

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

**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 \$ 1,555,253,488

**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 ▶

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

**J** Website: ▶ WWW.METHODISTHEALTHSYSTEM.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1935

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	9,286
<b>6</b> Total number of volunteers (estimate if necessary)	1,173
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	448,608
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	221,965

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	7,464,839	11,186,014
<b>9</b> Program service revenue (Part VIII, line 2g)	1,328,904,082	1,490,202,844
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,755,951	42,063,826
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,378,301	10,702,938
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,384,503,173	1,554,155,622
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,368,443	25,829,732
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	618,966,207	654,072,274
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,089		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	644,343,002	733,132,187
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,286,677,652	1,413,034,193
<b>19</b> Revenue less expenses Subtract line 18 from line 12	97,825,521	141,121,429
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,104,892,447	2,250,321,544
<b>21</b> Total liabilities (Part X, line 26)	535,346,182	589,212,889
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,569,546,265	1,661,108,655

**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: 2020-08-14  
Type or print name and title: Craig Bjerke CFO

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: PTIN: P00520729  
Check  if self-employed  
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

**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 \$ 1,289,354,620 including grants of \$ 25,829,732 ) (Revenue \$ 1,494,562,535 )  
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 ▶ 1,289,354,620

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 474	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	9,286		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>			<b>3b</b>	Yes
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	Yes
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
Own website Another's website [checked] Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Craig Bjerke 1441 N BECKLEY AVE Dallas, TX 75203 (214) 947-4512







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	10,002,990		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,183,024		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		11,186,014		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE		622110	1,488,854,849	1,488,640,681	214,168	
<b>b</b> RESEARCH REVENUE		541700	1,347,995	1,347,995			
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue			0	0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			1,490,202,844				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			24,834,076		135,920	24,698,156	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .			59,876			59,876	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		3,273,114						
		<b>b</b> Less rental expenses						
		1,097,866						
	<b>c</b> Rental income or (loss)			2,175,248	0			
	<b>d</b> Net rental income or (loss) . . . . .			2,175,248	2,175,248			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		17,133,662	96,088					
		<b>b</b> Less cost or other basis and sales expenses						
		17,133,662	96,088					
	<b>c</b> Gain or (loss)							
	<b>d</b> Net gain or (loss) . . . . .			17,229,750			17,229,750	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> CAFETERIA & CATERING SALES	722310		5,592,721		24,926		5,567,795	
<b>b</b> Medical RECORD Income	541200		892,664	892,664				
<b>c</b> Parking Revenue	812930		476,482		73,594		402,888	
<b>d</b> All other revenue . . . . .			1,505,947	1,505,947	0		0	
<b>e Total.</b> Add lines 11a-11d . . . . .			8,467,814					
<b>12 Total revenue.</b> See Instructions . . . . .			1,554,155,622	1,494,562,535	448,608		47,958,465	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	25,829,732	25,829,732		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	10,881,254	9,150,614	1,730,640	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	176,271	147,998	28,273	
<b>7</b> Other salaries and wages.	549,415,967	500,133,454	49,028,762	253,751
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	20,790,425	17,421,470	3,368,955	
<b>9</b> Other employee benefits.	38,059,946	29,376,385	8,683,561	
<b>10</b> Payroll taxes.	34,748,411	31,767,586	2,961,487	19,338
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	1,733,839	89,462	1,644,377	
<b>c</b> Accounting.	186,868	24,000	162,868	
<b>d</b> Lobbying.	198,015		198,015	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	377,601	1,560	376,041	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	40,996,539	31,320,639	9,675,900	0
<b>12</b> Advertising and promotion.	7,076,123	4,373,402	2,702,721	
<b>13</b> Office expenses.	6,566,981	5,172,337	1,394,644	
<b>14</b> Information technology.	17,339,859	5,494,796	11,845,063	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	12,656,616	10,952,169	1,704,447	
<b>17</b> Travel.	1,434,473	1,138,076	296,397	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	432,239	78,509	353,730	
<b>20</b> Interest.	11,976,163	2,798	11,973,365	
<b>21</b> Payments to affiliates.	0	0	0	
<b>22</b> Depreciation, depletion, and amortization.	83,139,932	72,563,401	10,576,531	
<b>23</b> Insurance.	6,744,200	6,470,213	273,987	
<b>24</b> 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.)				
<b>a</b> SUPPLIES	274,940,682	274,940,682		
<b>b</b> Bad Debt	195,920,171	195,920,171		
<b>c</b> EQUIPMENT & MAINTENANCE	34,949,647	32,082,562	2,867,085	
<b>d</b> Purchased Services	36,430,966	34,871,331	1,559,635	
<b>e</b> All other expenses	31,273	31,273	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,413,034,193	1,289,354,620	123,406,484	273,089
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	405,215	<b>1</b>	352,999
	<b>2</b> Savings and temporary cash investments . . . . .	1,098,038,550	<b>2</b>	1,214,729,424
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	177,562,977	<b>4</b>	156,465,232
	<b>5</b> 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	<b>5</b>	365,711
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	38,316,087	<b>7</b>	26,943,009
	<b>8</b> Inventories for sale or use . . . . .	29,673,141	<b>8</b>	31,677,339
	<b>9</b> Prepaid expenses and deferred charges . . . . .	16,969,711	<b>9</b>	32,959,161
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,696,868,865		
	<b>b</b> Less accumulated depreciation	976,668,676		
	<b>11</b> Investments—publicly traded securities . . . . .	19,139,629	<b>11</b>	27,687,291
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	90,000	<b>12</b>	90,000
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	37,135,181	<b>13</b>	18,042,186
	<b>14</b> Intangible assets . . . . .	1,651,586	<b>14</b>	1,534,095
	<b>15</b> Other assets See Part IV, line 11 . . . . .	23,420,772	<b>15</b>	19,274,908
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,104,892,447	<b>16</b>	2,250,321,544	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	121,201,155	<b>17</b>	139,049,639
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	334,237	<b>19</b>	7,183,123
	<b>20</b> Tax-exempt bond liabilities . . . . .	349,457,847	<b>20</b>	341,969,270
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,038,137	<b>23</b>	13,569,539
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	62,314,806	<b>25</b>	87,441,318
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	535,346,182	<b>26</b>	589,212,889
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,569,546,265	<b>27</b>	1,661,108,655
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,569,546,265	<b>33</b>	1,661,108,655	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,104,892,447	<b>34</b>	2,250,321,544	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,554,155,622
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,413,034,193
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	141,121,429
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,569,546,265
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-47,200,917
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,358,122
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,661,108,655

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 75-0800661

**Name:** Methodist Hospitals of Dallas

Form 990 (2018)

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### **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 556 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 469 licensed bed hospital across two campuses. (Continued on Schedule O)

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**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			
Jim C Scoggin Jr Interim CEO	40 ..... 0	X		X				0	0	0
Stephen L Mansfield PHD President / CEO Through April 2019	40 ..... 0	X		X				2,693,080	0	51,770
Julie Yarbrough Board Chair	5 ..... 0	X		X				0	0	0
Greg Campbell Vice Chair	5 ..... 0	X		X				0	0	0
Randall Canedy Vice Chair	5 ..... 0	X		X				0	0	0
Joe B Fortson Vice Chair	5 ..... 0	X		X				0	0	0
Duncan Fulton Vice Chair	5 ..... 0	X		X				0	0	0
Ron Ricks Vice Chair	5 ..... 0	X		X				0	0	0
Allen Schneider DO Vice Chair	5 ..... 0	X		X				0	0	0
Brenda Jackson Secretary / Vice Chair	5 ..... 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			
Keith Boone BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
Gerald Bright BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
John M Collins Board of Directors	20 ..... 20	X						0	0	0
Levi Davis BOARD OF DIRECTORS	20 ..... 20	X						0	0	0
Bernie DiFiore BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
Pat Faubion BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
R Stephen Folsom BOARD OF DIRECTORS	20 ..... 50	X						0	0	0
C Robert Hasley JR D MIN BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
Ben Houston BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
David McAtee BOARD OF DIRECTORS	20 ..... 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 Through March 2019	20 ..... 0	X						0	0	0
Michael McKee 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 Through March 2019	20 ..... 0	X						0	0	0
Ruben Velez MD BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
Kelvin Walker BOARD OF DIRECTORS Through March 2019	20 ..... 0	X						0	0	0
Ken Weaver BOARD OF DIRECTORS	20 ..... 0	X						0	0	0
Robert Simonson Board of Directors	20 ..... 0	X						0	0	0
Jim Vaszauskas PHD Board of Directors Starting March 2019	20 ..... 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			
Cheryl Flynn SR VICE PRESIDENT - CHRO	40 0 ..... 0					X		573,410	0	94,411
Brian Kenjarski SVP DATA GOVERNANCE & CMIO	40 0 ..... 0					X		498,629	0	37,115
Martin L Koonsman MD Chief Medical Officer	40 0 ..... 17 0					X		652,431	0	119,923
Pamela McNutt SENIOR VICE PRESIDENT & CIO	40 0 ..... 0					X		713,934	0	126,707
George Williams MD PRESIDENT MEDHEALTH/SVP	0 0 ..... 45 0					X		638,039	0	90,420

**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.

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

**2018**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

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

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Methodist Hospitals of Dallas	<b>Employer identification number</b> 75-0800661
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**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	287,878	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	287,878	0												
<b>d</b>	Other exempt purpose expenditures	1,289,156,605	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	1,289,444,483	0												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	271,061	256,052	230,562	287,878	1,045,553
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

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

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	88,820,215	81,743,383	71,630,236	81,926,225	105,419,326
<b>b</b> Contributions . . . . .	67,157	36,121	34,922	25,531	312,557
<b>c</b> Net investment earnings, gains, and losses	1,733,099	9,148,711	11,987,277	6,732,548	-2,127,283
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,654,885	2,108,000	1,909,052	17,054,068	20,344,060
<b>f</b> Administrative expenses . . . . .					1,334,315
<b>g</b> End of year balance . . . . .	87,965,586	88,820,215	81,743,383	71,630,236	81,926,225

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 90 78 %
  - b** Permanent endowment ▶ 6 82 %
  - c** Temporarily restricted endowment ▶ 2 4 %
- 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</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
<b>1a</b> Land . . . . .		43,372,455		43,372,455
<b>b</b> Buildings . . . . .		816,575,918	435,756,578	380,819,340
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		673,730,447	514,167,966	159,562,481
<b>e</b> Other . . . . .		163,190,045	26,744,132	136,445,913
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				720,200,189

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	6,772,301
Total Self-Insurance Liabilities	18,841,878
Interest Rate Swap Liability	61,827,139
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	87,441,318

**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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**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, 2019 and 2018 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 consolidated 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, 2019 and 2018. MHS is no longer subject to examination by U.S. federal and state taxing authorities for years through September 30, 2016.</p>

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 Methodist Hospitals of Dallas

**Employer identification number**  
 75-0800661

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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 %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> 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?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			107,511,882	116,567	107,395,315	8.82 %
<b>b</b> Medicaid (from Worksheet 3, column a)			133,298,551	120,577,388	12,721,163	1.05 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	240,810,433	120,693,955	120,116,478	9.87 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2,159,518	66,577	2,092,941	0.17 %
<b>f</b> Health professions education (from Worksheet 5)			29,432,868	7,795,626	21,637,242	1.78 %
<b>g</b> Subsidized health services (from Worksheet 6)			0	0	0	0 %
<b>h</b> Research (from Worksheet 7)			1,945,622	1,882,593	63,029	0.01 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			24,552,573	0	24,552,573	2.02 %
<b>j Total.</b> Other Benefits	0	0	58,090,581	9,744,796	48,345,785	3.97 %
<b>k Total.</b> Add lines 7d and 7j	0	0	298,901,014	130,438,751	168,462,263	13.84 %

**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			42,414		42,414	0 %
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			338,488		338,488	0 03 %
8 Workforce development			1,693,561		1,693,561	0 14 %
9 Other					0	0 %
<b>10 Total</b>	0	0	2,074,463	0	2,074,463	0 17 %

**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	2 195,920,171	
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)	5 468,023,672
6 Enter Medicare allowable costs of care relating to payments on line 5	6 504,852,410
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -36,828,738
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 METHODIST MCKINNEY HOSPITAL LLC	HOSPITAL	57 52 %	0 %	35 65 %
2 METHODIST MCKINNEY HOSPITAL PROPERTY LLC	REAL ESTATE HOLDINGS OF METHODIST MCKINNEY HOSPITAL	59 9 %	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	51 %	0 %	49 %
5 MHSS-MOB ADDISON	MEDICAL OFFICE BUILDING	14 61 %	0 %	42 79 %
6 METSL LLC (METHODIST SOUTHLAKE) (THROUGH METSL HOLDINGSLLC)	HOSPITAL	51 %	0 %	49 %
7 MHD-USO MANAGEMENT COMPANY LP	MANAGEMENT SERVICES FOR ONCOLOGY PRACTICE	71 4 %	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** \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	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	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.methodisthealthsystem.org/about/community-involvement/community-health-needs-assessment/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.methodisthealthsystem.org/about/community-</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>involvement/community-health-needs-assessment/</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	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	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.methodisthealthsystem.org/about/community-involvement/community-health-needs-assessment/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.methodisthealthsystem.org/about/community-</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>involvement/community-health-needs-assessment/</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<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>b</b>	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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)**

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
<b>23</b>		No
<b>24</b>		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): \_\_\_\_\_ 6

Community Health Needs Assessment		Yes	No
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	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	
<b>6a</b>	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>6b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //methodismckinneyhospital.com/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>https //methodismckinneyhospital.com/</u>	Yes	
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //methodismckinneyhospital com/patient-info/financial-information/</u>		
<b>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<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>b</b>	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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)**

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
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>19</u>		
<b>5</b>	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	
<b>6a</b>	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>6b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //methodisthospitalforsurgery com/about-us/community-health-assessment</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>https //methodisthospitalforsurgery com/about-us/community-health-assessment</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

D

**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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //methodisthospitalforsurgery com/about-us/financial-information</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //methodisthospitalforsurgery com/about-us/financial-information</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //methodisthospitalforsurgery com/about-us/financial-information</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

D

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <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>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <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)**

D

**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
<b>23</b>		No
<b>24</b>		No





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

**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 V, Section B, Line 9 Implementation Strategy	Facility Names: METHODIST MANSFIELD MEDICAL CENTER, METHODIST RICHARDSON MEDICAL CENTER, METHODIST DALLAS MEDICAL CENTER, METHODIST CHARLTON MEDICAL CENTER, METHODIST REHABILITATION HOSPITAL, METHODIST MCKINNEY HOSPITAL, Methodist Hospital for Surgery Description: An authorized body of the hospital facility adopted the implementation strategy for each facility on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finished conducting its CHNA

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	195920171

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	MHS DOES NOT INCLUDE BAD DEBT AS A PORTION OF ITS COMMUNITY BENEFIT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 records an implicit price concession in the period services are provided for services provided to the uninsured and underinsured, including patient accounts for which the primary insurance company has paid but the patient responsibility remains outstanding. The implicit price concession is based on historical write-offs and expected collections based on health care coverage and other collection indicators, management continually monitors and adjusts the implicit price concession. Accounts are written off when routine billing and communication with the patient are not expected to result in payment. MHS collection efforts continue, and recoveries of accounts written off are accounted for as reductions in the implicit price concession.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
Schedule H, Part V, Section B, Line 16a FAP website	A - METHODIST MANSFIELD MEDICAL CENTER Line 16a URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , B - METHODIST DALLAS MEDICAL CENTER Line 16a URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , C - METHODIST MCKINNEY HOSPITAL Line 16a URL <a href="https://methodismckinneyhospital.com/patient-info/financial-information/">https://methodismckinneyhospital.com/patient-info/financial-information/</a> , D - METHODIST HOSPITAL FOR SURGERY Line 16a URL <a href="https://methodisthospitalforsurgery.com/about-us/financial-information">https://methodisthospitalforsurgery.com/about-us/financial-information</a> ,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - METHODIST MANSFIELD MEDICAL CENTER Line 16b URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , B - METHODIST DALLAS MEDICAL CENTER Line 16b URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , C - METHODIST MCKINNEY HOSPITAL Line 16b URL <a href="https://methodismckinneyhospital.com/patient-info/financial-information/">https://methodismckinneyhospital.com/patient-info/financial-information/</a> , D - METHODIST HOSPITAL FOR SURGERY Line 16b URL <a href="https://methodisthospitalforsurgery.com/about-us/financial-information">https://methodisthospitalforsurgery.com/about-us/financial-information</a> ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - METHODIST MANSFIELD MEDICAL CENTER Line 16c URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , B - METHODIST DALLAS MEDICAL CENTER Line 16c URL <a href="https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/">https://www.methodisthealthsystem.org/patients-visitors/financial-assistance/</a> , C - METHODIST MCKINNEY HOSPITAL Line 16c URL <a href="https://methodismckinneyhospital.com/patient-info/financial-information/">https://methodismckinneyhospital.com/patient-info/financial-information/</a> , D - METHODIST HOSPITAL FOR SURGERY Line 16c URL <a href="https://methodisthospitalforsurgery.com/about-us/financial-information">https://methodisthospitalforsurgery.com/about-us/financial-information</a> ,



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>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. Additionally, as provided at Schedule H, Parts IV and V, the following hospitals are operated as separate legal entities with Methodist Hospitals of Dallas holding a majority investment position: Methodist Rehabilitation Hospital, Methodist Hospital for Surgery, and Methodist McKinney Hospital.</p>
Schedule H, Part VI, Line 7 State filing of community benefit report	TX

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 75-0800661  
**Name:** Methodist Hospitals of Dallas

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>7</b>		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 <a href="https://www.methodisthealthsystem.org/methodist-mansfield-medical-center/?L=true">https://www.methodisthealthsystem.org/methodist-mansfield-medical-center/?L=true</a> 008428	X	X					X			A
2	METHODIST RICHARDSON MEDICAL CENTER 2831 E GEORGE W BUSH HWY RICHARDSON, TX 75082 <a href="https://www.methodisthealthsystem.org/methodist-richardson-medical-center/?L=true">https://www.methodisthealthsystem.org/methodist-richardson-medical-center/?L=true</a> 100131	X	X					X			A
3	METHODIST DALLAS MEDICAL CENTER 1441 N BECKLEY AVE DALLAS, TX 75203 <a href="http://www.methodisthealthsystem.org/">HTTP://WWW.METHODISTHEALTHSYSTEM.ORG/</a> 000255	X	X		X		X	X			B
4	METHODIST CHARLTON MEDICAL CENTER 3500 W WHEATLAND RD DALLAS, TX 75237 <a href="https://www.methodisthealthsystem.org/methodist-charlton-medical-center/?L=true">https://www.methodisthealthsystem.org/methodist-charlton-medical-center/?L=true</a> 000142	X	X		X			X			B
5	METHODIST REHABILITATION HOSPITAL 3020 W WHEATLAND RD DALLAS, TX 75237 <a href="http://www.methodist-rehab.com/">HTTP://WWW.METHODIST-REHAB.COM/</a> 008620	X								REHABILITATION HOSPITAL	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 MCKINNEY HOSPITAL 8000 W ELDORADO PWKY MCKINNEY, TX 75070 HTTP //WWW.METHODISTMCKINNEYHOSPITAL.COM 100043	X	X					X			C
7	METHODIST HOSPITAL FOR SURGERY 17101 DALLAS PWKY ADDISON, TX 75001 HTTP //METHODISTHOSPITALFORSURGERY.COM 100075	X	X					X			D

**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
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Methodist Mansfield Medical Center In addition to analyzing quantitative data, two (2) focus groups with a total of 19 participants, as well as five (5) key informant interviews, were conducted July 2018 through March 2019 to take into account the input of persons representing the broad interests of the community served In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community Participation in the qualitative assessment was included from at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers ensured that the input received represented the broad interests of the community served A list of the organizations providing input is listed below Representing medically underserved and low-income, and/or minority populations Area Agency on Aging/United Way of Tarrant County, Arlington Life Shelter, GRACE, Mount Olive Baptist Church, My Health My Resources (MHMR) of Tarrant County, North Texas Area Community Health Centers, Project Access Tarrant County, Texas Rehabilitation Hospital of Fort Worth, Union Gospel Mission, United Way of Tarrant County, Cancer Care Services, Metrocare, Fort Worth Independent School District, Texas Christian University and Red Cross Representing low-income and minority populations Eastside Ministries, Fort Worth Housing Solutions Representing low-income populations Salvation Army, Tarrant Area Food Bank, Tarrant County Homeless Coalition All Others Epidemiology Associates, JPS Health, Tarrant County Public Health

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

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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, three (3) focus groups with a total of 33 participants, as well as eight (8) key informant interviews, were conducted July 2018 through March 2019 to take into account the input of persons representing the broad interests of the community served In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community Participation in the qualitative assessment was included from at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers ensured that the input received represented the broad interests of the community served A list of the organizations providing input is listed below Representing medically underserved and low-income, and/or minority populations Agape Clinic, Bridge Breast Network, City of Plano, CitySquare, Community Lifeline Center, Cornerstone Baptist Church, D/FW Hindu Temple Society, Dallas Area Interfaith, Family Promise of Irving, Frisco Family Services, Genesis Women's Shelter &amp; Support, Hope Clinic, Hope Clinic of McKinney, Los Barrios Unidos Community Clinic, Many Helping Hands Ministry, McKinney City Council, Office of the County Judge - Dallas County, Plano Fire-Rescue, Society of St Vincent de Paul of North Texas, Texas Muslim Women's Foundation, United Way Metropolitan Dallas, Urban Inter-Tribal Center of Texas, YMCA, Cancer Care Services, Metrocare, PCI ProComp Solutions, LLC, University of Texas-Dallas, Assistance Center of Collin County, Methodist Golden Cross Academic Clinic, The Visiting Nurse Association of North Texas (VNA) Representing low-income populations Goodwill Industries of Dallas, Legal Aid of Northwest Texas, LifePath Systems, North Texas Food Bank, Project Access-Collin County, Sharing Life Community Outreach Inc, The Samaritan Inn, Veterans Center of North Texas, Dallas County Health and Human Services All Others Community Council</p>
<p>Schedule H, Part V, Section B, Line 11 Facility A, 1</p>	<p>Facility A, 1 - Methodist Mansfield Medical Center Through the prioritization process, the following five significant needs were selected to be addressed via the Methodist Mansfield CHNA Implementation Strategy Atrial Fibrillation, Obesity, Diabetes, Opioid Addiction, Cancer The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA ATRIAL FIBRILLATION Grow cryo-ablation services, Enhance EP program, Pursue partnerships with cardiologist group, local EMS and fire depts and CareFlite, Evaluate new technologies, Explore anticoagulation clinic, Add patient navigator services, Partner with Fire department and EMS to offer A-Fib education events OBESITY Add bariatric nutritional support, Offer workshops with bariatric navigator, City Health &amp; Wellness Initiative partnership, Run with Heart event, Participate and sponsor area runs, Heart of the Community program, City of Mansfield partnership, Pursue comprehensive bariatric COE DIABETES Tarrant County Diabetes Coalition partnership, Mansfield Mission Center partnership OPIOID ADDICTION Establish IP opioid stewardship team, Continue to employ best practice ordering guidelines in the ED, Community education, Staff and provider education, Establish Methodist drug disposal program CANCER Prettier in Pink promotion, Continue community education and awareness events, Walgreens partnership for cancer related beauty products, Comprehensive women's imaging with breast radiologist and breast navigator The following identified significant needs are not being addressed through the implementation strategy Mental Health (e.g. Providers, Alzheimer's Disease/Dementia, Depression, Schizophrenia and Other Psychotic Disorders, Intentional Self-Harm, Suicide), Access to Care (e.g. Transportation, Primary Care Providers), Social Determinants of Health (e.g. Civilian-Veteran Population, Social Isolation), Maternal and Child Health (e.g. First Trimester Entry into Prenatal Care), Preventable Hospitalizations (e.g. Perforated Appendix Admissions), Injury and Death - Children (e.g. Infant Mortality), Environment (e.g. Food Insecurity) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</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 11 Facility A, 2	<p>Facility A, 2 - METHODIST RICHARDSON MEDICAL CENTER Through the prioritization process, the following three significant needs were selected to be addressed via the Methodist Richardson CHNA Implementation Strategy Chronic Heart Failure, Cancer, Stroke The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA CONGESTIVE HEART FAILURE Expand palliative care awareness and promotion of physician on staff through articles and lunch-n-learn events, Offer nutritional cooking classes , Offer smoking cessation classes including vaping with 2 certified COPD instructors on staff, Officer exercise and activity classes, Sponsorship of Richardson's Corporate Challenge community-wide event, Sponsorship of annual Richardson ISD Spirit Run 10K and 5K fun runs, Sponsorship of Gobble Hobble Boys &amp; Girls club event STROKE Obtain comprehensive stroke designation, Offer stroke support group, Offer community education awareness events, Offer smoking cessation classes, Build rapid response process, Increase awareness of stroke rehab program, Offer navigation resources CANCER Obtain COC re-accreditation, Expand screenings, Expand community education and awareness events, Offer smoking cessation classes, Promote low dose CT, Increase support groups, Expand research trials (access) &amp; modality, Expand navigation resources with approximately 2 FTEs The following identified significant needs are not being addressed through the implementation strategy Health Behaviors (e.g Adolescent Behavioral Health), Social Determinants of Health (e.g Language Barriers (Non- English Speaking Househ Ids), Poverty (Adults / Children), Social Isolation), Mental Health (e.g Schizophrenia and Other Psychotic Disorders, Depression), Environment (e.g Food Insecurity, Housing, Renter-occupied Housing, Homicides, Violent Crime Offenses), Health Behaviors - Substance Abuse e.g Drug Overdose Deaths - Opioids, Drug Poisoning Death Rate, Motor Vehicle Driving Deaths with Alcohol Involvement), Injury and Death - Children (e.g Child Mortality, Infant Mortality), Preventable Hospitalizations (e.g Adult and Pediatric Perforated Appendix Admission) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>
Schedule H, Part V, Section B, Line 13 Facility A, 1	<p>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</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 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
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.**

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility B, 1</p>	<p>Facility B, 1 - Methodist Dallas Medical Center, METHODIST CHARLTON MEDICAL CENTER, &amp; METHODIST REHABILITATION HOSPITAL In addition to analyzing quantitative data, two (2) focus groups with a total of 22 participants, as well as five (5) key informant interviews, were conducted July 2018 through March 2019 to take into account the input of persons representing the broad interests of the community served In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community Participation in the qualitative assessment was included from at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers ensured that the input received represented the broad interests of the community served A list of the organizations providing input is listed below                      Representing medically underserved, low-income, and/or minority populations Agape Clinic, Bridge Breast Network, CitySquare, Cornerstone Baptist Church, Dallas Area Interfaith, Genesis Women's Shelter &amp; Support, Hope Clinic, Los Barrios Unidos Community Clinic, Office of the County Judge - Dallas County, Society of St Vincent de Paul of North Texas, United Way Metropolitan Dallas, Urban Inter-Tribal Center of Texas, YMCA, Cancer Care Services, Metrocare, Methodist Golden Cross Academic Clinic, The Visiting Nurse Association of North Texas (VNA), and D/FW Hindu Temple Society                      Representing medically underserved and low-income populations Family Promise of Irving, Many Helping Hands Ministry Representing low-income populations Goodwill Industries of Dallas, Legal Aid of Northwest Texas, North Texas Food Bank, Sharing Life Community Outreach Inc, Dallas County Health and Human Services All Others Community Council</p>
<p>Schedule H, Part V, Section B, Line 6a Facility B, 1</p>	<p>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</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 11 Facility B, 1</p>	<p>Facility B, 1 - Methodist Dallas Medical Center Through the prioritization process, the following four significant needs were selected to be addressed via the Methodist Charlton, Methodist Dallas, and Methodist Rehabilitation joint CHNA Implementation Strategy Hypertension, Stroke, Diabetes, HIV The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA HYPERTENSION / DIABETES Offer support groups, healthy cooking classes/demos with health fair or at local recreation centers, Collaborate with population subgroups from different neighborhoods in surrounding Oak Cliff and West Dallas community to host health pop-up events, Expand existing programs/screenings by the Methodist Faith Community Nursing program to additional churches in the community, Include education on diabetes and hypertension in discharge instructions, Add hypertension screenings to mobile mammography unit STROKE Promote F A S T (education) in Methodist Family Health Centers, Offer support group for families of stroke victims HIV Added HIV specialists, Work with PCPs to communicate the importance of HIV testing, support HIV advocacy groups with sponsorships and engage people at events by bringing team members from Infectious Disease and pharmacy The following identified significant needs are not being addressed by any of the three facilities through the joint implementation strategy Mental Health (e g Providers, Frequent Mental Distress, Intentional Self-Harm, Suicide), Environment (e g Food Insecurity, Housing), Social Determinants of Health (e g Poverty (Adults and Children), Language Barriers), Access to Care (e g Uninsured Adults and Children, Transportation), Injury and Death - Children (e g Infant and Child Mortality), Health Behaviors - Substance Abuse (e g Drug Overdose Deaths - Opioids, Drug Poisoning Deaths, Motor Vehicle Driving Deaths with Alcohol Involvement), Preventable Hospitalizations (e g Adult and Pediatric Perforated Appendix Admissions) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>
<p>Schedule H, Part V, Section B, Line 11 Facility B, 2</p>	<p>Facility B, 2 - Methodist Charlton Medical Center Through the prioritization process, the following four significant needs were selected to be addressed via the Methodist Charlton, Methodist Dallas, and Methodist Rehabilitation joint CHNA Implementation Strategy Hypertension, Stroke, Diabetes, HIV The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA HYPERTENSION / DIABETES / STROKE Enhance education through retail pharmacy, Enhance support groups with expanded topics and membership, Establish an IV infusion program, Continue to grow Cardiomems program, Collaborate with the Best Southwest Partnership to provide enhanced educational opportunities and screening options, information regarding stroke warning signs, sponsor and promote community fitness programs, address costs for diabetes control and testing supplies, and promote diabetes self-management classes, Provide ongoing lunch-n-learn events, Launch new standing section of the ongoing SHINE newsletter dedicated to these topics, Increase reach of education opportunities through use of social mediums such as social platforms, website, video education and email publications, Monthly Heart Health and Diabetes workshops, Produce Heart to Heart community event HIV is one of the needs selected by the three facilities in the joint CHNA However, HIV is being addressed by Methodist Dallas Medical Center in the three facilities' joint implementation strategy and not by Methodist Charlton The following identified significant needs are not being addressed by any of the three facilities through the joint implementation strategy Mental Health (e g Providers, Frequent Mental Distress, Intentional Self-Harm, Suicide), Environment (e g Food Insecurity, Housing), Social Determinants of Health (e g Poverty (Adults and Children), Language Barriers), Access to Care (e g Uninsured Adults and Children, Transportation), Injury and Death - Children (e g Infant and Child Mortality), Health Behaviors - Substance Abuse (e g Drug Overdose Deaths - Opioids, Drug Poisoning Deaths, Motor Vehicle Driving Deaths with Alcohol Involvement), Preventable Hospitalizations (e g Adult and Pediatric Perforated Appendix Admissions) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>

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

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility B, 3</p>	<p>Facility B, 3 - Methodist Rehabilitation Hospital Through the prioritization process, the following four significant needs were selected to be addressed via the Methodist Charlton, Methodist Dallas, and Methodist Rehabilitation joint CHNA Implementation Strategy Hypertension, Stroke, Diabetes, HIV The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA STROKE Provider education about rehab services, Stroke support group, Patient education Hypertension, Diabetes and HIV are needs selected by the three facilities in the joint CHNA However, HIV is being addressed by Methodist Dallas Medical Center and Hypertension and Diabetes are both being addressed by Methodist Dallas and Methodist Charlton Medical Centers in the three facilities' joint implementation strategy and not by Methodist Rehabilitation Hospital The following identified significant needs are not being addressed by any of the three facilities through the joint implementation strategy Mental Health (e g Providers, Frequent Mental Distress, Intentional Self-Harm, Suicide), Environment (e g Food Insecurity, Housing), Social Determinants of Health (e g Poverty (Adults and Children), Language Barriers), Access to Care (e g Uninsured Adults and Children, Transportation), Injury and Death - Children (e g Infant and Child Mortality), Health Behaviors - Substance Abuse (e g Drug Overdose Deaths - Opioids, Drug Poisoning Deaths, Motor Vehicle Driving Deaths with Alcohol Involvement), Preventable Hospitalizations (e g Adult and Pediatric Perforated Appendix Admissions) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>
<p>Schedule H, Part V, Section B, Line 13 Facility B, 1</p>	<p>Facility B, 1 - METHODIST DALLAS MEDICAL CENTER, METHODIST CHARLTON MEDICAL CENTER, &amp; 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</p>

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

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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
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 B Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility C, 1</p>	<p>Facility C, 1 - Methodist McKinney Hospital In addition to analyzing quantitative data, one (1) focus groups with a total of 11 participants, as well as five (5) key informant interviews, were conducted July 2018 through March 2019 to take into account the input of persons representing the broad interests of the community served In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community Participation in the qualitative assessment was included from at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community Although input was solicited from the Collin County Public Health Department they did not participate in the focus groups or interviews However, other sources of input for the public health perspective were obtained and are marked in the report Participation from community leaders/groups, organizations with public health perspective, other healthcare organizations, and other healthcare providers ensured that the input received represented the broad interests of the community served A list of the organizations providing input is listed below Representing medically underserved and low-income, and/or minority populations City of Plano, Community Lifeline Center, Frisco Family Services, Hope Clinic of McKinney, McKinney City Council, Plano Fire-Rescue), Texas Muslim Women's Foundation, Cancer Care Services, Metrocare, PCI ProComp Solutions, LLC, University of Texas - Dallas, Assistance Center of Collin County Representing low-income populations LifePath Systems, Project Access-Collin County, The Samaritan Inn, Veterans Center of North Texas</p>
<p>Schedule H, Part V, Section B, Line 11 Facility C, 1</p>	<p>Facility C, 1 - Methodist McKinney Hospital Through the prioritization process, the following two significant needs were selected to be addressed via the Methodist McKinney Hospital CHNA Implementation Strategy Access to Care Primary Care and Cost, Coordination of Services/ Care The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA ACCESS TO CARE PRIMARY CARE AND COST Coordination of Services/Care, PCP Recruitment &gt; PCPs/Non-physician PCPs, Medical Office Development &gt; PCPs/Non-physician PCPs, Increase Charitable care allowances, Joint education classes, Greater Therapy Center partnership, Collin College - Scholarships for Nursing students, McKinney Community Health Clinic, COE Total Joint / Patient Portal Research COORDINATION OF SERVICES/CARE Provide nurse navigation services The following identified significant needs are not being addressed through the implementation strategy Health Behaviors - Substance Abuse (e.g. Motor Vehicle Accidents with Alcohol involved), Preventable Hospitalizations (e.g. Adult and Pediatric Perforated Appendix Admissions), Social Determinants of Health (e.g. Social Isolation), Cancer (e.g. Cancer Incidence - Breast), Mental Health (e.g. Providers, Intentional Self-Harm, Suicide) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>

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

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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
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

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Form and Line Reference	Explanation
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Schedule H, Part V, Section B, Line 5 Facility D, 1	<p>Facility D, 1 - Methodist Hospital of Surgery In addition to analyzing quantitative data, four (4) focus groups with a total of 45 participants, as well as ten (10) key informant interviews, were conducted July 2018 through March 2019 to take into account the input of persons representing the broad interests of the community served In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community Participation in the qualitative assessment was included from at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers ensured that the input received represented the broad interests of the community served A list of the organizations providing input is listed below</p> <p>Representing medically underserved and low-income, and/or minority populations Agape Clinic, Bridge Breast Network, City of Plano, CitySquare, Community Lifeline Center, Cornerstone Baptist Church, Dallas Area Interfaith, Denton County Public Health, Family Promise of Irving, First Refuge Industries, Frisco Family Services, Genesis Women's Shelter &amp; Support, Giving Hope, Inc , Goodwill Industries of Fort Worth, Health services of North Texas, Hope Clinic, Hope Clinic of McKinney, Los Barrios Unidos Community Clinic, Many Helping Hands Ministry, McKinney City Council, Office of the County Judge - Dallas County, Our Daily Bread, Plano Fire-Rescue, Society of St Vincent de Paul of North Texas, United Way, United Way Metropolitan Dallas, University of North Texas, Urban Inter-Tribal Center of Texas, YMCA, Cancer Care Services, Metrocare, PCI ProComp Solutions, LLC, University of Texas - Dallas, Assistance Center of Collin County, Denton County Court Appointed Special Advocates (CASA), Methodist Golden Cross Academic Clinic, The Visiting Nurse Association of North Texas (VNA)</p> <p>Representing low-income and minority populations City of Denton, D/FW Hindu Temple Society, Refuge for Women North Texas, Texas Muslim Women's Foundation Representing low-income populations Denton Community Food Center, Goodwill Industries of Dallas, Legal Aid of Northwest Texas, LifePath Systems, North Texas Food Bank, Project Access-Collin County, Serve Denton, Sharing Life Community Outreach Inc, The Samaritan Inn, Veterans Center of North Texas, Dallas County Health and Human Services, Denton County Food Center All Others Community Council</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 11 Facility D, 1	<p>Facility D, 1 - Methodist Hospital for Surgery Through the prioritization process, the following two significant needs were selected to be addressed via the Methodist Hospital for Surgery CHNA Implementation Strategy Poverty, Food Insecurity The following programs/activities are how the hospital facility is addressing the selected significant needs in its most recently conducted CHNA POVERTY / FOOD INSECURITY Metrocrest Services - Food Pantry (Leadership and management volunteer in person quarterly at food distribution center and/or pantry), Leverage employees for volunteer opportunities, Assist Metrocrest Services back to school programs that may include backpacks for school age children, Contribute to summer food program, R L Turner High School Bio Med Academy (Carrollton Farmers Branch ISD) (Provide education to academy students who are pursuing a career in healthcare), R L Turner High School Bio Med Academy (Carrollton Farmers Branch ISD) (Recruit academy students to MHFS volunteer and JR volunteer program who are pursuing a career in healthcare) The following identified significant needs are not being addressed through the implementation strategy Health Behaviors - Substance Abuse (e.g. Alcohol Abuse, Motor Vehicle Accidents with Alcohol involved, Drug Overdose Deaths - Opioids), Chronic Conditions (e.g. Diabetes, Heart Disease), Access to Care (e.g. Uninsured (Adults and Children), Transportation, Primary Care Providers), Cancer (e.g. Cancer Incidence - Breast, Prostate), Mental Health (e.g. Providers, Alzheimer's Disease/Dementia, Depression, Schizophrenia and Other Psychotic Disorders, Intentional Self-Harm, Suicide), Preventable Hospitalizations (e.g. Adult and Pediatric Perforated Appendix Admissions), Injury and Death - Children (e.g. Infant and Child Mortality) These other significant health needs were not chosen to be addressed for a combination of the following reasons * The need was not well-aligned with organizational strengths * There are not enough existing organizational resources to adequately address the need * Implementation efforts would not impact as many community residents (magnitude) as those that were chosen</p>
Schedule H, Part V, Section B, Line 13 Facility D, 1	<p>Facility D, 1 - METHODIST HOSPITAL FOR SURGERY 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</p>

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

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

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 ▶ 39

3 Enter total number of other organizations listed in the line 1 table ▶ 6

**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, Dallas County Indigent Care 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:** 18007697  
**Software Version:** 2018v3.1  
**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
Armstrong Elementary PTA 3600 Cornell Ave Dallas, TX 75205	01-0722685	501(C)(3)	10,000	0	N/A	N/A	Community Outreach
Boys & Girls Club of Greater Dallas 4816 Worth Street Dallas, TX 75246	75-1152657	501(c)(3)	5,100	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRADFIELD ELEMENTARY PTA 4504 Lorraine Ave Dallas, TX 75205	75-6062411	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
Cedar Hill ISD 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
City of Murphy (Maize Days) 206 N Murphy Murphy, TX 75094	75-1410102	501(c)(3)	5,500	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dallas Metropolitan YMCA 1621 W Walnut Hill Ln Irving, TX 75038	75-0800696	501(c)(3)	5,750	0	N/A	N/A	Community Outreach
DALLAS PARKS FOUNDATION 9540 Garland Rd Suite 381-117 Dallas, TX 75218	20-0012044	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DASH FOR THE BEADS PO Box 224611 Dallas, TX 75222	27-1255467	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
DeSoto ISD 200 E Belt Line Rd DeSoto, TX 75115	75-2880427	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DSO DALLAS SYMPHONY ORCHESTRA 2301 Flora St Dallas, TX 75201	75-0705442	501(c)(3)	6,500	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF OAK CLIFF PARKS PO Box 210124 Dallas, TX 75211	26-0076949	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
Genesis Women's Shelter & Support 4411 Lemmon Ave Suite 201 Dallas, TX 75219	75-1881365	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GO OAK CLIFF 633 W Davis St Dallas, TX 75208		N/A	10,000	0	N/A	N/A	Community Outreach
GREATER DALLAS HISPANIC CHAMBER OF COMMERCE 1402 N Corinh St Suite 225 Dallas, TX 75215	75-1394176	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KwanzaaFest 510 E 5th St Dallas, TX 75203	75-2851704	501(c)(3)	10,000	0	N/A	N/A	Community Outreach
LOVE IN MOTION 2610 Allen St Suite 2402 Dallas, TX 75208	45-4304554	501(c)(3)	7,500	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Mammogram Poster Girls Inc 408 West 8th Street Suite 103 Dallas, TX 75208	82-3204753	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
Mansfield Invitational Inc 1000 N Walnut Creek Dr Mansfield, TX 76063	46-2128831	501(c)(3)	23,250	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Mansfield ISD Education Foundation 609 E Broad Mansfield, TX 76063	75-2765533	501(c)(3)	10,000	0	N/A	N/A	2018 MISD Education Foundation Drive
Mental Health Connection of Tarrant County 3131 Sanguinet Fort Worth, TX 76107	75-2659610	501(c)(3)	10,000	0	N/A	N/A	2018 Network of Care Maintenance

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH OAK CLIFF GREENSPACE INC 1005 N Montclair Dallas, TX 75208	46-3268190	501(c)(3)	10,000	0	N/A	N/A	Community Outreach
OAK CLIFF FILM FESTIVAL SOCIETY TEXAS THEATER 231 W Jefferson Blvd Dallas, TX 75208	83-3104354	501(c)(3)	6,500	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Pickled Mansfield Society 900 N Walnut Creek Dr STE 270 Mansfield, TX 76063	45-5288623	501(c)(4)	5,000	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Richardson Chamber of Commerce 411 Belle Grove Richardson, TX 75080	75-0959636	501(c)(6)	23,914	0	N/A	N/A	Community Outreach
Richardson Symphony Orchestra 399 W Campbell Suite 200A Richardson, TX 75080	75-6063677	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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)	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROBERT S HYER SCHOOL PTA 8385 Durham St Dallas, TX 75225	75-0808796	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
ROSEMONT SCHOOLS PTA 634 N Oak Cliff Dallas, TX 75208	75-6062109	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Selah Leadership Encounter for Women 4347 South Hampton Road Suite 245 Dallas, TX 75232	84-4761445	501(c)(3)	6,500	0	N/A	N/A	Community Outreach
SOUTHERN GATEWAY PUBLIC GREEN 3963 Maple Ave Suite 390 Dallas, TX 75219	75-2890371	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN G KOMEN DALLAS COUNTY 13747 Montfort Dr Suite 200 Dallas, TX 75240	75-1835298	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
Susan G Komen 13747 Montford Drive Suite 200 Dallas, TX 75240	75-1835298	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Warren Center 320 Custer Rd Richardson, TX 75080	75-1282040	501(c)(3)	5,000	0	N/A	N/A	Community Outreach
UNIVERSITY PARK ELEMENTARY SCHOOL PTA 3908 Purdue Ave Dallas, TX 75225	75-0855637	501(c)(3)	5,550	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN TEXAS FILM FESTIVAL 5706 E Mockingbird Lane Suite 115-39 Dallas, TX 75206	81-1526961	501(c)(3)	15,000	0	N/A	N/A	Community Outreach
Wylie Chamber of Commerce 307 N Ballard Wylie, TX 75098	75-1573789	501(c)(6)	6,425	0	N/A	N/A	Community Outreach

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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
Dallas County Indigent Care Corporation 1441 N Beckley Ave Dallas, TX 75203	26-0610562	501(C)(3)	12,567,539	0	N/A	N/A	Indigent Care



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dallas Safety Net Support Corporation 1441 N Beckley Ave Dallas, TX 75203	82-3131059	501(C)(3)	9,749,111	0	N/A	N/A	Indigent Care
Tarrant County Indigent Care Corporation 612 E Lamar Blvd Arlington, TX 76011	26-0610562	501(C)(3)	1,811,338	0	N/A	N/A	Indigent Care

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tarrant Safety Net Support Corporation 612 E Lamar Blvd Arlington, TX 76011	82-3171862	501(C)(3)	424,585	0	N/A	N/A	Indigent Care

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Methodist Hospitals of Dallas

Employer identification number  
75-0800661

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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>b</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>	<b>1b</b>		No		
<p><b>2</b> 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>	<b>2</b>		No		
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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>	<b>7</b>	Yes			
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**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							

**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 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.

<b>Return Reference</b>	<b>Explanation</b>
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.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>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 \$32,880 / \$0 CHERYL FLYNN \$29,929 / \$28,098 EDWIN HUTCHENRIDER JR \$57,656 / \$57,601 Brian Kenjarski \$7,554 / \$0 MARTIN KOONSMAN JR \$59,288 / \$0 FRANCES LAUKAITIS \$0 / \$97,683 STEPHEN MANSFIELD, PHD \$0 / \$287,917 PAMELA MCNUTT \$49,870 / \$48,425 JOHN PHILLIPS \$61,233 / \$56,328 LESLIE PIERCE \$21,655 / \$0 MICHAEL PRICE \$54,901 / \$58,872 MICHAEL SCHAEFER \$0 / \$92,313 PAMELA STOYANOFF \$106,901 / \$106,779 GEORGE WILLIAMS \$36,123 / \$0</p>

<b>Return Reference</b>	<b>Explanation</b>
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 2019 the incentive plans were targeted in the areas of financial performance, clinical quality, and employee and patient satisfaction





**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**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				
Stephen L Mansfield PHD	(i)	1,276,111	1,054,323	362,646	19,250	32,520	2,744,850	0
President / CEO Through April 2019	(ii)	0	0	0	0	0	0	0
Craig Bjerke	(i)	365,150	69,514	11,550	44,817	32,809	523,840	0
Treasurer & CFO Starting March 2019	(ii)	0	0	0	0	0	0	0
Robert M Milone	(i)	182,576	24,271	5,260	15,171	43,381	270,659	0
Assisant Treasurer	(ii)	0	0	0	0	0	0	0
Michael O Price	(i)	467,121	191,723	77,874	77,589	64,718	879,025	58,872
Assistant Secretary	(ii)	0	0	0	0	0	0	0
Michael J Schaefer	(i)	650,724	353,119	102,057	19,938	33,977	1,159,815	0
Treasurer & CFO Through March 2019	(ii)	0	0	0	0	0	0	0
E Kenneth Hutchenrider JR	(i)	405,819	145,151	66,529	73,469	40,261	731,229	57,601
PRESIDENT - MRMC	(ii)	0	0	0	0	0	0	0
Frances Laukaitis	(i)	372,613	138,335	119,309	15,813	38,481	684,551	43,838
PRESIDENT - MCMC	(ii)	0	0	0	0	0	0	0
John Phillips	(i)	430,845	166,992	61,947	77,045	37,560	774,389	56,328
PRESIDENT - MDMC	(ii)	0	0	0	0	0	0	0
Leslie Pierce	(i)	276,233	72,311	5,907	37,429	39,401	431,281	0
SR VP REVENUE CYCLE	(ii)	0	0	0	0	0	0	0
Pamela Stoyanoff	(i)	754,236	404,719	131,445	123,971	70,029	1,484,400	106,779
President & COO	(ii)	0	0	0	0	0	0	0
Jary Ganske	(i)	153,337	26,401	7,486	9,502	31,758	228,484	0
Interim President of MMMC	(ii)	0	0	0	0	0	0	0
Cheryl Flynn	(i)	386,950	140,128	46,332	44,791	49,620	667,821	28,098
SR VICE PRESIDENT - CHRO	(ii)	0	0	0	0	0	0	0
Brian Kenjarski	(i)	420,987	71,410	6,232	22,349	14,766	535,744	0
SVP DATA GOVERNANCE & CMIO	(ii)	0	0	0	0	0	0	0
Martin L Koonsman MD	(i)	467,045	170,235	15,151	74,083	45,840	772,354	0
Chief Medical Officer	(ii)	0	0	0	0	0	0	0
Pamela McNutt	(i)	456,780	187,200	69,954	72,557	54,150	840,641	48,425
SENIOR VICE PRESIDENT & CIO	(ii)	0	0	0	0	0	0	0
George Williams MD	(i)	472,443	157,457	8,139	48,168	42,252	728,459	0
PRESIDENT MEDHEALTH/SVP	(ii)	0	0	0	0	0	0	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Methodist 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
<b>A</b> 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>B</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	
<b>1</b>	Amount of bonds retired . . . . .	33,800,000		32,123,833					
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	200,000,000		199,996,833					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	250,000		835,033					
<b>8</b>	Credit enhancement from proceeds . . . . .	2,963,942							
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			199,161,800					
<b>11</b>	Other spent proceeds . . . . .	196,786,058							
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2009		2015					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b>	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
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> 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?								
<b>4</b> 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 %					
<b>5</b> 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 %					
<b>6</b> Total of lines 4 and 5 . . . . .	2 95 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
<b>b</b> Name of provider . . . . .	GS BOFA ML DBG							
<b>c</b> Term of hedge . . . . .	3320 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X				
<b>7</b> 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

<b>Return Reference</b>	<b>Explanation</b>
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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization Methodist Hospitals of Dallas	Employer identification number 75-0800661
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

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

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

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

**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	38,250	Employment		No
(2) Laura Adams	Daughter-in-law of MCMC President, FRANCES LAUKAITIS	61,737	Employment		No
(3) Amanda Laukaitis	Daughter-in-law of MCMC President, Frances Laukaitis	76,284	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)

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

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

▶ Attach to Form 990 or 990-EZ.

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

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
Methodist Hospitals of Dallas

**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 FY2019, MDMC had 15,812 discharges, 82,798 inpatient days, 4,647 inpatient newborn days, 72,608 emergency room visits, 4,693 inpatient surgeries, and 4,213 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 FY2019 MDMC had 13,888 discharges, 68,355 inpatient days, 4,043 newborn inpatient days, 83,253 emergency room visits, 1,784 inpatient surgeries, and 2,070 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 FY2019 MMMC had 11,936 discharges, 55,418 inpatient days, 3,849 newborn inpatient days, 57,314 emergency room visits, 2,059 inpatient surgeries, and 2,565 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Description Continued	<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 bringing the total number of beds to 469 for both campuses. In FY2019, MRMC had 12,913 discharges, 65,350 inpatient days, 2,942 newborn inpatient days, 53,048 emergency room visits, 2,433 inpatient surgeries, and 3,011 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. The 50-bed Methodist Rehabilitation Hospital opened 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 23 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 FY2019, 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 FY2019, 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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	<p>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 &amp; 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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2018. The results of the most recent study were analyzed in fiscal year 2019 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**

<b>Return Reference</b>	<b>Explanation</b>
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 2018. The results of the most recent study were analyzed in fiscal year 2019 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous - Total Revenue 1505947, Related or Exempt Function Revenue 1505947, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to affiliates - -2358122,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

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

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
<b>(1)</b> Methodist Community Pharmacy LLC 1441 N Beckley Ave Dallas, TX 75203 83-0538315	Pharmacy Sales	TX	331,664	1,161,990	Methodist Hospitals of Dallas
<b>(2)</b> MHS-1211 Beckley Property LLC 1441 N Beckley Ave Dallas, TX 75203 82-3651763	Property Management	TX	54,526	2,430,929	Methodist Hospitals of Dallas

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

See Additional Data Table

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



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

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	

**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
<b>(1)</b> 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	4,127,758	6,025,217	100 %	Yes	
<b>(2)</b> 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
<b>(3)</b> 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	

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

**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	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) METDALSPI HOLDING LLC  11221 ROE AVE Suite 230 LEAWOOD, KS 66211 26-3207402	Medical Services	TX	METHODIST HOSPITAL OF DALLAS	Related	18,070,542	1,885,918		No		Yes		99 %
(1) METDALSPI LLC  11221 ROE AVE LEAWOOD, KS 66211 26-3195791	HOSPITAL	TX	METDALSPI HOLDING LLC	N/A								
(2) 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	2,143,077	12,554,744		No			No	51 %
(3) METHODIST MCKINNEY HOSPITAL PROPERTY LLC  11221 ROE AVE Suite 310 LEAWOOD, KS 66211 26-1943814	REAL ESTATE	TX	METHODIST HOSPITAL OF DALLAS	Related	24,777,626	0		No		Yes		63 68 %
(4) METHODIST MCKINNEY HOSPITAL LLC  11221 ROE AVE Suite 320 LEAWOOD, KS 66211 20-8847736	Medical Services	TX	METHODIST HOSPITAL OF DALLAS	Related	12,173,218	287,452		No		Yes		50 5 %
(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	-241,831	-62,602		No			No	51 %
(6) METSL HOLDINGS LLC  11221 ROE AVE LEAWOOD, KS 66211 81-2295479	Holding Company	TX	NORTH TEXAS HEALTH FACILITIES MGMT	N/A								
(7) METSL LLC  11221 ROE AVE LEAWOOD, KS 66211 81-2332488	Hospital	TX	METSL HOLDINGS LLC	N/A								
(8) 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								
(9) 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								
(10) MHS-CHC I LP  3020 W WHEATLAND RD DALLAS, TX 75237 20-5000978	REHAB HOSPITAL	TX	MHS-CHC LLC	N/A								
(11) MHS-CHC LLC  680 S 4TH STREET LOUISVILLE, KY 40202 20-4921888	HOSPITAL SERVICES	TX	METHODIST HOSPITAL OF DALLAS	Related	45,543	1,932		No			No	75 %
(12) Methodist Mansfield Ambulatory Surgery Center LLC  PO Box 655999 Dallas, TX 75265 26-0869371	Ambulatory Services	TX	Methodist Hospitals of Dallas	Related	0	2,198,938		No		Yes		51 %

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> ASSOCIATES IN SURGICAL ACUTE CARE	R	690,932	FMV
<b>(1)</b> DALLAS METHODIST HOSPITALS FOUNDATION	C	9,644,257	FMV
<b>(2)</b> DALLAS METHODIST HOSPITALS FOUNDATION	Q	2,254,814	FMV
<b>(3)</b> DALLAS METHODIST PHYSICIANS NETWORK	L	449,740	FMV
<b>(4)</b> DALLAS METHODIST PHYSICIANS NETWORK	S	131,682	FMV
<b>(5)</b> MEDHEALTH	R	45,210,274	FMV
<b>(6)</b> MEDHEALTH	S	42,303,354	FMV
<b>(7)</b> Methodist Richardson Medical Center Foundation	C	358,733	FMV
<b>(8)</b> METHODIST TRANSPLANT PHYSICIANS	R	1,081,147	FMV
<b>(9)</b> PHYSICIANS ASSOC OF SW DALLAS	C	2,741,544	FMV
<b>(10)</b> PHYSICIANS ASSOC OF SW DALLAS	R	89,881	FMV