, MERITS CONTINUED IDENTIFICATION WITH THE UNITED METHODIST CHURCH SPECIFICALLY, THIS MISSION IS PURSUED BY OPERATING A SYSTEM OF GENERAL ACUTE HOSPITALS AND OTHER HEALTH CARE SERVICE, EDUCATIONAL, AND SUPPORT PROGRAMS NEEDED BY THE COMMUNITIES SERVED IN NORTH CENTRAL TEXAS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,169,531,956 including grants of \$ 23,368,443) (Revenue \$ 1,330,500,511)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,169,531,956

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | 6,878,290 | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 586,549 | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | |
| | h Total. Add lines 1a-1f | | 7,464,839 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|--|---------------|--|---------------|---------------|---------|-----|
| | Business Code | | | | | |
| 2a NET PATIENT SERVICE REVENUE | 622110 | | 1,327,427,248 | 1,327,087,601 | 339,647 | |
| b RESEARCH REVENUE | 541700 | | 1,476,834 | 1,476,834 | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f All other program service revenue | | | 0 | 0 | 0 | 0 |
| g Total. Add lines 2a-2f | | | 1,328,904,082 | | | |

| | | | | | | | |
|--|---|--|---------------|---------------|-----------|------------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 37,801,572 | | 76,825 | 37,724,747 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 73,900 | | | 73,900 | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 2,524,402 | | | | | |
| | | b Less rental expenses | 588,326 | | | | |
| | | c Rental income or (loss) | 1,936,076 | 0 | | | |
| | d Net rental income or (loss) | | | 1,936,076 | 1,936,076 | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | |
| | | b Less cost or other basis and sales expenses | | 45,621 | | | |
| | | c Gain or (loss) | 0 | -45,621 | | | |
| | d Net gain or (loss) | | | -45,621 | | | -45,621 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a CAFETERIA & CATERING SALES | 722310 | | 5,669,707 | | 116,956 | 5,552,751 | |
| b Medical RECORD Income | 541200 | | 755,965 | | | 755,965 | |
| c Parking Revenue | 812930 | | 479,394 | | | 479,394 | |
| d All other revenue | | | 1,463,259 | 0 | 80,248 | 1,383,011 | |
| e Total. Add lines 11a-11d | | | 8,368,325 | | | | |
| 12 Total revenue. See Instructions | | | 1,384,503,173 | 1,330,500,511 | 613,676 | 45,924,147 | |

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. | 23,368,443 | 23,368,443 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 13,459,102 | 11,300,329 | 2,158,773 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 132,597 | 111,329 | 21,268 | |
| 7 Other salaries and wages. | 524,510,977 | 479,320,517 | 44,934,244 | 256,216 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 19,277,007 | 16,181,701 | 3,095,306 | |
| 9 Other employee benefits. | 28,185,700 | 21,418,083 | 6,767,617 | |
| 10 Payroll taxes. | 33,400,824 | 30,689,590 | 2,692,398 | 18,836 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | 1,114,732 | 141,608 | 973,124 | |
| c Accounting. | 219,403 | | 219,403 | |
| d Lobbying. | 145,292 | | 145,292 | |
| 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). | 41,553,009 | 34,139,762 | 7,413,247 | 0 |
| 12 Advertising and promotion. | 6,798,079 | 3,904,720 | 2,893,359 | |
| 13 Office expenses. | 6,127,322 | 4,846,090 | 1,281,232 | |
| 14 Information technology. | 16,764,622 | 5,149,873 | 11,614,749 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 12,532,677 | 11,035,928 | 1,496,749 | |
| 17 Travel. | 1,111,889 | 850,808 | 261,081 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 300,927 | 66,550 | 234,377 | |
| 20 Interest. | 13,886,373 | | 13,886,373 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 84,511,359 | 73,909,979 | 10,601,380 | |
| 23 Insurance. | 5,076,770 | 4,830,276 | 246,494 | |
| 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 | 259,663,779 | 259,436,779 | 227,000 | |
| b Bad Debt | 134,544,052 | 134,544,052 | | |
| c EQUIPMENT & MAINTENANCE | 32,689,342 | 28,575,295 | 4,114,047 | |
| d Purchased Services | 22,771,330 | 22,771,330 | | |
| e All other expenses | 4,532,045 | 2,938,914 | 1,593,131 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,286,677,652 | 1,169,531,956 | 116,870,644 | 275,052 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|---------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 65,796 | 1 | 405,215 |
| | 2 Savings and temporary cash investments | 961,410,870 | 2 | 1,098,038,550 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 204,708,873 | 4 | 177,562,977 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 365,711 | 5 | 365,711 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 39,365,511 | 7 | 38,316,087 |
| | 8 Inventories for sale or use | 27,832,035 | 8 | 29,673,141 |
| | 9 Prepaid expenses and deferred charges | 11,696,292 | 9 | 16,969,711 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1,556,261,357 | | |
| | b Less accumulated depreciation | 10b 894,137,470 | 659,195,836 | 10c 662,123,887 |
| | 11 Investments—publicly traded securities | 19,828,766 | 11 | 19,139,629 |
| | 12 Investments—other securities See Part IV, line 11 | 90,000 | 12 | 90,000 |
| | 13 Investments—program-related See Part IV, line 11 | 36,911,349 | 13 | 37,135,181 |
| | 14 Intangible assets | 3,277,251 | 14 | 1,651,586 |
| | 15 Other assets See Part IV, line 11 | 20,650,722 | 15 | 23,420,772 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,985,399,012 | 16 | 2,104,892,447 | |
| Liabilities | 17 Accounts payable and accrued expenses | 99,538,569 | 17 | 121,201,155 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 343,191 | 19 | 334,237 |
| | 20 Tax-exempt bond liabilities | 356,607,316 | 20 | 349,457,847 |
| | 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 5,042,426 | 23 | 2,038,137 |
| | 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 | 75,397,569 | 25 | 62,314,806 |
| | 26 Total liabilities. Add lines 17 through 25 | 536,929,071 | 26 | 535,346,182 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,448,469,941 | 27 | 1,569,546,265 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 1,448,469,941 | 33 | 1,569,546,265 | |
| 34 Total liabilities and net assets/fund balances | 1,985,399,012 | 34 | 2,104,892,447 | |

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 | 1,384,503,173 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,286,677,652 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 97,825,521 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,448,469,941 |
| 5 | Net unrealized gains (losses) on investments | 5 | 24,985,551 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -1,734,748 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,569,546,265 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 75-0800661

Name: Methodist Hospitals of Dallas

Form 990 (2017)

Form 990, Part III, Line 4a:

The primary mission of the Methodist Hospitals of Dallas d/b/a Methodist Health System (MHS) is to serve people in defined service areas by meeting their health needs effectively and in a manner that reflects a commitment to Christian concepts of life and learning. This mission is pursued by operating four general acute-care hospitals and other healthcare services, education and support programs needed by the communities in North Central Texas. Hospitals are Methodist Dallas Medical Center (MDMC), a 585 licensed bed teaching referral hospital, Methodist Charlton Medical Center (MCMC), a 317 licensed bed hospital, Methodist Mansfield Medical Center (MMMC), a 254 licensed bed hospital, and Methodist Richardson Medical Center (MRMC) which now operates a 386 licensed bed hospital across two campuses. (Continued on Schedule O)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Stephen L Mansfield PHD President / CEO | 40 9 | X | | X | | | | 4,542,745 | 0 | 50,321 |
| Julie Yarbrough Board Chair | 50 2 | X | | X | | | | 0 | 0 | 0 |
| John M Collins Board Chair Through March 2018 | 50 2 | X | | X | | | | 0 | 0 | 0 |
| Greg Campbell Vice Chair | 50 0 | X | | X | | | | 0 | 0 | 0 |
| Randall Canedy Vice Chair | 50 2 | X | | X | | | | 0 | 0 | 0 |
| Joe B Fortson Vice Chair | 50 2 | X | | X | | | | 0 | 0 | 0 |
| Duncan Fulton Vice Chair | 50 0 | X | | X | | | | 0 | 0 | 0 |
| Ron Ricks Vice Chair | 50 0 | X | | X | | | | 0 | 0 | 0 |
| Allen Schneider DO Vice Chair | 50 0 | X | | X | | | | 0 | 0 | 0 |
| Brenda Jackson Secretary / Vice Chair | 50 0 | X | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joe Snayd VICE CHAIR THROUGH MARCH 2018 | 5.0 0 | X | | X | | | | 0 | 0 | 0 |
| Keith Boone BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Gerald Bright BOARD OF DIRECTORS STARTING APRIL 2018 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Levi Davis BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Bernie DiFiore BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Pat Faubion BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| R Stephen Folsom BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| C Robert Hasley JR D MIN BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Ben Houston BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| David McAtee BOARD OF DIRECTORS | 2.0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Clint McDonnough BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Michael McKee BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Barry Meyer MD BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Karen Parkhill BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Pete Schenkel BOARD OF DIRECTORS | 20 50 | X | | | | | | 0 | 0 | 0 |
| James Swafford BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Ruben Velez MD BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Kelvin Walker BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Ken Weaver BOARD OF DIRECTORS | 20 0 | X | | | | | | 0 | 0 | 0 |
| Craig Bjerke Interim CFO Starting July 2018 | 40 50 | | | X | | | | 318,656 | 0 | 54,664 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Robert M Milone Assisant Treasurer | 40 0 15 0 | | | X | | | | 200,773 | 0 | 56,767 |
| Michael O Price Assistant Secretary | 40 0 5 0 | | | X | | | | 726,666 | 0 | 132,870 |
| Michael J Schaefer Treasurer & CFO Through June 2018 | 40 0 15 0 | | | X | | | | 1,124,749 | 0 | 52,347 |
| E Kenneth Hutchenrider JR PRESIDENT - MRMC | 40 0 0 | | | | X | | | 562,056 | 0 | 105,746 |
| Martin L Koonsman MD PRESIDENT - MDMC | 40 0 17 0 | | | | X | | | 585,464 | 0 | 117,198 |
| Frances Laukatis PRESIDENT - MCMC | 40 0 0 | | | | X | | | 486,153 | 0 | 101,712 |
| John Phillips PRESIDENT - MMMC | 40 0 0 | | | | X | | | 534,290 | 0 | 97,113 |
| Leslie Pierce SR VP REVENUE CYCLE | 40 0 0 | | | | X | | | 319,112 | 0 | 68,003 |
| Karla Ramberger SR VP/CHIEF NURSING EXECUTIVE | 40 0 0 | | | | X | | | 333,233 | 0 | 57,912 |
| Pamela Stoyanoff EVP / COO | 40 0 7 0 | | | | X | | | 1,262,542 | 0 | 185,948 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Cheryl Flynn SR VICE PRESIDENT - CHRO | 40 0 0 | | | | | X | | 533,869 | 0 | 87,122 |
| Brian Kenjarski SVP DATA GOVERNANCE & CMIO | 40 0 0 | | | | | X | | 473,254 | 0 | 24,009 |
| Jan Lea SR VICE PRESIDENT SUPPLY CHAIN | 40 0 0 | | | | | X | | 393,008 | 0 | 63,395 |
| Pamela McNutt SENIOR VICE PRESIDENT & CIO | 40 0 0 | | | | | X | | 714,522 | 0 | 121,326 |
| George Williams MD PRESIDENT MEDHEALTH/SVP | 20 0 35 0 | | | | | X | | 551,061 | 0 | 82,554 |
| Laura Irvine FORMER EVP SYSTEM ALIGNMENT & INTEGRATION | 0 0 10 0 | | | | | | X | 407,337 | 0 | 48,382 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Methodist Hospitals of Dallas

Employer identification number

75-0800661

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 | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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 for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

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

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

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | | Current Year | |
|--|---|-------------------------------------|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in Part VI) See instructions | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | |
| 10 | Line 8 amount divided by Line 9 amount | | |
| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | |
| 3 | Excess distributions carryover, if any, to 2017 | | |
| a | | | |
| b | From 2013. | | |
| c | From 2014. | | |
| d | From 2015. | | |
| e | From 2016. | | |
| f | Total of lines 3a through e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2017 distributable amount | | |
| i | Carryover from 2012 not applied (see instructions) | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | |
| 4 | Distributions for 2017 from Section D, line 7 | | |
| | \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2017 distributable amount | | |
| c | Remainder Subtract lines 4a and 4b from 4 | | |
| 5 | Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c | | |
| 8 | Breakdown of line 7 | | |
| a | Excess from 2013. | | |
| b | Excess from 2014. | | |
| c | Excess from 2015. | | |
| d | Excess from 2016. | | |
| e | Excess from 2017. | | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 75-0800661

Name: Methodist Hospitals of Dallas

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 the organization Methodist Hospitals of Dallas | Employer identification number 75-0800661 |
|---|--|

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|--|-----------------------------|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 230,562 | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 230,562 | |
| d | Other exempt purpose expenditures | 1,169,386,664 | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 1,169,617,226 | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | 0 |
| 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) | 250,000 | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 205,318 | 271,061 | 256,052 | 230,562 | 962,993 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | 0 | 0 |

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

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

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

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|--|---|
| Schedule C, Part II-A, Line 1b, Column (a) Explanation of amount | THE ABOVE AMOUNT REPRESENTS THREE COMPONENTS (1) THE PORTION OF DUES TO PROFESSIONAL ORGANIZATIONS SUCH AS THE AMERICAN HOSPITAL ASSOCIATION AND THE TEXAS HOSPITAL ASSOCIATION TO EDUCATE GOVERNMENTAL LEADERS ON LEGISLATION AFFECTING THE ORGANIZATION'S ABILITY TO CARRY OUT ITS EXEMPT PURPOSE, (2) FEES PAID BY MHS TO A LAW FIRM SPECIFICALLY TO LOBBY LEGISLATORS REGARDING IMPORTANT HEALTHCARE ISSUES, (3) THE PORTION OF COMPENSATION PAID TO AN MHS STAFF MEMBER FOR THEIR TIME RELATED TO ACTIVITIES TO EDUCATE GOVERNMENTAL LEADERS ON LEGISLATION AFFECTING THE ORGANIZATION'S ABILITY TO CARRY OUT ITS EXEMPT PURPOSE |

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Methodist Hospitals of Dallas

Employer identification number
75-0800661

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)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 81,743,383 | 71,630,236 | 81,926,225 | 105,419,326 | 98,581,695 |
| b Contributions | 36,121 | 34,922 | 25,531 | 312,557 | 374,456 |
| c Net investment earnings, gains, and losses | 9,148,711 | 11,987,277 | 6,732,548 | -2,127,283 | 8,430,005 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,108,000 | 1,909,052 | 17,054,068 | 20,344,060 | 578,763 |
| f Administrative expenses | | | | 1,334,315 | 1,388,067 |
| g End of year balance | 88,820,215 | 81,743,383 | 71,630,236 | 81,926,225 | 105,419,326 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 91.2 %
 - b** Permanent endowment ▶ 6.66 %
 - c** Temporarily restricted endowment ▶ 2.14 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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 | | 41,609,136 | | 41,609,136 |
| b Buildings | | 771,129,201 | 396,522,371 | 374,606,830 |
| c Leasehold improvements | | | | |
| d Equipment | | 644,933,216 | 472,652,393 | 172,280,823 |
| e Other | | 98,589,804 | 24,962,706 | 73,627,098 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 662,123,887 |

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

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

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

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

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Total Retirement Plan Liabilities | 6,855,849 |
| Total Self-Insurance Liabilities | 20,138,220 |
| Interest Rate Swap Liability | 35,320,737 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 62,314,806 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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| | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 75-0800661

Name: Methodist Hospitals of Dallas

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | ENDOWED FUNDS ARE HELD ON A RESTRICTED BASIS FOR THE PURPOSE OF FUNDING LARGE CAPITAL PROJECTS AND SPECIAL PROGRAMS METHODIST HOSPITALS OF DALLAS FOUNDATION, AN ORGANIZATION OPERATED EXCLUSIVELY FOR THE BENEFIT OF METHODIST HOSPITALS OF DALLAS, CURRENTLY HOLDS FUNDS THAT ARE ENDOWED METHODIST HOSPITALS OF DALLAS IS THE SOLE MEMBER OF METHODIST HOSPITAL OF DALLAS FOUNDATION |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>MHS, MMG, Methodist-CDI, and the Foundation are exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (IRC), as an organization described in IRC Section 501(c)(3). They each have been classified as an organization that is not a private foundation under either IRC Section 509(a)(1) or 509(a)(3), and as such, contributions to them qualify for deduction as charitable contributions. Due to their organization structure, certain of the consolidated entities are taxable under the IRC and some entities are tax exempt but are required to pay income taxes for income generated from activities unrelated to their exempt purpose under IRC Section 511. In addition, certain of the consolidated entities file U.S. partnership income tax returns. The Texas Margin Tax applies to certain partnerships and taxable entities included in the consolidated financial statements. The Tax Cuts and Jobs Act (the Act) was enacted on December 22, 2017. The Act reduced the U.S. federal corporate tax rate from 35% to 21%. For tax exempt entities, effective beginning with the 2018 tax year, the Act also requires organizations to categorize certain fringe benefit expenses as a source of unrelated business income, pay an excise tax on executive remuneration above certain thresholds, and report income or loss from unrelated business activities on an activity by activity basis among other provisions. The tax effects of the Act did not have a material impact on MHS. The overall impact of federal income taxes and Texas Margin Taxes to the MHS consolidated financial statements for the years ended September 30, 2018 and 2017 is not significant. MHS has concluded that it does not have any unrecognized tax benefits resulting from current or prior period tax positions. Accordingly, no additional disclosures have been made in the financial statements. MHS does not have any outstanding interest or penalties, and none have been recorded in the consolidated statements of operations and changes in net assets for the years ended September 30, 2018 and 2017. MHS is no longer subject to examination by U.S. federal and state taxing authorities for years through September 31, 2014.</p> |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Methodist Hospitals of Dallas

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 75-0800661

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|---|--------------------------|--------------------------|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b If "Yes," was it a written policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | |
| <input type="checkbox"/> Applied uniformly to all hospital facilities | | |
| <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities | | |
| <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care | | |
| <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 % | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a Did the organization prepare a community benefit report during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," did the organization make it available to the public? | <input type="checkbox"/> | <input type="checkbox"/> |

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 115,813,528 | 20,932 | 115,792,596 | 10 05 % |
| b Medicaid (from Worksheet 3, column a) | | | 120,416,353 | 113,321,331 | 7,095,022 | 0 62 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | 0 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 236,229,881 | 113,342,263 | 122,887,618 | 10 67 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 2,204,303 | 56,798 | 2,147,505 | 0 19 % |
| f Health professions education (from Worksheet 5) | | | 27,696,407 | 6,895,127 | 20,801,280 | 1 81 % |
| g Subsidized health services (from Worksheet 6) | | | 0 | 0 | 0 | 0 % |
| h Research (from Worksheet 7) | | | 0 | 0 | 0 | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 33,676,278 | 0 | 33,676,278 | 2 92 % |
| j Total. Other Benefits | 0 | 0 | 63,576,988 | 6,951,925 | 56,625,063 | 4 91 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 299,806,869 | 120,294,188 | 179,512,681 | 15 58 % |

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 | | | | 0 | 0 % |
| 2 | Economic development | | 70,435 | | 70,435 | 0 01 % |
| 3 | Community support | | | | 0 | 0 % |
| 4 | Environmental improvements | | | | 0 | 0 % |
| 5 | Leadership development and training for community members | | | | 0 | 0 % |
| 6 | Coalition building | | | | 0 | 0 % |
| 7 | Community health improvement advocacy | | 377,467 | | 377,467 | 0 03 % |
| 8 | Workforce development | | 1,703,939 | | 1,703,939 | 0 15 % |
| 9 | Other | | | | 0 | 0 % |
| 10 Total | | 0 | 2,151,841 | 0 | 2,151,841 | 0 19 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|---|-------|-------------|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? | 1 Yes | |
| 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 134,544,052 |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | 0 |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 391,210,101 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 431,418,909 |
| 7 Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -40,208,808 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (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 METHODIST MCKINNEY HOSPITAL LLC | HOSPITAL | 50 5 % | 0 % | 35 65 % |
| 2 METHODIST MCKINNEY HOSPITAL PROPERTY LLC | REAL ESTATE HOLDINGS OF METHODIST MCKINNEY HOSPITAL | 63 68 % | 0 % | 24 27 % |
| 3 SRP-MEDICA INVESTORS ADDISON LP | REAL ESTATE HOLDINGS ENTITY FOR METHODIST HOSPITAL FOR SURGERY | 21 85 % | 0 % | 22 25 % |
| 4 METDALSPI LLC (METHODIST HOSPITAL FOR SURGERY) (THROUGH METDALSPI HOLDING L LC) | HOSPITAL | 50 49 % | 0 % | 49 % |
| 5 MHSS-MOB ADDISON | MEDICAL OFFICE BUILDING | 16 48 % | 0 % | 42 79 % |
| 6 METSL LLC (METHODIST SOUTHLAKE) (THROUGH METSL HOLDINGSLLC) | HOSPITAL | 49 99 % | 0 % | 49 % |
| 7 MHD-USO MANAGEMENT COMPANY LP | MANAGEMENT SERVICES FOR ONCOLOGY PRACTICE | 70 69 % | 0 % | 28 6 % |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

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

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

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

7

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____ ^A

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

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.methodisthealthsystem.org/about/community-involvement/community-health-needs-assessment/</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input 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 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.methodisthealthsystem.org/about/community-</u> | Yes | |
| a | If "Yes" (list url) <u>involvement/community-health-needs-assessment/</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 0</u> % and FPG family income limit for eligibility for discounted care of <u>500 0</u> % | | |
| b | <input 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 checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

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)

B

Name of hospital facility or letter of facility reporting group _____

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

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.methodisthealthsystem.org/about/community-involvement/community-health-needs-assessment/</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input 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 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.methodisthealthsystem.org/about/community-</u> | Yes | |
| a | If "Yes" (list url) <u>involvement/community-health-needs-assessment/</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 0</u> % and FPG family income limit for eligibility for discounted care of <u>500 0</u> % | | |
| b | <input 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 checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

B

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.methodisthealthsystem.org/about/community-involvement/community-health-needs-assessment/</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input 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 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.methodisthealthsystem.org/about/community-</u> | Yes | |
| a | If "Yes" (list url) <u>involvement/community-health-needs-assessment/</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

C

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>500 0</u> % | | |
| b | <input 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 checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //methodismckinneyhospital com/patient-info/financial-information/</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //methodismckinneyhospital com/patient-info/financial-information/</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //methodismckinneyhospital com/patient-info/financial-information/</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

C

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

C

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
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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? 9

| Name and address | Type of Facility (describe) |
|--|---|
| 1 GOLDEN CROSS ACADEMIC CLINIC 122 W COLORADO BLVD DALLAS, TX 75209 | FREE STANDING CLINIC AND DALLAS, TX 75209 TEACHING FACILITY |
| 2 METHODIST CHARLTON FAMILY MEDICAL CENTER 3500 W WHEATLAND RD DALLAS, TX 75237 | OUTPATIENT CARE AND TEACHING CENTER |
| 3 CDI - Richardson 4140 E Renner Rd Suite 100 Richardson, TX 75082 | Imaging center |
| 4 CDI - Village McKinney 7300 Eldorado Pkwy Suite 170 McKinney, TX 75070 | Imaging center |
| 5 CDI - Mansfield 2975 E Broad St Suite 101 Mansfield, TX 76063 | Imaging center |
| 6 CDI - DeSoto 1750 N Hampton Rd Desoto, TX 75115 | Imaging center |
| 7 CDI - Willowbend 5025 W Park Blvd Suite 110 Plano, TX 75093 | Imaging center |
| 8 CDI - Village Legacy 5425 W Spring Pkwy Suite 110 Plano, TX 75024 | Imaging center |
| 9 CDI - Village Independence 8080 Independence Pkwy Suite 105 Plano, TX 75025 | Imaging center |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part I, Line 3c Charity Care | AS PART OF ITS MISSION, MHS PROVIDES CHARITY CARE TO PATIENTS WHO LACK THE ABILITY TO PAY THE DETERMINATION OF THE ABILITY TO PAY MAY TAKE INTO ACCOUNT A NUMBER OF FINANCIAL VARIABLES, INCLUDING BUT NOT LIMITED TO (1) INCOME LEVEL, (2) FAMILY SIZE AND (3) AMOUNT OF HOSPITAL CHARGES IN CERTAIN EXTRAORDINARY CASES WHERE THESE FACTORS MAY NOT ACCURATELY REFLECT THE PATIENT'S ABILITY TO PAY, MHS MAY TAKE INTO ACCOUNT THE EARNING STATUS AND POTENTIAL OF THE PATIENT AND FAMILY, AND FREQUENCY OF THEIR HOSPITAL AND MEDICAL BILLS Further, MHS may conclude, without a completed assessment of eligibility that a favorable classification for charity may be appropriate based on other information obtained |
| Schedule H, Part I, Line 7g Subsidized Health Services | SUBSIDIZED HEALTH SERVICES INCLUDE THE FOLLOWING METHODIST, ALONG WITH THE COUNTY HOSPITAL AND TWO OTHER NON-PROFIT HOSPITALS IN DALLAS, JOINTLY SPONSORS A REGIONAL HELICOPTER, FIXED WING, AND GROUND AMBULANCE SERVICE CALLED CAREFLITE METHODIST DALLAS MAINTAINS HELIPADS FOR THE HELICOPTER SERVICE ALSO, METHODIST DALLAS STAFFS THE NEONATAL TRANSPORT TEAMS THAT ARE RESPONSIBLE FOR TRANSPORTING THE ILL NEONATES FROM OUTLYING AREAS TO METHODIST DALLAS METHODIST ALSO PARTICIPATES IN THE DALLAS COUNTY AND TARRANT COUNTY INDIGENT CARE PROGRAMS WHICH ARE DESIGNED TO ENHANCE ACCESS AND DELIVERY OF COST-EFFECTIVE HEALTHCARE SERVICES TO INDIGENT PATIENTS OF DALLAS AND TARRANT COUNTIES METHODIST ALSO SUBSIDIZES TRAUMA SERVICES FOR ITS ER'S AND HOSPITALS AT ITS HOSPITALS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 134544052 |
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | The costs in the table were computed using the organization's cost-to-charge ratio. This ratio was determined using IRS Schedule H, Worksheet 2. The amounts reported at Line 7 are computed on the basis of the IRS Schedule H Worksheets for each respective Line 7 item. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part II Community Building Activities | MHS BELIEVES THAT BY BEING FULLY ENGAGED IN COMMUNITY BUILDING ACTIVITIES INCLUDING, BUT NOT LIMITED TO, ECONOMIC AND WORKFORCE DEVELOPMENT, ENVIRONMENTAL AND SAFETY ISSUES, AS WELL AS COMMUNITY HEALTH ADVOCACY AND COMMUNITY SUPPORT IT CAN CONTRIBUTE BOTH DIRECTLY AND INDIRECTLY TO A HEALTHIER AND MORE VIBRANT COMMUNITY MHS IS A MEMBER OF SEVERAL NATIONAL, STATE AND LOCAL HEALTHCARE ADVOCACY ORGANIZATIONS THAT PROMOTE HEALTHCARE POLICIES AND EDUCATE PEOPLE ON POLICIES THAT IMPACT HEALTHCARE ISSUES FACING THE COMMUNITIES MHS ALSO PUBLISHES A COMMUNITY MAGAZINE TO KEEP THOSE IN ITS SERVICE AREA INFORMED OF ISSUES REGARDING THE CHANGES IN HEALTHCARE AS THEY ARISE AS WELL AS PROMOTING HEALTHY LIFESTYLES MHS COMMITS SIGNIFICANT RESOURCES IN THE AREA OF PHYSICIAN RECRUITING FOR NEEDED SPECIALTIES AND IN UNDERSERVED AREAS |
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | MHS PROVIDES HEALTH CARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY MHS MAINTAINS AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO MAKE PAYMENTS ON ACCOUNTS THE ALLOWANCE IS BASED ON HISTORICAL WRITE-OFFS AND THE AGING OF THE ACCOUNTS, MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE ACCOUNTS ARE WRITTEN OFF WHEN ROUTINE BILLING AND COMMUNICATION WITH THE PAYOR ARE NOT EXPECTED TO RESULT IN PAYMENT MHS COLLECTION EFFORTS CONTINUE, AND RECOVERIES OF ACCOUNTS WRITTEN OFF ARE ACCOUNTED FOR AS REDUCTIONS IN THE PROVISION FOR BAD DEBTS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | MHS DOES NOT INCLUDE BAD DEBT AS A PORTION OF ITS COMMUNITY BENEFIT |
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | MHS provides health care services to patients regardless of their ability to pay MHS maintains an allowance for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts The allowance is based on historical write-offs and the aging of the accounts, management continually monitors and adjusts the allowance for uncollectible accounts receivable Accounts are written off when routine billing and communication with the payor are not expected to result in payment MHS collection efforts continue, and recoveries of accounts written off are accounted for as reductions in the provision for bad debts |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs | The Texas nonprofit hospitals annual report includes unreimbursed cost of Medicare as a community benefit in determining the state's statutory reporting. The organization provides care to Medicare patients regardless of this shortfall, thereby relieving the state and federal government of the burden of paying the full cost for the care of Medicare beneficiaries. To determine the amount reported on line 6, the Medicare cost report cost to charge ratio for inpatient and outpatient charges was utilized. |
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | The CBO will provide all completed FAP applications to Prime Financial where eligibility will be determined and if in-eligible, documented reasons for denial will be provided to the patient. No Extraordinary Collection Actions (ECA's), as defined above will be engaged in by the CBO or PFS during the duration of the FAP Process, as outlined above and in Policy FIN 006 regarding Financial Assistance. Classification of an account as financial assistance will suspend efforts to collect the account from the patient. Routine activity may continue in order to ensure that MHS can identify changed circumstances in the future and ensure continuity with respect to subsequent visits. Efforts to collect from third parties will continue, and any resulting collection would be a charity recovery. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16a FAP website | A - METHODIST MANSFIELD MEDICAL CENTER Line 16a URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , B - METHODIST DALLAS MEDICAL CENTER Line 16a URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , C - METHODIST MCKINNEY HOSPITAL Line 16a URL https://methodismckinneyhospital.com/patient-info/financial-information/ , |
| Schedule H, Part V, Section B, Line 16b FAP Application website | A - METHODIST MANSFIELD MEDICAL CENTER Line 16b URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , B - METHODIST DALLAS MEDICAL CENTER Line 16b URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , C - METHODIST MCKINNEY HOSPITAL Line 16b URL https://methodismckinneyhospital.com/patient-info/financial-information/ , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | A - METHODIST MANSFIELD MEDICAL CENTER Line 16c URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , B - METHODIST DALLAS MEDICAL CENTER Line 16c URL https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/ , C - METHODIST MCKINNEY HOSPITAL Line 16c URL https://methodismckinneyhospital.com/patient-info/financial-information/ , |
| Schedule H, Part VI, Line 2 Needs assessment | Methodist has relied upon the knowledge and interest of its directors and trustees to determine the effectiveness of its community benefit planning. The corporate Board of Directors consists of civic, business, and professional leaders from the communities served by the hospital system. In these exchanges with the communities served, Methodist is able to solicit their views on how we can better serve the needs of all. In addition, individual hospital advisory boards, created in 2009 at the request of the Methodist Health System Board of Directors, provides a way to strengthen our communication and influence with a diverse group of leaders in our service area. Along with representatives from Methodist's Board, these advisory boards consist of business owners, city and government officials, community and church leaders. Members have an opportunity to play an integral role in the future of our growth plans and health initiatives. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | The policy is posted on the MHS website in multiple languages including English, Mandarin, Korean, Spanish, Vietnamese, and Arabic. Further signage is in all access areas as well as written information is provided to patients upon intake. In addition, an annual posting for the organization's financial assistance policy is published in the local newspapers. The policy is attached to patient invoices and billing personnel follow up to provide the information when in contact with the patient. Contact information is provided so that individuals may have assistance with understanding and completing the Financial Assistance Application. |
| Schedule H, Part VI, Line 4 Community information | The Methodist service area is made up of the combined service areas of each of its four wholly-controlled hospitals, encompassing parts of Dallas County, the southeast quadrant of Tarrant County and northern Johnson County to the west and south of DFW, northern Ellis County to the southeast, and the southwest section of Collin County to the north. Parts of the service area, particularly in southern Dallas County, near Methodist Dallas and Methodist Charlton facilities, there are high percentages of households in poverty, low average household income, and high percentages of adults with less than high school education. Consequently, Methodist provides large amounts of uncompensated care. During the past year, conditions in Methodist's service area have not changed and Methodist continues to play a vital role in the community, particularly in caring for indigent patients. The far southern portions of the Methodist service area as well as the areas to the north, near Methodist Mansfield and Methodist Richardson, tend to be more economically stable with stronger socioeconomic indicators. These areas include Midlothian, Cedar Hill, Mansfield, Richardson and Plano. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part VI, Line 5 Promotion of community health | METHODIST HOSPITALS OF DALLAS (D/B/A) METHODIST HEALTH SYSTEM FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITIES IT SERVES IN NORTH TEXAS SINCE ITS FOUNDING IN 1927, METHODIST HAS HAD A STRONG CONNECTION TO ITS COMMUNITIES THE ORGANIZATION IS COMPRISED OF A COMMUNITY BOARD, EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS AND COMMITS SIGNIFICANT RESOURCES TO MEDICAL EDUCATION WE ARE COMMITTED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE RESIDENTS IN OUR AREAS THIS COMMITMENT IS ON DISPLAY EVERY DAY THROUGH THE MANY PROGRAMS AND SERVICES WE PROVIDE, INCLUDING * COMMUNITY HEALTH NEEDS ASSESSMENTS * DELIVERY SYSTEM REFORM INCENTIVE PAYMENT * GENERATIONS, SENIOR SERVICES - HEALTH AND WELLNESS SEMINARS, SOCIAL ACTIVITIES AND SERVICES ASSISTING OLDER ADULTS * HEART OF THE COMMUNITY - COMMUNITY HEART HEALTH PROGRAM, RAISING AWARENESS OF HEART DISEASE * MOBILE MAMMOGRAPHY - EARLY DETECTION AND TREATMENT FOR BREAST CANCER * ASIAN BREAST HEALTH OUTREACH PROJECT - PROVIDING EDUCATION AND MAMMOGRAM SCREENINGS FOR UNINSURED AND UNDER INSURED ASIAN WOMEN OVER THE AGE OF 40 * LIFE SHINES BRIGHT PREGNANCY PROGRAM - WORKING IN PARTNERSHIP WITH THE MARCH OF DIMES TO REDUCE THE RISK OF PRETERM BIRTH * CONGREGATIONAL HEALTH MINISTRY - PROVIDING HEALTH RESOURCES TO AREA CHURCHES IN AN EFFORT TO IMPROVE THE PHYSICAL AND SPIRITUAL HEALTH OF THE PEOPLE IN THOSE CONGREGATIONS * COMMUNITY HEALTH EDUCATION EVENTS - INCLUDING PROGRAMS ON HEART HEALTH, WOMEN'S HEALTH, MEN'S HEALTH, WEIGHT-LOSS, BACK PAIN, AND MORE * CITY WELLNESS PROGRAMS - EDUCATIONAL PROGRAMS AND HEALTH SCREENINGS FOR LOCAL CITY EMPLOYEES |
| Schedule H, Part VI, Line 6 Affiliated health care system | Methodist Health System ("MHS") is a d/b/a of Methodist Hospitals of Dallas ("MHD") which is a tax-exempt 501(c)(3) Texas nonprofit corporation which is comprised of acute care hospitals, rehabilitation hospitals, imaging centers, and other facilities located throughout the Dallas Fort Worth (DFW) Metroplex Methodist has more than 1,100 active physicians on staff, 7,000 employees, and 1,600 licensed beds Although the company has transitioned to using the MHS name for corporate operations, its true legal name remains Methodist Hospitals of Dallas Its Board of Directors ("MHS Board"), which has the fiduciary role for the entire organization, can have up to 28 members MHS's President/Chief Executive Officer has management accountability to the Board of Directors for all interests and operations in MHS, its divisions, subsidiaries, and related organizations MHS is associated with the North Texas Conference of the United Methodist Church, pursuant to a formal covenant which defines their independence from each other and describes terms for their affiliation and support of each other, under those terms, MHS agrees to maintain "a commitment to Christian concepts of life and learning," and representatives of the Conference participate in the process of approving the list of persons nominated to the MHS Board and any amendments to MHS's bylaws |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| Schedule H, Part VI, Line 7 State filing of community benefit report | TX |

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 75-0800661
Name: Methodist Hospitals of Dallas

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

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 7 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | METHODIST MANSFIELD MEDICAL CENTER 2700 E BROAD STREET DALLAS, TX 76063 https://www.methodisthealthsystem.org/methodist-mansfield-medical-center/?L=true 008428 | X | X | | | | | X | | | A |
| 2 | METHODIST RICHARDSON MEDICAL CENTER 2831 E GEORGE W BUSH HWY RICHARDSON, TX 75082 https://www.methodisthealthsystem.org/methodist-richardson-medical-center/?L=true 100131 | X | X | | | | | X | | | A |
| 3 | METHODIST HOSPITAL FOR SURGERY 17101 DALLAS PWKY ADDISON, TX 75001 HTTP://METHODISTHOSPITALFORSURGERY.COM 100075 | X | X | | | | | X | | | A |
| 4 | METHODIST DALLAS MEDICAL CENTER 1441 N BECKLEY AVE DALLAS, TX 75203 HTTP://WWW.METHODISTHEALTHSYSTEM.ORG/ 000255 | X | X | | X | | X | X | | | B |
| 5 | METHODIST CHARLTON MEDICAL CENTER 3500 W WHEATLAND RD DALLAS, TX 75237 https://www.methodisthealthsystem.org/methodist-charlton-medical-center/?L=true 000142 | X | X | | X | | | X | | | B |

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

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-------------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>7</u> | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 6 | METHODIST REHABILITATION HOSPITAL 3020 W WHEATLAND RD DALLAS, TX 75237 HTTP://WWW.METHODIST-REHAB.COM/ 008620 | X | | | | | | | | REHABILITATION HOSPITAL | B |
| 7 | METHODIST MCKINNEY HOSPITAL 8000 W ELDORADO PWKY MCKINNEY, TX 75070 HTTP://WWW.METHODISTMCKINNEYHOSPITAL.COM 100043 | X | X | | | | | X | | | C |

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

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 3E | The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 5 Facility A, 1 | <p>Facility A, 1 - Methodist Mansfield Medical Center In addition to analyzing quantitative data, 22 key informant interviews were conducted in June 2016 These were conducted to collect information from persons representing the broad interests of the community served Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs The interviews conducted by Truven Health are intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included A list of the persons interviewed and the organizations they represent are below Jessie Estes, mobile pantry manager, North Texas Food Bank, Chris Culak, vice president of development and community engagement, The Visiting Nurse Association of Texas (VNA), Jennifer Friesen, vice president of therapeutic and autism services, Easter Seals of North Texas, Rev Ralph Emerson, pastor, Rising Star Baptist Church, Nena Wurie, medical case manager, Catholic Charities of Fort Worth, Linda Nazier, director, Wachatchee Care Services, Pat Cheong, vice president of community development division, United Way, Bruce Capehart, advisory board member, Methodist Mansfield Medical Center, Barbara Clark, interim CEO, Hope Clinic, Reeshemah L Davis, vice president of operations/community development, YMCA, John Wyckoff, executive director, Ellis County Children's Advocacy Center, Ann Salyer-Caldwell, associate director, Tarrant County Public Health, Amanda Applon, outreach coordinator, Tarrant County Precinct 1 Commissioner's Office, Randall Canedy, president, Frost Bank-Mansfield, Sharon Canclini, professor, Texas Christian University and volunteer, American Red Cross, Linda Fulmer, executive director, Healthy Tarrant County Collaboration, Marcy Paul, faculty member-school of public health, University of North Texas Health Science Center, Georgi Roberts, director of health and physical education, Fort Worth Independent School District, Kristin Walker, dean of student services, Navarro College, Victoria Johnson, community engagement coordinator, Meals on Wheels of Johnson and Ellis County, Gloria Martinez, executive director, Hispanic Wellness Coalition, and Terri Klein, coordinator, Ellis County Indigent Health</p> |

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

| Form and Line Reference | Explanation |
|--|--|
| <p>Schedule H, Part V, Section B, Line 5 Facility A, 2</p> | <p>Facility A, 2 - METHODIST RICHARDSON MEDICAL CENTER In addition to analyzing quantitative data, 26 key informant interviews were conducted in June 2016 These were conducted to collect information from persons representing the broad interests of the community served Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs The interviews conducted by Truven Health are intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included A list of the persons interviewed and the organizations they represent are below Jessie Estes, mobile pantry manager, North Texas Food Bank, Dr Michael Marshall, chief medical officer, MedHealth, Ashley Brudnage, senior vice president of community impact, United Way of Metro Dallas, Lynda Ender, age director, The Senior Source, Susan Williams, associate state director, AARP, Bill Keffler, advisory board member, Methodist Richardson Medical Center, Rub y Blum, health policy advisor for Judge Clay Jenkins, Dallas County Commissioner's Office, Elba Garcia, Dallas county commissioner, Dallas County, Orlando Riddick, superintendent of schools, Cedar Hill Independent School District, Chris Culak, vice president of development and community engagement, The Visiting Nurse Association of Texas (VNA), Joe Snayd, advisory board chairman, Methodist Richardson Medical Center and board member, Methodist Health System, Joe Johnson, executive director, Best Southwest Partnership, Aisling Mcguckin, director of maternal and child health, March of Dimes, Jennifer Friesen, vice president of therapeutic and autism services, Easter Seals of North Texas, Dr Andrew Stocker, senior minister, First United Methodist Church of Dallas, Dr John Carlo, CEO, AIDS Arms, Zachary Thompson, director, Dallas County Health and Human Services, Greg Davidson, assistant vice president of academic clinical programs, Golden Cross Clinic, Melanie Obrien, director of community outreach, Hope's Door, Cherish Holm, transitional living program case manager, City House, Susan Etheridge, executive director, Court Appointed Special Advocate of Collin County (CASA), Liliana Rogers, director of development and resources, Boys and Girls Clubs of Collin County, Brian Binggeli, Plano Independent School District, Carol Bodwell, executive director and board chair</p> |

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 5 Facility A, 2 | airman, Collin County Community Food Pantry, Jennifer Blalock, vice president of workforce and economic development, Collin College, and Candy Blair, public health director, Collin County Healthcare services |

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

| Form and Line Reference | Explanation |
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| <p>Schedule H, Part V, Section B, Line 5 Facility A, 3</p> | <p>Facility A, 3 - METHODIST HOSPITAL OF SURGERY In addition to analyzing quantitative data, 28 key informant interviews were conducted in June 2016 These were conducted to collect information from persons representing the broad interests of the community served Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs The interviews conducted by Truven Health are intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included A list of the persons interviewed and the organizations they represent are below Jessie Estes, mobile pantry manager, North Texas Food Bank, Dr Michael Marshall, chief medical officer, MedHealth, Ashley Brudnage, senior vice president of community impact, United Way of Metro Dallas, Lynda Ender, age director, The Senior Source, Susan Williams, associate state director, AARP, Bill Keffler, advisory board member, Methodist Richardson Medical Center, Ruby Blum, health policy advisor for Judge Clay Jenkins, Dallas County Commissioner's Office, Elba Garcia, Dallas county commissioner, Dallas County, Orlando Riddick, superintendent of schools, Cedar Hill Independent School District, Chris Culak, vice president of development and community engagement, The Visiting Nurse Association of Texas (VNA), Joe Snayd, advisory board chairman, Methodist Richardson Medical Center and board member, Methodist Health System, Joe Johnson, executive director, Best Southwest Partnership, Aisling McGuckin, director of maternal and child health, March of Dimes, Jennifer Friesen, vice president of therapeutic and autism services, Easter Seals of North Texas, Dr Andrew Stocker, senior minister, First United Methodist Church of Dallas, Dr John Carlo, CEO, AIDS Arms, Zachary Thompson, director, Dallas County Health and Human Services, Greg Davidson, assistant vice president of academic clinical programs, Golden Cross Clinic, Melanie Obrien, director of community outreach, Hope's Door, Jessica Ferricher, development director, Court Appointed Special Advocate of Denton County (CASA), Cherish Holm, transitional living program case manager, City House, Tom Newell, board member, Denton Community Food Center, Susan Etheridge, executive director, Court Appointed Special Advocate of Collin County (CASA), Liliana Rogers, director of development and</p> |

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 5 Facility A, 3 | d resources, Boys and Girls Clubs of Collin County, Brian Binggeli, Plano Independent School District, Carol Bodwell, executive director and board chairman, Collin County Community Food Pantry, Jennifer Blalock, vice president of workforce and economic development, Collin College, and Candy Blair, public health director, Collin County Healthcare services |

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

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility A, 1 | <p>Facility A, 1 - Methodist Mansfield Medical Center Community Health Need Access to care Methodist Mansfield Medical Center strategies and related activities increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities (such as support to Mansfield Cares program and providing ECHOs to area residents through cardiovascular volunteers), recruitment of primary care providers where appropriate, adding access points throughout the service area (such as Family Health Centers, imaging and urgent care locations), providing low-cost screenings and back to school physicals, offering streamlined care for patients through various navigator programs and virtual visits, and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider</p> <p>Community Health Need Diabetes Methodist Mansfield Medical Center strategies and related activities Improve awareness and treatment of diabetes by providing ongoing educational classes and support groups (such as the monthly healthy eating programs) with a focus on diabetes, continuing existing entity-based chronic disease programs such as the 1115 waiver projects, continuing to collaborate with community agencies such as the Tarrant County Diabetes Coalition to increase access to services and improve awareness of risk factors and treatment</p> <p>Community Health Need Heart disease Methodist Mansfield Medical Center strategies and related activities Improve awareness and treatment of heart disease by continuing to provide education and treatment through existing and new area Methodist Family Health Centers, providing ongoing community education and support services, and collaborating with community agencies to improve awareness of risk factors and treatment with programs such as Run with Heart, Rowdy Runners and Jump Rope for Heart</p> <p>Community Health Need Awareness and collaboration of community resources Methodist Mansfield Medical Center strategies and related activities Improve awareness and collaboration of community resources through various navigator programs such as the ACO nurse navigator program and the ED Patient Navigation 1115 Waiver project, collaborating with local municipalities and coalitions to expand outreach and awareness of community resources such as charitable contribution to community agencies</p> <p>Community Health Need Cancer (breast, lung, colon) Methodist Mansfield Medical Center strategies and related activities Improved awareness of risk factors and early detection by supporting community prevention efforts through the Nurse Clinical Advancement Program and providing ongoing community education and support services In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input All health needs identified were placed into a matrix with four quadrants by p</p> |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 1 | Participants of the Methodist Health System's CHNA work group Participants all agreed that the health needs indicated in the quadrants labeled "high data, high qualitative" and "low data, high qualitative" should be considered the community's significant health needs The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled "high data, low qualitative" as significant health needs Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA Pediatric Hospitalizations, Disabilities, Mental Health, Prenatal Care, Air Quality / Pollution, Chronic Disease, Human Trafficking, Homelessness / Poverty, Education, Violent Crime, Substance Abuse, Nutrition, and Mortality |

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 11 Facility A, 2 | <p>Facility A, 2 - METHODIST RICHARDSON MEDICAL CENTER COMMUNITY HEALTH NEED ACCESS TO CARE METHODIST RICHARDSON MEDICAL CENTER STRATEGIES AND RELATED ACTIVITIES INCREASE ACCESS TO CARE BY CONTINUING TO PROVIDE CARE TO UNINSURED OR UNDERINSURED PATIENTS THROUGH EXISTING PROGRAMS AND FACILITIES, RECRUITMENT OF PRIMARY CARE PROVIDERS WHERE APPROPRIATE, ADDING ACCESS POINTS THROUGHOUT THE SERVICE AREA (SUCH AS FAMILY HEALTH CENTERS, IMAGING AND URGE NT CARE LOCATIONS) AS WELL AS INPATIENT PEDIATRIC CARE, PROVIDING LOW-COST SCREENINGS THRO UGH PROGRAMS SUCH AS MHS' MOBILE MAMMOGRAPHY PROGRAM AND LOW-DOSE SCREENINGS FOR LUNG CANC ER, OFFERING STREAMLINED CARE FOR PATIENTS THROUGH VARIOUS NAVIGATOR PROGRAMS AND VIRTUAL VISITS, AND PROVIDING ASSISTANCE WITH GETTING INSURANCE COVERAGE AS A CMS DESIGNATED CHAMP ION OF COVERAGE PROVIDER, AND COLLABORATING WITH COMMUNITY AGENCIES SUCH AS CITY OF RICHA R DSON TO PROVIDE AN IMMUNIZATION CLINIC AND COLLIN COUNTY PROJECT ACCESS COMMUNITY HEALTH NEED DIABETES METHODIST RICHARDSON MEDICAL CENTER STRATEGIES AND RELATED ACTIVITIES IMPR OVE AWARENESS AND TREATMENT OF DIABETES BY PROVIDING ONGOING EDUCATIONAL CLASSES AND SUPPO RT GROUPS WITH A FOCUS ON DIABETES, CONTINUING EXISTING ENTITY-BASED CHRONIC DISEASE PROGR AMS SUCH AS THE 1115 WAIVER PROJECTS, CONTINUING TO COLLABORATE WITH COMMUNITY AGENCIES SU CH AS THE TEXAS AGRI-LIFE EXTENSION OFFICE TO INCREASE ACCESS TO SERVICES AND IMPROVE AWAR ENESS OF RISK FACTORS AND TREATMENT COMMUNITY HEALTH NEED HEART DISEASE METHODIST RICHA R DSON MEDICAL CENTER STRATEGIES AND RELATED ACTIVITIES IMPROVE AWARENESS AND TREATMENT OF HEART DISEASE BY CONTINUING TO PROVIDE EDUCATION AND TREATMENT THROUGH EXISTING AND NEW AR EA METHODIST FAMILY HEALTH CENTERS, PROVIDING ONGOING COMMUNITY EDUCATION AND SUPPORT SERV ICES, AND COLLABORATING WITH COMMUNITY AGENCIES TO IMPROVE AWARENESS OF RISK FACTORS AND T REATMENT COMMUNITY HEALTH NEED AWARENESS AND COLLABORATION OF COMMUNITY RESOURCES METHOD IST RICHARDSON MEDICAL CENTER STRATEGIES AND RELATED ACTIVITIES IMPROVE AWARENESS AND COL LABORATION OF COMMUNITY RESOURCES THROUGH VARIOUS NAVIGATOR PROGRAMS SUCH AS THE ED PATIEN T NAVIGATION 1115 WAIVER PROJECT AND MHS' MOBILE MAMMOGRAPHY PROGRAM, COLLABORATING WITH L OCAL MUNICIPALITIES AND COALITIONS (SUCH AS WHOLE FOODS FOOD FOR LIFE PROGRAM, RISD HEALTH SCIENCE TECH ROTATIONAL PROGRAM AND THE LEARNING LAB FOR HEALTH SCIENCES AT THE CONTINUIN G CARE CAMPUS TO EXPAND OUTREACH AND AWARENESS OF COMMUNITY RESOURCES, PROVIDE SUPPORT WIT H CHARITABLE CONTRIBUTION TO COMMUNITY AGENCIES TO IMPROVE AWARENESS OF SERVICES COMMUNIT Y HEALTH NEED CANCER (BREAST, LUNG, COLON) METHODIST RICHARDSON MEDICAL CENTER STRATEGIES AND RELATED ACTIVITIES IMPROVED AWARENESS OF RISK FACTORS AND EARLY DETECTION BY PROVIDI NG LOW-COST SCREENING MAMMOGRAMS TO AREA RESIDENTS THROUGH MHS' MOBILE MAMMOGRAPHY PROGRAM , PROVIDING ONGOING COMMUNITY EDUCATION AND SUPPORT SERVICES (SUCH AS SENIOR ACCESS GENERA TIONS PROGRAMMING, ASIAN BRES</p> |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 2 | T HEALTH OUTREACH PROJECT AND HIGH RISK ASSESSMENT CLINIC AT THE RICHARDSON CANCER CENTER) In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input. All health needs identified were placed into a matrix with four quadrants by participants of the Methodist Health System's CHNA work group. Participants all agreed that the health needs indicated in the quadrants labeled "high data, high qualitative" and "low data, high qualitative" should be considered the community's significant health needs. The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled "high data, low qualitative" as significant health needs. Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA: Pediatric Hospitalizations, Disabilities, Mental Health, Prenatal Care, Air Quality / Pollution, Chronic Disease, Human Trafficking, Homelessness / Poverty, Education, Violent Crime, Substance Abuse, Nutrition, sexually transmitted infection, and Mortality. |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 3 | <p>Facility A, 3 - METHODIST HOSPITAL OF SURGERY COMMUNITY HEALTH NEED ACCESS TO CARE METHODIST HOSPITAL FOR SURGERY STRATEGIES AND RELATED ACTIVITIES INCREASE ACCESS TO CARE BY CONTINUING TO PROVIDE CARE TO UNINSURED OR UNDERINSURED PATIENTS THROUGH EXISTING PROGRAMS AND FACILITIES COMMUNITY HEALTH NEED DIABETES METHODIST HOSPITAL FOR SURGERY STRATEGIES AND RELATED ACTIVITIES METHODIST HOSPITAL FOR SURGERY PROVIDES SPECIALIZED INPATIENT AND OUTPATIENT SURGICAL SERVICES TO AREA RESIDENTS AS SUCH, DIABETES PREVENTION AND TREATMENT ARE OUTSIDE ITS SCOPE OF SERVICES AND AT THIS TIME, THE HOSPITAL DOES NOT HAVE THE RESOURCES TO ADDRESS THIS NEED In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input All health needs identified were placed into a matrix with four quadrants by participants of the Methodist Health System's CHNA work group Participants all agreed that the health needs indicated in the quadrants labeled "high data, high qualitative" and "low data, high qualitative" should be considered the community's significant health needs The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled "high data, low qualitative" as significant health needs Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA Cancer, Pediatric Hospitalizations, Disabilities, Mental Health, Prenatal Care, Air Quality / Pollution, Chronic Disease, Homelessness / Poverty, Education, Violent Crime, Substance Abuse, Nutrition, sexually transmitted infection, and Mortality</p> |

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

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 13 Facility A, 1 | Facility A, 1 - All Facilities MHS will take into account the income level, family size, and amount of hospital charges in order to determine eligibility for the levels of financial assistance In certain extraordinary cases where these factors may not accurately reflect the patient's ability to pay, MHS may take into account the earning status and potential of the patient and family, and frequency of their hospital and medical bills |

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

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

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 20 Facility A, 1 | Facility A, 1 - All Facilities AT THE CURRENT TIME MHS DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS (ECAS), THEREFORE BOX E IS SELECTED TO INDICATE THAT NO EFFORTS WERE MADE BY THE HOSPITAL FACILITIES OR OTHER AUTHORIZED PARTY BEFORE INITIATING AN ECA |

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

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 3E | The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA |

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

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 5 Facility B, 1 | Facility B, 1 - Methodist Dallas Medical Center, METHODIST CHARLTON MEDICAL CENTER, & METHODIST REHABILITATION HOSPITAL In addition to analyzing quantitative data, 18 key informant interviews were conducted in June 2016 These were conducted to collect information from persons representing the broad interests of the community served Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs The interviews conducted by Truven Health were intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included A list of the persons interviewed and the organizations they represent are below Jessie Estes, mobile pantry manager, North Texas Food Bank, Dr Michael Marshall, chief medical officer, MedHealth, Ashley Brudnage, senior vice president of community impact, United Way of Metro Dallas, Lynda Ender, age director, The Senior Source, Susan Williams, associate state director, AARP, Bill Keffler, advisory board member, Methodist Richardson Medical Center, Ruby Blum, health policy advisor for Judge Clay Jenkins, Dallas County Commissioner's Office, Elba Garcia, Dallas county commissioner, Dallas County, Orlando Riddick, superintendent of schools, Cedar Hill Independent School District, Chris Culak, vice president of development and community engagement, The Visiting Nurse Association of Texas (VNA), Joe Snayd, advisory board chairman, Methodist Richardson Medical Center and board member, Methodist Health System, Joe Johnson, executive director, Best Southwest Partnership, Aisling Mcguckin, director of maternal and child health, March of Dimes, Jennifer Friesen, vice president of therapeutic and autism services, Easter Seals of North Texas, Dr Andrew Stocker, senior minister, First United Methodist Church of Dallas, Dr John Carlo, CEO, AIDS Arms, Zachary Thompson, director, Dallas County Health and Human Services, and Greg Davidson, assistant vice president of academic clinical programs, Golden Cross Clinic |

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

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

| Form and Line Reference | Explanation |
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| Schedule H, Part V, Section B, Line 6a Facility B, 1 | Facility B, 1 - All Facilities in Reporting Group B METHODIST DALLAS MEDICAL CENTER, METHODIST CHARLTON MEDICAL CENTER, and METHODIST REHABILITATION HOSPITAL are acute care hospitals serving Dallas county The aforementioned hospitals conduct a single CHNA |

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

| Form and Line Reference | Explanation |
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| <p>Schedule H, Part V, Section B, Line 11 Facility B, 1</p> | <p>Facility B, 1 - Methodist Dallas Medical Center Community Health Need Access to care Methodist Dallas Medical Center strategies and related activities Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities (such as Golden Cross MedAssist program and Los Barrios OB patients), recruitment of primary care providers where appropriate, continued training of primary care and specialty care physicians through the residency program, providing providers and other support to local charity clinics (such as Brother Bill Helping Hand and Agape Clinic), adding access points throughout the service area (such as Family Health Centers, imaging and urgent care locations), providing low-cost screenings and back to school physicals, offering streamlined care for patients through various navigator programs and virtual visits, and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider Community Health Need Diabetes Methodist Dallas Medical Center strategies and related activities Improve awareness and treatment of diabetes by providing ongoing educational classes and support groups with a focus on diabetes, continuing existing entity-based chronic disease programs such as the 1115 waiver projects, continuing to collaborate with community agencies such as the American Diabetes Association and the Texas Agriculture Extension Office to increase access to services and improve awareness of risk factors and treatment Community Health Need Heart disease Methodist Dallas Medical Center strategies and related activities Improve awareness and treatment of heart disease by continuing to provide education and treatment through existing and added area Methodist Family Health Centers, providing ongoing community education and support services, and collaborating with community agencies to improve awareness of risk factors and treatment Community Health Need Awareness and collaboration of community resources Methodist Dallas Medical Center strategies and related activities Improve awareness and collaboration of community resources through various navigator programs such as the ACO nurse navigator program and the ED patient navigation 1115 waiver project, and MHS mobile mammography program, collaborating with local municipalities and coalitions to expand outreach and awareness of community resources such as charitable contribution to community agencies Community Health Need Prevention Methodist Dallas Medical Center strategies and related activities Improve prevention efforts by providing health screenings and annual community education to area residents such as MHS' mobile mammography program, senior access generations programming, Congregational Health Ministry efforts and the Folsom Wellness Center, and supporting community prevention efforts through the Nurse Clinical Advancement Program In order to identify and prioritize the significant need</p> |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility B, 1 | s of the community, Methodist utilized a comprehensive method of taking into account all a vailable and relevant data, including community input Two community focus groups early in the data collection process and key informant interviews as key health issues began to em erge provided context for and understanding of secondary quantitative data This allowed t he Public Health Improvement (PHI) Workgroup to identify and prioritize the top health iss ues that face Dallas County residents The most frequent responses to the "Five Most Impor tant Dallas County Health Needs that should be addressed over the next Three to Five Years " were used in order to identify the community's significant health needs Based off this process, the following Community Health Needs were not considered to be significant and we re thus not addressed in the most recent CHNA Pediatric Hospitalizations, Disabilities, A ir Quality / Pollution, Homelessness / Poverty, Education, Violent Crime, Substance Abuse, sexually transmitted infection, and Mortality |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility B, 2 | <p>Facility B, 2 - Methodist Charlton Medical Center Community Health Need Access to care Methodist Charlton Medical Center strategies and related activities Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities, recruitment of primary care providers where appropriate, continued training of primary care and specialty care physicians through the residency program, providing providers and other support to local charity clinics, adding access points throughout the service area (such as Family Health Centers, imaging and urgent care locations), providing low-cost screenings and sports physicals, offering streamlined care for patients through various navigator programs and virtual visits, and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider</p> <p>Community Health Need Diabetes Methodist Charlton Medical Center strategies and related activities Improve awareness and treatment of diabetes by providing ongoing educational classes and support groups with a focus on diabetes, continuing existing entity-based chronic disease programs such as the 1115 waiver projects, continuing to collaborate with community agencies such as the American Diabetes Association and the Texas Agri-life Extension Office to increase access to services and improve awareness of risk factors and treatment</p> <p>Community Health Need Heart disease Methodist Charlton Medical Center strategies and related activities Improve awareness and treatment of heart disease by continuing to provide education and treatment through area Methodist Family Health Centers, providing ongoing community education and support services, and collaborating with community agencies to improve awareness of risk factors and treatment</p> <p>Community Health Need Awareness and collaboration of community resources Methodist Charlton Medical Center strategies and related activities Improve awareness and collaboration of community resources through various navigator programs such as the ACO nurse navigator program and the ED Patient Navigation 1115 Waiver project and MHS' mobile mammography program, collaborating with local municipalities and coalitions to expand outreach and awareness of community resources such as charitable contribution to community agencies</p> <p>Community Health Need Prevention Methodist Charlton Medical Center strategies and related activities Improve prevention efforts by providing health screenings and annual community education to area residents such as MHS' mobile mammography program, senior access generations programming, congregational health ministry efforts and the FitZone Wellness Center, and supporting community prevention efforts through the nurse clinical advancement program</p> <p>In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community</p> |

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

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility B, 2 | y input Two community focus groups early in the data collection process and key informant interviews as key health issues began to emerge provided context for and understanding of secondary quantitative data This allowed the Public Health Improvement (PHI) Workgroup to identify and prioritize the top health issues that face Dallas County residents The most frequent responses to the "Five Most Important Dallas County Health Needs that should be addressed over the next Three to Five Years" were used in order to identify the community's significant health needs Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA Pediatric Hospitalizations, Disabilities, Air Quality / Pollution, Homelessness / Poverty , Education, Violent Crime, Substance Abuse, sexually transmitted infection, and Mortality |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility B, 3 | <p>Facility B, 3 - Methodist Rehabilitation Hospital Community Health Need Access to care Methodist Rehabilitation Hospital strategies and related activities Support increased access to care by continuing to provide education to MHS Family Health Centers to assist with access to rehab services and providing education to ACO members through its nurse navigator program, helping them to get the appropriate level of care for their needs Community Health Need Diabetes Methodist Rehabilitation Hospital strategies and related activities Support improved awareness and treatment of diabetes by providing acute inpatient rehabilitation services, resource management and utilization for diabetic patients Community Health Need Heart disease Methodist Rehabilitation Hospital strategies and related activities Support improved awareness and treatment of heart disease by providing ongoing community education and increased awareness regarding monthly Stroke Support Group at Methodist Rehabilitation Hospital Community Health Need Awareness and collaboration of community resources Methodist Rehabilitation Hospital strategies and related activities Improve awareness and collaboration of community resources by providing annual education to nurse navigators in the ACO nurse navigator program regarding benefits of IP and OP rehab services, promoting increased awareness of the Stroke Support Group and related Senior Access programming, and providing charitable contributions for collaboration and awareness of community resources Community Health Need Prevention Methodist Rehabilitation Hospital strategies and related activities Improve prevention efforts by providing community education and awareness to area residents through the Stroke Support Group In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input Two community focus groups early in the data collection process and key informant interviews as key health issues began to emerge provided context for and understanding of secondary quantitative data This allowed the Public Health Improvement (PHI) Workgroup to identify and prioritize the top health issues that face Dallas County residents The most frequent responses to the "Five Most Important Dallas County Health Needs that should be addressed over the next Three to Five Years" were used in order to identify the community's significant health needs Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA Pediatric Hospitalizations, Disabilities, Air Quality / Pollution, Homelessness / Poverty, Education, Violent Crime, Substance Abuse, sexually transmitted infection, and Mortality</p> |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 13 Facility B, 1 | Facility B, 1 - METHODIST DALLAS MEDICAL CENTER, METHODIST CHARLTON MEDICAL CENTER, & METHODIST REHABILITATION HOSPITAL MHS will take into account the income level, family size, and amount of hospital charges in order to determine eligibility for the levels of financial assistance. In certain extraordinary cases where these factors may not accurately reflect the patient's ability to pay, MHS may take into account the earning status and potential of the patient and family, and frequency of their hospital and medical bills. |

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

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

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 20 Facility B, 1 | Facility B, 1 - All Facilities AT THE CURRENT TIME MHS DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS (ECAS), THEREFORE BOX E IS SELECTED TO INDICATE THAT NO EFFORTS WERE MADE BY THE HOSPITAL FACILITIES OR OTHER AUTHORIZED PARTY BEFORE INITIATING AN ECA |

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

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 3E | The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 5 Facility C, 1 | Facility C, 1 - Methodist McKinney Hospital In addition to analyzing quantitative data, 14 key informant interviews were conducted in June 2016 These were conducted to collect information from persons representing the broad interests of the community served Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs The interviews conducted by Truven Health are intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included A list of the persons interviewed and the organizations they represent are below Jessie Estes, mobile pantry manager, North Texas Food Bank, Ashley Brudnage, senior vice president of community impact, United Way of Metro Dallas, Bill Keffler, advisory board member, Methodist Richardson Medical Center, Chris Culak, vice president of development and community engagement, The Visiting Nurse Association of Texas (VNA), Joe Snayd, advisory board chairman, Methodist Richardson Medical Center and board member, Methodist Health System, Jennifer Friesen, vice president of therapeutic and autism services, Easter Seals of North Texas, Melanie Obrien, director of community outreach, Hope's Door, Cherish Holm, transitional living program case manager, City House, Susan Etheridge, executive director, Court Appointed Special Advocate of Collin County (CASA), Liliana Rogers, director of development and resources, Boys and Girls Clubs of Collin County, Brian Binggeli, Plano Independent School District, Carol Bodwell, executive director and board chairman, Collin county community food pantry, Jennifer Blalock, vice president of workforce and economic development, Collin College, and Candy Blair, public health director, Collin County Healthcare services |

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

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

| Form and Line Reference | Explanation |
|---|---|
| <p>Schedule H, Part V, Section B, Line 11 Facility C, 1</p> | <p>Facility C, 1 - Methodist McKinney Hospital COMMUNITY HEALTH NEED ACCESS TO CARE METHODIST MCKINNEY HOSPITAL STRATEGIES AND RELATED ACTIVITIES INCREASE ACCESS TO CARE BY RECRUITING ADDITIONAL PRIMARY CARE PHYSICIANS TO THE MARKET WHERE APPROPRIATE, PROVIDING LOW-COST SCREENING MAMMOGRAMS TO AREA RESIDENTS THROUGH THE MHS' MOBILE MAMMOGRAPHY PROGRAM, LOCATING ADDITIONAL ACCESS POINTS THROUGHOUT THE SERVICE AREA SUCH AS URGENT CARE, IMAGING AND FAMILY HEALTH CENTERS WITHIN NEW INTEGRATED HEALTH CENTERS, PROVIDING FINANCIAL ASSISTANCE TO COMMUNITY HEALTH CLINIC, PROVIDING FREE SPORTS PHYSICALS AT MCKINNEY HIGH SCHOOL, RECRUITING AND PLACING METHODIST MCKINNEY HOSPITAL SPECIALTY PHYSICIANS CLINIC IN PROSPER COMMUNITY HEALTH NEED AWARENESS AND COLLABORATION OF COMMUNITY RESOURCES METHODIST MCKINNEY HOSPITAL STRATEGIES AND RELATED ACTIVITIES IMPROVE AWARENESS AND COLLABORATION OF COMMUNITY RESOURCES BY CONTINUING TO COLLABORATE WITH LOCAL MUNICIPALITIES AND COALITIONS TO EXPAND OUTREACH AND AWARENESS OF COMMUNITY RESOURCES COMMUNITY HEALTH NEED PREVENTION METHODIST MCKINNEY HOSPITAL STRATEGIES AND RELATED ACTIVITIES IMPROVE PREVENTION EFFORTS BY PROVIDING SCREENING MAMMOGRAMS AND FLU SHOTS TO AREA RESIDENTS In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input All health needs identified were placed into a matrix with four quadrants by participants of the Methodist Health System's CHNA work group Participants all agreed that the health needs indicated in the quadrants labeled "high data, high qualitative" and "low data, high qualitative" should be considered the community's significant health needs The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled "high data, low qualitative" as significant health needs Based off this process, the following Community Health Needs were not considered to be significant and were thus not addressed in the most recent CHNA Cancer, Pediatric Hospitalizations, Disabilities, Nutrition, Chronic Disease, Homelessness / Poverty, and Mental Health</p> |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 13 Facility C, 1 | Facility C, 1 - METHODIST MCKINNEY HOSPITAL MHS will take into account the income level, family size, and amount of hospital charges in order to determine eligibility for the levels of financial assistance In certain extraordinary cases where these factors may not accurately reflect the patient's ability to pay, MHS may take into account the earning status and potential of the patient and family, and frequency of their hospital and medical bills |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 20 Facility C, 1 | Facility C, 1 - METHODIST MCKINNEY HOSPITAL AT THE CURRENT TIME MHS DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS (ECAS), THEREFORE BOX E IS SELECTED TO INDICATE THAT NO EFFORTS WERE MADE BY THE HOSPITAL FACILITIES OR OTHER AUTHORIZED PARTY BEFORE INITIATING AN ECA |

**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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Methodist Hospitals of Dallas

Employer identification number
75-0800661

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 31

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 5

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

Part III can be duplicated if additional space is needed

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

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

| Return Reference | Explanation |
|--|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | THE primary GRANTS TO Dallas Safety Net Support Corp, Tarrant Safety Net Support Corp, and Tarrant County Indigent Care Corp ARE MONITORED BY THE CFO AND the executive STAFF AT MHS THE CFO OF MHS IS ON THE BOARD OF EACH ORGANIZATION THE REMAINING GRANTS ARE MONITORED BY EITHER THE LEADERSHIP IN THE FINANCE DEPARTMENT OR LEADERSHIP OF THE HOSPITAL ADMINISTRATIVE AREA THAT WORKS WITH THE ORGANIZATION |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 75-0800661
Name: Methodist Hospitals of Dallas

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Cancer Society 250 Williams Street NW Atlanta, GA 30303 | 13-1788491 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |
| Armstrong Bradfield Preschool Association 25 Highland Park Village Dallas, TX 75205 | 01-0722685 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bishop Dunne Catholic School 3900 Rugged Dr Dallas, TX 75224 | 75-2883025 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |
| Boys & Girls Clubs of Greater Dallas Inc 4816 Worth Street Dallas, TX 75246 | 75-1152657 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cedar Hill Chamber of Commerce 300 Houston St Cedar Hill, TX 75104 | 75-1717029 | 501(c)(6) | 13,010 | 0 | N/A | N/A | Community Outreach |
| Cedar Hill ISD Education Foundation Inc 285 Uptown Blvd Cedar Hill, TX 75104 | 35-2177401 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| City of Richardson (Eisemann Center) 2351 Performance Drive Richardson, TX 75082 | 75-6000648 | City of Richardson | 9,000 | 0 | N/A | N/A | Community Outreach |
| City of Richardson (Wildflower) 411 W Arapaho Richardson, TX 75080 | 75-6000648 | City of Richardson | 50,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Dallas Area Habitat for Humanity 2800 N Hampton Rd Dallas, TX 75212 | 75-2097161 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |
| Dallas Childrens Advocacy Center 5351 Samuell Boulevard Dallas, TX 75228 | 75-2303404 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Dallas Safety Net Support Corp 1441 N Beckley Ave Dallas, TX 75203 | 82-3131059 | 501(c)(3) | 29,782,226 | 0 | N/A | N/A | Indigent Care |
| DALLAS SYMPHONY ASSOCIATION INC Morton H Meyerson Symphony Center Dallas, TX 75201 | 75-0705442 | 501(c)(3) | 9,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DeSoto ISD Education Foundation Inc 200 E Belt Line Rd DeSoto, TX 75115 | 75-2880427 | 501(c)(3) | 12,500 | 0 | N/A | N/A | Community Outreach |
| Duncanville Chamber of Commerce 300 E Wheatland Rd Duncanville, TX 75116 | 75-1097267 | 501(c)(6) | 7,075 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Duncanville ISD Education Foundation Inc 204 N Main St Duncanville, TX 75116 | 75-2678418 | 501(c)(3) | 19,500 | 0 | N/A | N/A | Community Outreach |
| Kessler School Inc 1215 Turner Ave Dallas, TX 75208 | 75-2841524 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KwanzaaFest 510 E 5th St Dallas, TX 75203 | 75-2851704 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |
| Mansfield ISD Education Foundation 609 E Broad Mansfield, TX 76063 | 75-2765533 | 501(c)(3) | 20,000 | 0 | N/A | N/A | 2017 and 2018 MISD Education Foundation Drive |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Mental Health Connection of Tarrant County 3131 Sanguinet Fort Worth, TX 76107 | 75-2659610 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Network of Care Website |
| Metroplex Economic Development Corporation dba MegaFest 650 S Griffin St Dallas, TX 75202 | 75-2768840 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Oak Cliff Chamber of Commerce 1001 N Bishop Avenue Dallas, TX 75208 | 75-0468625 | 501(c)(6) | 22,850 | 0 | N/A | N/A | Community Outreach |
| Plano ISD Education Foundation 2700 W 15th Street Plano, TX 75075 | 75-2481906 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PTA Texas Congress 3817 Bucknell Drive Garland, TX 75042 | 75-6062411 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |
| Richardson East Rotary Foundation PO Box 831765 Richardson, TX 75083 | 46-0502289 | 501(c)(3) | 15,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Richardson Woman's Club 2005 N Cliffe Drive Richardson, TX 75082 | 75-6043819 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |
| RISD Excellence in Education Foundation 400 S Greenville Richardson, TX 75081 | 75-1945087 | 501(c)(3) | 8,750 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Rosemont Early Childhood PTA PO Box 4435 Dallas, TX 75208 | 75-6062108 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |
| Southwest Transplant Alliance 5489 Blair Road Dallas, TX 75231 | 75-1469319 | 501(c)(3) | 10,000 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Tarrant County Indigent Care Corp 612 E Lamar Blvd Arlington, TX 76011 | 26-0610562 | 501(c)(3) | 220,500 | 0 | N/A | N/A | Indigent Care |
| Tarrant Safety Net Support Corp 612 E Lamar Blvd Arlington, TX 76011 | 82-3171862 | 501(c)(3) | 4,673,552 | 0 | N/A | N/A | Indigent Care |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Texas Garden Clubs Inc 1003 Cedar Hill Ave Dallas, TX 75208 | 75-1057918 | 501(c)(3) | 6,000 | 0 | N/A | N/A | Community Outreach |
| TRINITY RIVER COMMISSION FOUNDATION INC 12900 PRESTON ROAD Dallas, TX 75230 | 75-2955573 | 501(c)(3) | 5,500 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| University Park School Parent-Teacher Association 3505 Amherst Ave Dallas, TX 75225 | 75-0855637 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |
| Warren Center Inc 320 Custer Rd Richardson, TX 75080 | 75-1282040 | 501(c)(3) | 12,500 | 0 | N/A | N/A | Community Outreach |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Wylie ISD Education Foundation 951 South Ballard Ave Wylie, TX 75098 | 14-1859786 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |
| YMCA of Metropolitan Dallas 1621 W Walnut Hill Ln Irving, TX 75038 | 75-0800696 | 501(c)(3) | 5,000 | 0 | N/A | N/A | Community Outreach |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Hospitals of Dallas

Employer identification number
75-0800661

Part I Questions Regarding Compensation

| | | Yes | No | | |
|---|--|--|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | | No | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | No | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | Yes | | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | |
| <p>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.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|--|--|
| Schedule J, Part II, Column (B)(ii) Bonus & Incentive Compensation | Dr. Stephen Mansfield, CEO, received a retention bonus of \$1,949,376 in 2017. This bonus was included in his taxable wages for 2017 and is reported on Schedule J, Part II in column (B)(ii). |
| Schedule J, Part I, Line 1a Discretionary spending account | Dr. Stephen Mansfield, CEO, is provided with an amount to utilize for various incidental business expenses, as deemed necessary by the CEO. The CEO is not accountable to the organization under an accountable plan and the amount is considered taxable compensation. |
| Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses | The independent board's compensation committee reviews and approves the discretionary spending amount provided to the CEO. The committee contemporaneously substantiated the deliberation and decision. |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | To aid in retaining key employees, a 457(f) retirement allowance plan is available to officers, senior vice presidents, executive vice presidents and division presidents. Each year the plan provides credits, expressed as dollar amounts, determined by a percentage of each participant's base salary. The percentage for each participant is defined in the plan. The deferred allowance is deposited in a mutual fund account for each participant and invested in funds selected by the participant from a menu of available options. Vested benefits, with investments gains or losses, are paid to participants as regular taxable income. The plan defines provisions for distribution of benefits in the event of the participant's death or separation of employment prior to the elected vesting date. The amounts below, deferred and paid, respectively, are included in the amounts reported on schedule j, part ii, columns b(iii), (c), or (f): CRAIG BJERKE \$16,535 / \$0; CHERYL FLYNN \$28,370 / \$34,979; EDWIN HUTCHENRIDER JR. \$53,478 / \$48,458; LAURA IRVINE \$0 / \$72,856; MARTIN KOONSMAN JR. \$64,691 / \$0; FRANCES LAUKAITIS \$50,441 / \$0; JAN LEA \$0 / \$19,890; STEPHEN MANSFIELD, PHD \$0 / \$548,836; PAMELA MCNUTT \$47,777 / \$42,131; JOHN PHILLIPS \$50,980 / \$46,056; LESLIE PIERCE \$19,687 / \$0; MICHAEL PRICE \$52,417 / \$50,530; KARLA RAMBERGER \$13,571 / \$0; MICHAEL SCHAEFER \$0 / \$90,642; PAMELA STOYANOFF \$102,298 / \$89,638; GEORGE WILLIAMS \$33,909 / \$0. |
| Schedule J, Part I, Line 7 Non-fixed payments | In order to recruit and retain key talent, MHS offers short and long term incentive plans for certain employees listed in Part VII, Section A, Line 1a. For fiscal year 2018 the incentive plans were targeted in the areas of financial performance, clinical quality, and employee and patient satisfaction. |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 75-0800661
Name: Methodist Hospitals of Dallas

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Stephen L Mansfield PHD President / CEO | (i) | 1,214,582 | 2,709,916 | 618,247 | 16,200 | 34,121 | 4,593,067 | 274,630 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Craig Bjerke Interim CFO Starting July 2018 | (i) | 264,939 | 49,331 | 4,386 | 25,341 | 29,322 | 373,320 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Robert M Milone Assisant Treasurer | (i) | 174,509 | 20,960 | 5,304 | 13,599 | 43,168 | 257,540 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Michael O Price Assistant Secretary | (i) | 446,422 | 159,301 | 120,943 | 71,992 | 60,877 | 859,536 | 50,530 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Michael J Schaefer Treasurer & CFO Through June 2018 | (i) | 641,334 | 300,491 | 182,923 | 19,575 | 32,772 | 1,177,096 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Laura Irvine FORMER EVP SYSTEM ALIGNMENT & INTEGRATION | (i) | 331,473 | 0 | 75,864 | 19,575 | 28,807 | 455,719 | 72,856 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 E Kenneth Hutchenrider JR PRESIDENT - MRMC | (i) | 373,527 | 130,741 | 57,787 | 66,303 | 39,443 | 667,801 | 48,458 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Martin L Koonsman MD PRESIDENT - MDMC | (i) | 454,193 | 117,329 | 13,942 | 74,141 | 43,057 | 702,662 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Frances Laukaitis PRESIDENT - MCMC | (i) | 342,516 | 115,138 | 28,499 | 63,266 | 38,446 | 587,865 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 John Phillips PRESIDENT - MMMC | (i) | 353,381 | 125,502 | 55,408 | 63,805 | 33,308 | 631,403 | 46,056 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Leslie Pierce SR VP REVENUE CYCLE | (i) | 249,786 | 51,697 | 17,629 | 29,137 | 38,866 | 387,114 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Karla Ramberger SR VP/CHIEF NURSING EXECUTIVE | (i) | 252,558 | 50,916 | 29,759 | 32,625 | 25,287 | 391,144 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Pamela Stoyanoff EVP / COO | (i) | 713,160 | 436,161 | 113,221 | 115,123 | 70,825 | 1,448,490 | 89,638 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Cheryl Flynn SR VICE PRESIDENT - CHRO | (i) | 365,393 | 115,792 | 52,684 | 37,820 | 49,302 | 620,990 | 34,979 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 Brian Kenjarski SVP DATA GOVERNANCE & CMIO | (i) | 405,410 | 64,262 | 3,581 | 9,450 | 14,559 | 497,263 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Jan Lea SR VICE PRESIDENT SUPPLY CHAIN | (i) | 249,820 | 59,332 | 83,856 | 19,482 | 43,913 | 456,403 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 Pamela McNutt SENIOR VICE PRESIDENT & CIO | (i) | 437,066 | 157,757 | 119,699 | 67,352 | 53,974 | 835,849 | 42,131 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 George Williams MD PRESIDENT MEDHEALTH/SVP | (i) | 440,665 | 102,719 | 7,677 | 41,176 | 41,378 | 633,614 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Hospitals of Dallas

Employer identification number

75-0800661

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A TARRANT COUNTY CULTURAL EDU FAC FINANCE CORP HOSPITAL SERIES 2008 | 04-3833551 | 87638QBF5 | 09-04-2008 | 200,000,000 | Refunding Issue to CONSTRUCTION OF MANSFIELD HOSPITAL FACILITY AND OTHER CAPITAL IMPROVEMENTS | | X | X | | | X |
| B TARRANT COUNTY CULTURAL EDU FAC FINANCE CORP HOSPITAL SERIES 2013 | 04-3833551 | 87638QJA8 | 07-25-2013 | 199,996,833 | CONSTRUCT ADDITIONAL FACILITIES AT 3 CAMPUSES AND EQUIPMENT | | X | X | | | X |

Part II Proceeds

| | A | B | C | D |
|--|-------------|-------------|-----|----|
| 1 Amount of bonds retired | 32,400,000 | 26,626,833 | | |
| 2 Amount of bonds legally defeased | | | | |
| 3 Total proceeds of issue | 200,000,000 | 199,996,833 | | |
| 4 Gross proceeds in reserve funds | | | | |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 250,000 | 835,033 | | |
| 8 Credit enhancement from proceeds | 2,963,942 | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 196,786,058 | 199,161,800 | | |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2009 | 2015 | | |
| | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | X | | X | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | X | |
| 16 Has the final allocation of proceeds been made? | X | | X | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | X | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|--------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 2 95 % | | 0 % | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | | | | |
| 6 Total of lines 4 and 5 | 2 95 % | | 0 % | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|----------------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | X | | X | | | | | |
| c No rebate due? | | X | | X | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | X | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | X | | | | |
| b Name of provider | GS BOFA ML DBG | | | | | | | |
| c Term of hedge | 3320 % | | | | | | | |
| d Was the hedge superintegrated? | | X | | | | | | |
| e Was the hedge terminated? | | X | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--------------------------------|---|
| Schedule K, Part I Bond Issues | (A) ISSUER NAME TARRANT COUNTY CULTURAL EDU FAC FINANCE CORP HOSPITAL SERIES 2008 (F) DESCRIPTION OF PURPOSE CONSTRUCTION OF MANSFIELD HOSPITAL FACILITY AND OTHER CAPITAL IMPROVEMENTS (A) ISSUER NAME TARRANT COUNTY CULTURAL EDU FAC FINANCE CORP HOSPITAL SERIES 2013 (F) DESCRIPTION OF PURPOSE Refunding Issue to CONSTRUCT ADDITIONAL FACILITIES AT 3 CAMPUSES AND EQUIPMENT |

| Return Reference | Explanation |
|-------------------------|--|
| Schedule K, Part V | Although no formal policies have been adopted, the organization has consulted with bond counsel and draft policies are currently in review |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Hospitals of Dallas

Employer identification number
75-0800661

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 |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | (1) STEPHEN MANSFIELD | CEO | | | SPLIT-DOLLAR LIFE INSURANCE | | X | 0 | 365,711 | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 365,711 | | | | | |

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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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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) Meredith Grace Mansfield | Daughter of MHS President/CEO, Stephen Mansfield | 36,344 | Employment | | No |
| (2) Laura Adams | Daughter-in-law of MCMC President, FRANCES LAUKAITIS | 33,529 | Employment | | No |
| (3) Amanda Laukaitis | Daughter-in-law of MCMC President, Frances Laukaitis | 62,724 | Employment | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|---------------------|--|
| Schedule L, Part II | LOANED AMOUNT IS FOR PAYMENT OF PREMIUMS IN ACCORDANCE WITH SPLIT-DOLLAR LIFE INSURANCE AGREEMENTS BETWEEN Dr STEPHEN MANSFIELD AND MHS AS APPROVED BY THE COMPENSATION COMMITTEE, a committee of the governing body |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Hospitals of Dallas

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

75-0800661

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>Form 990, Part III, Line 4a Description Continued</p> | <p>MDMC is located near downtown Dallas between a stable residential area on one side, and an economically-challenged area on the other. MDMC serves as a teaching and referral center for MHS, and trains nearly 85 residents annually in internal medicine, family practice, general surgery, obstetrics and gynecology. In late 2007, a Physician Office Building (POB) was built to increase capacity of high grade office space. The POB and MDMC Golden Cross Academic and Indigent Care Clinic help attract physicians and patients, and have acted as a catalyst for further development and renovation of the area adjacent to the campus. In 2015, MDMC created the Methodist Digestive Institute, which handles illnesses such as pancreatic cancer, pancreatitis, indigestion and acid reflux. MDMC operates a high risk pregnancy program and NICU. In addition to the many perinatal and neonatal services, MDMC also staffs a neonatal transport team that transports ill neonates from outlying hospitals in Northeast and Central Texas to MDMC. Also, in FY2015 MDMC began providing a Medication Therapy Management Clinic in its Liver Institute. Through this clinic, Hepatitis C patients are monitored by expert pharmacists who manage their medications, write insurance documents, and follow their progress on new drugs to treat and cure Hepatitis C. The clinic opened in June and by the end of the year, nearly 90 patients were cured of the illness. In FY2018, MDMC had 15,451 discharges, 84,524 inpatient days, 5,864 inpatient newborn days, 69,916 emergency room visits, 4,775 inpatient surgeries, and 4,038 outpatient surgeries. MDMC is a general acute care and teaching hospital that serves the communities of southern Dallas County. It houses a Family Practice residency program with dual accreditation to train both allopathic and osteopathic physicians. The campus added a 72 bed patient tower in 2012. The bed tower created more modern patient rooms, more efficient workspaces for nursing staff, a telemetry floor for heart monitoring, a seven-room surgical suite with one operating room specially designed for heart surgery, and an orthopedic unit with a rehabilitation room. MDMC's OB hospitalist program launched in December 2015 with in-house specialists providing care to about a dozen patients each day, including some whose private doctors are temporarily unavailable. The OB hospitalist program ensures that a board-certified OB-GYN physician is available at the hospital at all hours, exclusively dedicated to caring for hospitalized patients. For women in labor or with other obstetrics or gynecologic concerns, it's an additional layer of care that patients coming to Methodist Charlton can rely on. In FY2018 MDMC had 14,031 discharges, 65,317 inpatient days, 4,583 newborn inpatient days, 85,330 emergency room visits, 1,980 inpatient surgeries, and 2,087 outpatient surgeries. The 254 bed MDMC opened in 2006 and offers high-quality care to the growing areas of Mansfield and the surrounding community.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>Form 990, Part III, Line 4a Description Continued</p> | <p>es In 2010 MMMC celebrated its expanded ER, ICU, and telemetry floor The \$37 million expansion doubled the size of the ER with 35 treatment rooms, added eight ICU treatment rooms and 36 telemetry patient rooms A \$9 million expansion of the Women's Pavilion was completed in 2012 This 9,413 square-foot addition enhanced Labor and Delivery services at MMMC to a total of 13 LDR suites that accommodates up to 3,800 deliveries each year Also added was an expanded antepartum area, expanded nurse/physician work areas, and expanded C-section recovery and support Based on growth in surgical procedures, construction was initiated in September 2013 on two operating rooms that came on-line in March 2014 Due to continued growth in the demand for inpatient beds, MMMC completed a new \$118 million expansion in 2015 adding 118 Medical-Surgical Beds, 12 ICU rooms, and eight Intermediate Care rooms In FY2018 MMMC had 11,577 discharges, 52,049 inpatient days, 3,797 newborn inpatient days, 52,809 emergency room visits, 2,131 inpatient surgeries, and 2,452 outpatient surgeries MRMC serves the residents of Richardson, Plano, North Dallas, Collin County and surrounding communities In October 2011, MHS acquired the assets of the Richardson Hospital Authority (RHA) and continued to operate the hospital facility as part of the Methodist Health System The hospital operations of the hospital are now within the Methodist Health System and included as part of this return MRMC has two campuses Campbell Road and Bush/Renner Up until April 2014, the Campbell Road Campus operated as a 200-bed acute care facility with independently practicing physicians offering more than 35 different specialties along with a full service emergency room The Bush/Renner campus, in East Richardson, included an outpatient hospital and full service emergency room with 4 observation beds In April 2014, Methodist opened an acute-care 134 licensed bed inpatient facility at the Bush/Renner campus bringing the total number of licensed beds for MRMC to 334 Since opening, the Bush/Renner facility has expanded with an additional 52 beds bringing the total of licensed beds for Bush/Renner to 186 and for both campuses to a total of 386 Among the enhancements of the new facility are the doubled size of the intensive care unit and the neonatal intensive care unit, and the ability to open a second cardiac catheterization lab The Bush/Renner campus is also home to Methodist Richardson Cancer Center, where some of the latest advancements in medical, surgical and radiation oncology are provided in one convenient location The Bush/Renner campus also includes a five-story, 100,000 square foot physician pavilion with more than 30 physicians in a full range of specialties The Campbell Road Campus has been renamed the Methodist Richardson Medical Center Campus for Continuing Care In addition to a full service emergency department and other outpatient services, such as physical medicine and a sleep lab,</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>Form 990, Part III, Line 4a Description Continued</p> | <p>this campus continues to be the site of MRMC's behavioral health program. This program includes a 64-bed inpatient unit and intensive outpatient programs. MRMC expanded the unit in 2015 to offer an additional 22 inpatient beds for geriatric behavioral health patients. In FY2017, years ahead of schedule, and due to increased volume for specialized and acute care services, Methodist Richardson Medical Center began construction on two additional patient floors with 150 all-private patient rooms as well as a surgical operating room and a 500-space parking garage. The parking garage was completed ahead of schedule in the fall of 2018. The vertical expansion is slated to be completed at the end of 2019. In FY2018, MRMC had 12,997 discharges, 63,589 inpatient days, 3,097 newborn inpatient days, 51,095 emergency room visits, 2,401 inpatient surgeries, and 2,821 outpatient surgeries. MHS is a teaching healthcare system with physician residency programs in several specialties and training across a broad array of allied health professions. MDMC and MCMC operate active outpatient teaching clinics staffed by its residents and supervised by attending physicians. The teaching clinics are a valuable asset in meeting the primary care needs of the community, as well as training new physicians. MHS conducts screenings for cancer of the breast, cervix and skin through the Mobile mammography Unit which offers convenient screenings and mammograms. Methodist Rehabilitation Hospital opened with 40 beds in 2008. It is next door to the MCMC campus and is jointly owned with Centerre Health. It allows MHS to be able to provide a larger array of rehabilitative care. A partnership between MHS and area physicians opened the Methodist McKinney Hospital in 2010, which now has 21 beds, and serves Collin County and the surrounding communities. Methodist Hospital for Surgery in Addison is a joint venture partnership with a group of physicians. The 32-bed facility opened in 2010, and is a center of excellence for spine and orthopedic surgery. MHS is committed to enhancing the availability of physicians servicing the community. Methodist Family Health Centers extend family health care and general medical services in 22 locations in the MHS service area.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a Description Continued (2) | <p>Significant sections of MHS' service areas have high percentages of households in poverty, low median household income, high percentages of adults with less than a high school education, high percentages of blue collar workers, low percentages of managerial and professional workers, a high rate of births to teenagers, high premature births and infant mortality, and high percentages of children. Consequently, in FY2018, MHS provided a substantial amount of charity care and government-sponsored indigent healthcare, as well as a number of other community benefits in accomplishing its exempt purpose. Whether financially or medically indigent, there is no question that the demand for healthcare for the indigent population is great and the county-supported Parkland Hospital is not caring for, and likely cannot care for, all of those who qualify. As a result, the major hospitals servicing Dallas County have collaborated in the development of the Dallas County Indigent Care Plan which is part of the UPL program approved by the state and federal governments. The DSRIP (Delivery System Reform Incentive Payment) pool provides payments to hospitals and other providers upon their achieving certain goals that are intended to improve the quality and lower the cost of care. DSRIP is part of the federally approved 1115 waiver that preserves Upper Payment Limit (UPL) funding under a new methodology, but allows for managed care expansion to additional areas of the state. The program, which MHS facilities have participated in since it began, helps fund efforts targeted toward promoting appropriate emergency room utilization, evidence based clinical and quality improvement in chronic disease management for emergency room patients with diabetes and assisting a community-based charity clinic in enhancing the quality of their services by adopting a "medical home" model of patient care. Throughout FY2018, Methodist Health System's DSRIP projects continued to impact our low income and uninsured patient populations by leveraging relationships with internal and external partners (Meals on Wheels/VNA, Metrocare Behavioral Health, Meals On Wheels, etc.) to address patients' social services and healthcare access needs. Dallas County's trauma rates typically are higher than state and national trauma rates. Historically, the County has relied almost exclusively on Parkland Memorial Hospital (Parkland), MDMC and Baylor University Medical Center (Baylor) to handle major trauma. Parkland currently operates as the County's primary trauma facility, supported by MDMC and Baylor. MDMC's commitment to provide outstanding trauma services to Dallas and surrounding counties is demonstrated by the improvements that MDMC has made within its own trauma program. MDMC is designated by the Texas Department of Health as a Level I Major Trauma Center. MDMC does a great deal to fulfill the community need for emergency services. MHS recently completed a more than \$108 million expansion to the MDMC e</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Description Continued (2) | mergency room, critical care, and surgery departments with a new six-story trauma and critical care center in 2014. The 248,000 square foot trauma and critical care center includes 58 new emergency room beds, six trauma suites, eight surgical suites, a 36-bed critical care unit and the ability to expand to 11 stories for future growth. MHS, along with two other non-profit hospitals in Dallas, jointly sponsor a regional helicopter, fixed wing, and ground ambulance service called CareFlite. MDMC maintains helipads for the helicopter service. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 16a Joint Venture Policy | THE ORGANIZATION HAS A POLICY ON PHYSICIAN JOINT VENTURES WHICH REQUIRES THE INVESTMENT TO BE REVIEWED BY MHS LEGAL AND FINANCE DIVISIONS THIS PRACTICE IS FOLLOWED FOR ALL JOINT VENTURES ALL JOINT VENTURE INVESTMENTS ARE APPROVED BY THE BOARD PRIOR TO THE INVESTMENT |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | The executive committee may exercise the powers and authority of the Board of Directors in the management of the corporation |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | The Form 990 is prepared by an outside public accounting firm. It is reviewed and approved by the audit and corporate oversight committee and is then made electronically available to the board of directors prior to filing. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | ANNUALLY, EACH DIRECTOR, OFFICER, AND TRUSTEE SHALL COMPLETE AND SUBMIT A CONFLICTS OF INTEREST DISCLOSURE FORM TO THE BOARD OF DIRECTORS, DISCLOSING ANY FINANCIAL INTERESTS AND EXTERNAL LOYALTIES DURING THE YEAR, EACH DIRECTOR, OFFICER, OR TRUSTEE SHALL DISCLOSE ANY FINANCIAL INTEREST OR EXTERNAL LOYALTY, ORALLY OR IN WRITING, WHEN HE OR SHE BECOMES AWARE THAT A RELATED CONTRACT, TRANSACTION OR OTHER RELEVANT DECISION IS UNDER CONSIDERATION OR THAT A FINANCIAL INTEREST OR EXTERNAL LOYALTY HAS NOT BEEN DISCLOSED EACH DIRECTOR, OFFICER, AND TRUSTEE SHALL SEEK AND ACCEPT RESOLUTION OF ANY CONFLICTS OF INTEREST ARISING FROM FINANCIAL INTERESTS OR EXTERNAL LOYALTIES, TO THE SATISFACTION OF THE BOARD OF DIRECTORS IN THE EVENT OF ANY FINDING THAT POTENTIAL CONFLICT OF INTEREST ISSUES ARE PRESENT, THE ISSUE(S) ARE REPORTED TO THE BOARD CHAIRMAN AND THE AUDIT & CORPORATE OVERSIGHT COMMITTEE ("AUDIT COMMITTEE") CHAIR, TOGETHER WITH A RECOMMENDED RESOLUTION FOR THE POTENTIAL CONFLICT THE BOARD CHAIR AND AUDIT COMMITTEE MAY APPROVE THE PROPOSED RESOLUTION OR EITHER MAY RECOMMEND FURTHER MEASURES EITHER THE BOARD CHAIRMAN OR THE AUDIT COMMITTEE MAY REFER AN ISSUE TO THE FULL AUDIT COMMITTEE FOR FURTHER REVIEW AND ACTION A DIRECTOR, OFFICER, OR TRUSTEE WHO HAS, OR WHOSE RELATIVE HAS, PRIVATE INTERESTS OR RELATIONSHIPS THAT MIGHT CONSTITUTE A FINANCIAL INTEREST OR AN EXTERNAL LOYALTY HAS AN AFFIRMATIVE DUTY TO (A) DISCLOSE THE FACTS ON THE FINANCIAL INTEREST OR EXTERNAL LOYALTY TO THE BOARD OF DIRECTORS, (B) REQUEST A DETERMINATION BY THE BOARD OF DIRECTORS ON WHETHER THE FACTS DISCLOSED RAISE QUESTIONS OF ACTUAL OR APPARENT POTENTIAL CONFLICTS OF INTEREST, (C) RESOLVE TO THE BOARD'S SATISFACTION ANY ISSUE RAISED BY FINANCIAL INTERESTS OR EXTERNAL LOYALTIES IN THE EVENT THE BOARD THEN OR LATER DEEMS THEM TO BE POTENTIAL CONFLICTS OF INTEREST, AND (D) NOT VOTE ON OR OTHERWISE PARTICIPATE IN MHS'S DECISIONS ON CONTRACTS, TRANSACTIONS, OR RELATIONSHIPS THAT AFFECT FINANCIAL INTERESTS OR EXTERNAL LOYALTIES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | An outside firm is engaged to conduct a compensation study, which includes comparability data, every three years. The study was most recently conducted in fiscal year 2017. The results of the most recent study are analyzed annually by the independent Board's Compensation Committee in the determination of the CEO's compensation. The committee contemporaneously substantiated the deliberation and decision. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | An outside firm is engaged to conduct a compensation study, which includes comparability data, every three years. This was most recently conducted in fiscal year 2017. The results of the most recent study are analyzed annually by the CEO who then proposes merit and bonus/incentive compensation for Officers, Executive Vice Presidents, and Senior Vice Presidents to the independent board's Compensation Committee for review and approval. The committee contemporaneously substantiated the deliberation and decision. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Required documents available to the public | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE CORPORATE OFFICES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Miscellaneous Revenue - Total Revenue 1463259, Related or Exempt Function Revenue , Unrelated Business Revenue 80248, Revenue Excluded from Tax Under Sections 512, 513, or 514 1383011, |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|------------------------------------|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Transfer to affiliates - -1734748, |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Hospitals of Dallas

Employer identification number

75-0800661

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) Methodist Community Pharmacy LLC 1441 N Beckley Ave Dallas, TX 75203 83-0538315 | Pharmacy Sales | TX | 0 | 0 | Methodist Hospitals of Dallas |
| (2) MHS-1211 Beckley Property LLC 1441 N Beckley Ave Dallas, TX 75203 82-3651763 | Property Management | TX | 275,534 | 2,419,647 | Methodist Hospitals of Dallas |
| (3) Methodist Mansfield Ambulatory Surgery Center LLC PO Box 655999 Dallas, TX 75265 26-0869371 | Ambulatory Services | TX | 0 | 0 | Methodist Hospitals of Dallas |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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) Section 512 (b)(13) controlled entity? | |
|---|-----------------------------|--|------------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) NORTH TEXAS HEALTH FACILITIES MANAGEMENT 1441 N BECKELY AVE DALLAS, TX 75203 75-1700994 | FACILITY AND PHYSICIAN MGMT | TX | METHODIST HOSPITALS OF DALLAS | C Corporation | 4,943,916 | 6,709,708 | 100 % | Yes | |
| (2) COLLECTECH FINANCIAL SERVICES INC 1441 N BECKELY AVE DALLAS, TX 75203 75-2369856 | BILLING AND COLLECTION | TX | NORTH TEXAS Health FACILITIES MGMT | C Corporation | | | | | No |
| (3) RICHARDSON PHYSICIAN ALLIANCE 1441 N BECKELY AVE DALLAS, TX 75203 75-0591925 | PHYSICIAN SERVICES | TX | METHODIST HOSPITALS OF DALLAS | C Corporation | 0 | 0 | 100 % | Yes | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|---------------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 75-0800661
Name: Methodist Hospitals of Dallas

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 1441 N BECKLEY AVE DALLAS, TX 75203 26-2126265 | MEDICAL SERVICES | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 3110 S GREAT SW PARKWAY GRAND PRAIRIE, TX 75052 75-1657155 | MEDICAL TRANSPORT | TX | 501(c)(3) | 10 | NA | | No |
| 1441 N BECKLEY AVE DALLAS, TX 75203 26-0610562 | FUNDING FOR INDIGENT CARE | TX | 501(c)(3) | Type I | NA | | No |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-1548343 | FUND RAISING TO SUPPORT EXEMPT FUNCTIONS OF MHS | TX | 501(c)(3) | 7 | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-2693707 | HEALTH CARE CONTRACTING | TX | 501(c)(6) | | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-2896138 | MEDICAL SERVICES | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 46-5265469 | MEDICAL SERVICES | TX | 501(c)(3) | 3 | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 35-2436666 | MEDICAL SERVICES | TX | 501(c)(3) | 10 | METHODIST HOSPITALS OF DALLAS | Yes | |
| 401 W Campbell Road RICHARDSON, TX 75080 75-1788520 | FUND RAISING TO SUPPORT EXEMPT FUNCTIONS OF MHS | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 01-0612870 | MEDICAL SERVICES | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 47-1054059 | MEDICAL SERVICES | TX | 501(c)(3) | 3 | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 26-4193362 | MEDICAL SERVICES | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-6034201 | FUND RAISING TO SUPPORT EXEMPT FUNCTIONS OF MHS | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-2284449 | REAL ESTATE TITLE HOLDING | TX | 501(c)(2) | | METHODIST HOSPITALS OF DALLAS | Yes | |
| 1441 N BECKLEY AVE DALLAS, TX 75203 75-2966610 | MEDICAL SERVICES | TX | 501(c)(3) | Type I | METHODIST HOSPITALS OF DALLAS | Yes | |
| 612 E LAMAR BLVD 6TH FLOOR ARLINGTON, TX 76011 26-0648532 | FUNDING FOR INDIGENT CARE | TX | 501(c)(3) | Type I | NA | | No |
| 1441 N Beckley Ave Dallas, TX 75203 82-4253307 | Transplant Administration | TX | 501(c)(3) | Type II | Methodist Hospitals of Dallas | Yes | |
| 1441 N Beckley Ave Dallas, TX 75203 82-3131059 | FUNDING FOR INDIGENT CARE | TX | 501(c)(3) | Type I | NA | | No |
| 612 E Lamar Blvd STE 900 Arlington, TX 76011 82-3171862 | FUNDING FOR INDIGENT CARE | TX | 501(c)(3) | Type I | NA | | No |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------|---|---|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| METDALSPI HOLDING LLC 11221 ROE AVE Suite 230 LEAWOOD, KS 66211 26-3207402 | Medical Services | TX | METHODIST HOSPITAL OF DALLAS | Related | 16,527,457 | 2,906,596 | | No | | Yes | | 99 % |
| METDALSPI LLC 11221 ROE AVE LEAWOOD, KS 66211 26-3195791 | HOSPITAL | TX | METDALSPI HOLDING LLC | N/A | | | | | | | | |
| METHODIST DIAGNOSTIC IMAGING OF TEXAS LLC 5775 WAYZATA BLVD Suite 400 ST LOUIS PARK, MN 55416 47-2352211 | Management Services | TX | METHODIST HOSPITAL OF DALLAS | Related | 1,077,172 | 13,323,647 | | No | | | No | 51 % |
| METHODIST MCKINNEY HOSPITAL PROPERTY LLC 11221 ROE AVE Suite 310 LEAWOOD, KS 66211 26-1943814 | REAL ESTATE | TX | METHODIST HOSPITAL OF DALLAS | Related | 1,392,771 | 16,761,266 | | No | | Yes | | 63 68 % |
| METHODIST MCKINNEY HOSPITAL LLC 11221 ROE AVE Suite 320 LEAWOOD, KS 66211 20-8847736 | Medical Services | TX | METHODIST HOSPITAL OF DALLAS | Related | 7,302,192 | 29,050,437 | | No | | Yes | | 50 5 % |
| METHODIST URGENT CARE OF TEXAS LLC 265 BROOKVIEW CENTRE WAY Suite 400 KNOXVILLE, TN 37919 35-2509140 | MANAGEMENT SERVICES | TX | METHODIST HOSPITAL OF DALLAS | Related | -2,798,697 | 825,771 | | No | | | No | 51 % |
| METSL HOLDINGS LLC 11221 ROE AVE LEAWOOD, KS 66211 81-2295479 | Holding Company | TX | NORTH TEXAS HEALTH FACILITIES MGMT | N/A | | | | | | | | |
| METSL LLC 11221 ROE AVE LEAWOOD, KS 66211 81-2332488 | Hospital | TX | METSL HOLDINGS LLC | N/A | | | | | | | | |
| MHD-USO GENERAL LLC ONE POST STREET 35TH FL ATTN TAX DEPT SAN FRANCISCO, CA 94104 20-3843579 | MEDICAL SERVICES | TX | NORTH TEXAS HEALTH FACILITIES MGMT | N/A | | | | | | | | |
| MHD-USO MANAGEMENT COMPANY LP ONE POST STREET 35TH FL SAN FRANCISCO, CA 94104 20-3844027 | MEDICAL SERVICES | TX | NORTH TEXAS HEALTH FACILITIES MGMT | N/A | | | | | | | | |
| MHS-CHC I LP 3020 W WHEATLAND RD DALLAS, TX 75237 20-5000978 | REHAB HOSPITAL | TX | MHS-CHC LLC | N/A | | | | | | | | |
| MHS-CHC LLC 680 S 4TH STREET LOUISVILLE, KY 40202 20-4921888 | HOSPITAL SERVICES | TX | METHODIST HOSPITAL OF DALLAS | Related | 51,679 | 1,932 | | No | | | No | 75 % |
| MRCU LLC 1441 N BECKLEY AVE DALLAS, TX 75203 47-4584500 | HEALTHCARE SERVICES | TX | METHODIST HOSPITAL OF DALLAS | Related | -96,993 | 0 | | No | | Yes | | 51 % |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| ASSOCIATES IN SURGICAL ACUTE CARE | R | 341,342 | FMV |
| DALLAS METHODIST HOSPITALS FOUNDATION | C | 6,682,948 | FMV |
| DALLAS METHODIST HOSPITALS FOUNDATION | Q | 1,683,504 | FMV |
| DALLAS METHODIST PHYSICIANS NETWORK | L | 378,968 | FMV |
| DALLAS METHODIST PHYSICIANS NETWORK | S | 147,409 | FMV |
| MEDHEALTH | S | 10,497,280 | FMV |
| MEDHEALTH | R | 35,927,833 | FMV |
| Methodist Richardson Medical Center Foundation | C | 195,342 | FMV |
| METHODIST TRANSPLANT PHYSICIANS | S | 791,255 | FMV |
| PHYSICIANS ASSOC OF SW DALLAS | Q | 2,523,012 | FMV |
| PHYSICIANS ASSOC OF SW DALLAS | R | 119,820 | FMV |