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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
United Regional Health Care System

% STEPHEN P CALVERT
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 Eleventh Street

City or town, state or province, country, and ZIP or foreign postal code
Wichita Falls, TX 76301

D Employer identification number

75-1912147

E Telephone number

(940) 764-8299

G Gross receipts \$ 424,674,202

F Name and address of principal officer:
PHYLLIS COWLING
1600 ELEVENTH STREET
WICHITA FALLS, TX 76301

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.UNITEDREGIONAL.ORG

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

L Year of formation: 1983

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ORGANIZED AND OPERATED FOR THE PURPOSE OF DEVELOPING AND OPERATING AN INTEGRATED HEALTH CARE SYSTEM.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,420

6 Total number of volunteers (estimate if necessary) 6 195

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 49,714

7b Net unrelated business taxable income from Form 990-T, line 39 7b 43,743

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 2,564,873

9 Program service revenue (Part VIII, line 2g) 9 393,063,034

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,013,877

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 115,318

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 409,757,102

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 34,242,448

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 130,988,284

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 183,676,274

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 348,907,006

19 Revenue less expenses. Subtract line 18 from line 12 19 60,850,096

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 723,461,097

21 Total liabilities (Part X, line 26) 21 50,422,230

22 Net assets or fund balances. Subtract line 21 from line 20 22 673,038,867

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 2020-11-15
PHYLLIS COWLING PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
Firm's name ▶ BKD LLP Firm's EIN ▶
Firm's address ▶ 14241 DALLAS PARKWAY SUITE 1100
DALLAS, TX 75254 Phone no. (972) 702-8262

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

TO OPERATE NONPROFIT HOSPITALS OR HOSPITAL FACILITIES, CLINICS, AND RELATED MEDICAL AND SURGICAL SERVICES BY PROVIDING SUCH SERVICES TO PERSONS THAT DO HAVE THE ABILITY TO PAY, AND TO THEREBY PROVIDE CHARITABLE MEDICAL, SURGICAL, AND HOSPITAL CARE FOR SICK, INJURED, AFFLICTED, INFIRM, DISABLED, OR DESTITUTE PERSONS THAT DO NOT HAVE THE ABILITY TO PAY.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 313,426,775 including grants of \$ 18,255,010) (Revenue \$ 405,054,768)
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 ▶ 313,426,775

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	252
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	17
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
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	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	Yes

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶STEPHEN P CALVERT 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 (940) 764-8299

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,159,381	0	546,583

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 171

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
OXFORD GLOBAL RESOURCES LLC, PO BOX 3256 BOSTON, MA 02241	CONTRACT LABOR	6,756,242
LA MAGNA HEALTH PLLC, 1631 11TH STREET WICHITA FALLS, TX 76301	CLINICAL SERVICES	6,539,631
MEDEFIS CONSOLIDATED, PO BOX 5068 NEW YORK, NY 10087	CONTRACT LABOR	3,714,104
WICHITA FALLS ANESTHESIA PLLC, 1600 11TH STREET WICHITA FALLS, TX 76301	CLINICAL SERVICES	2,863,117
ACUTE CARE SURGERY TEXOMA PLLC, 1600 BROOK AVE WICHITA FALLS, TX 76301	CLINICAL SERVICES	2,344,285

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 55

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .				1a						
	b Membership dues . . .				1b						
	c Fundraising events . . .				1c						
	d Related organizations				1d	1,375,944					
	e Government grants (contributions)				1e						
	f All other contributions, gifts, grants, and similar amounts not included above				1f	0					
	g Noncash contributions included in lines 1a - 1f:\$				1g						
	h Total. Add lines 1a-1f ▶				1,375,944						
Program Service Revenue					Business Code						
	2a Patient Service Revenue				621110	403,269,997	403,269,997				
	b Supporting Revenue				900099	1,374,179	1,374,179				
	c Related Rental Revenue				531120	410,592	410,592				
	d										
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶				405,054,768						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				10,808,448						10,808,448
	4 Income from investment of tax-exempt bond proceeds ▶				0						
	5 Royalties ▶				0						
			(i) Real	(ii) Personal							
	6a Gross rents		6a								
	b Less: rental expenses		6b								
	c Rental income or (loss)		6c	0	0						
	d Net rental income or (loss) ▶				0						
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory		7a	7,374,628	10,700						
	b Less: cost or other basis and sales expenses		7b	4,140,392							
	c Gain or (loss)		7c	3,234,236	10,700						
	d Net gain or (loss) ▶				3,244,936						3,244,936
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	0							
	b Less: direct expenses		8b	0							
	c Net income or (loss) from fundraising events . . . ▶				0						
	9a Gross income from gaming activities. See Part IV, line 19		9a	0							
	b Less: direct expenses		9b	0							
	c Net income or (loss) from gaming activities . . . ▶				0						
	10a Gross sales of inventory, less returns and allowances . . .		10a	0							
b Less: cost of goods sold . . .		10b	0								
c Net income or (loss) from sales of inventory . . . ▶				0							
Miscellaneous Revenue				Business Code							
11a PASS-THROUGH REVENUE				900099	49,714			49,714			
b											
c											
d All other revenue											
e Total. Add lines 11a-11d ▶				49,714							
12 Total revenue. See instructions ▶				420,533,810		405,054,768	49,714			14,053,384	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,255,010	18,255,010		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,501,445	3,376,564	1,124,881	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	310,424	232,836	77,588	
7 Other salaries and wages	122,628,445	91,971,316	30,657,129	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,430,398	2,572,799	857,599	
9 Other employee benefits	2,674,793	2,013,431	661,362	
10 Payroll taxes	9,306,175	6,979,631	2,326,544	
11 Fees for services (non-employees):				
a Management	0			
b Legal	168,650		168,650	
c Accounting	187,240		187,240	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,499,625		1,499,625	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57,328,595	43,143,815	14,184,780	
12 Advertising and promotion	745,174	558,916	186,258	
13 Office expenses	7,768,127	6,374,854	1,393,273	
14 Information technology	7,403,102	5,552,327	1,850,775	
15 Royalties	0			
16 Occupancy	3,043,601	2,282,701	760,900	
17 Travel	649,106	486,830	162,276	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	184,262	7,597	176,665	
20 Interest	121,385	121,385		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,801,733	13,294,697	8,507,036	
23 Insurance	1,280,571	1,280,571		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bad Debt Expense	40,832,737	40,832,737		
b Medical Supplies	70,529,802	70,529,802		
c Equipment expenses	2,330,783	1,748,586	582,197	
d Food Services expenses	570,402	427,801	142,601	
e All other expenses	1,845,906	1,382,569	463,337	
25 Total functional expenses. Add lines 1 through 24e	379,397,491	313,426,775	65,970,716	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		250,196	1	215,102	
	2	Savings and temporary cash investments		53,022,001	2	49,833,386	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		34,896,091	4	39,833,456	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		7,619,532	8	7,694,090	
	9	Prepaid expenses and deferred charges		7,807,035	9	7,123,202	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	415,856,706			
	b	Less: accumulated depreciation	10b	209,344,610	188,820,379	10c	206,512,096
	11	Investments—publicly traded securities		347,328,165	11	422,296,527	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		83,717,698	15	92,670,539	
16	Total assets. Add lines 1 through 15 (must equal line 34)		723,461,097	16	826,178,398		
Liabilities	17	Accounts payable and accrued expenses		39,319,798	17	53,584,440	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		11,102,432	25	11,077,060	
	26	Total liabilities. Add lines 17 through 25		50,422,230	26	64,661,500	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		673,038,867	27	761,516,898	
	28	Net assets with donor restrictions		0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		673,038,867	32	761,516,898		
33	Total liabilities and net assets/fund balances		723,461,097	33	826,178,398		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	420,533,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	379,397,491
3	Revenue less expenses. Subtract line 2 from line 1	3	41,136,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	673,038,867
5	Net unrealized gains (losses) on investments	5	48,161,601
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-819,889
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	761,516,898

Part XII Financial Statements and ReportingCheck 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 75-1912147
Name: United Regional Health Care System

Form 990 (2019)

Form 990, Part III, Line 4a:

UNITED REGIONAL HEALTH CARE SYSTEM, A 325-BED HOSPITAL, PROMOTES THE HEALTH OF THE COMMUNITY BY PROVIDING A VARIETY OF HEALTH CARE SERVICES. IN ADDITION TO INPATIENT BEDS, THERE ARE 14 NEWBORN BASSINETTES INCLUDING 14 INTERMEDIATE NURSERY BASSINETTES AND 42 ER BEDS. ADDITIONAL PROGRAMS WHICH BENEFIT THE COMMUNITY INCLUDE: STUDENTS IN NURSING, PHARMACY, LABORATORY TECHNOLOGY, RADIOLOGY, RESPIRATORY THERAPY AND OTHER ASSOCIATED HEALTH SCIENCES PROFESSIONS ALSO STUDY HERE. PREVENTIVE CARE A PRIORITY: UNITED REGIONAL HEALTH CARE SYSTEM HAS TAKEN STEPS TO ENHANCE PREVENTIVE CARE FOR PEOPLE OF ALL AGES THROUGH THE DEVELOPMENT OF LOW COST SCREENING PROGRAMS, VACCINATION CLINICS, AS WELL AS OTHER OUTREACH EDUCATION SERVICES. OTHER SERVICES ARE PROVIDED THROUGH THE UNITED REGIONAL REFERENCE LAB INCLUDE BOTH LOW COST FEE-FOR-SERVICE SCREENINGS AND FREE SCREENINGS AT COMMUNITY HEALTH FAIRS (CHOLESTEROL, PSA, TRIGLYCERIDES, ETC.) DESIGNATED TRAUMA CENTER: UNITED REGIONAL IS DESIGNATED LEVEL 2 TRAUMA CENTER FOR THE REGION BY THE HEALTH AND HUMAN SERVICES COMMISSION OF THE STATE OF TEXAS. UNITED REGIONAL HEALTH CARE SYSTEM'S EMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY/7 DAYS A WEEK MEETING THE NEEDS OF THE COMMUNITY WITH AN AVERAGE OF 215 VISITS PER DAY. COMMUNITY CONNECTIONS: UNITED REGIONAL HEALTH CARE SYSTEM REACHES OUT TO PEOPLE AND COMMUNITIES THROUGHOUT ITS PRIMARY SERVICE AREA OF WICHITA COUNTY AND ITS SECONDARY SERVICE AREA OF 8 SURROUNDING COUNTIES CONSISTING OF ARCHER, BAYLOR, CLAY, HARDEMAN, JACK, MONTAGUE, WILBARGER AND YOUNG COUNTIES. THROUGH COOPERATIVE AGREEMENTS WITH LOCAL GOVERNMENTS AND HOSPITALS, UNITED REGIONAL PROVIDES FUNDING FOR A NUMBER OF HEALTHCARE SERVICES. COMMUNITY EDUCATION: UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES THE FOLLOWING TYPES OF COMMUNITY EDUCATION: COMMUNITY EDUCATION SEMINARS WITH PRESENTATIONS BY PHYSICIANS ON HEALTH ISSUES AND TREATMENT OPTIONS; HEALTHY YOU NEWSLETTER, SENT TO APPROXIMATELY 50,000 HOUSEHOLDS, PROVIDING HEALTH PROMOTION AND DISEASE PREVENTION INFORMATION, AS WELL AS HOSPITAL SERVICES; 55-ADVANTAGE SENIOR PROGRAM, PROVIDING SPEAKERS ON A VARIETY OF HEALTH-RELATED TOPICS; AND PARTICIPATION IN A VARIETY OF COMMUNITY HEALTH FAIRS AND EVENTS PROMOTING GENERAL HEALTH AND PROVIDING HEALTH SCREENINGS. CHARITY CARE: UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES MEDICAL CARE TO MEMBERS OF THE COMMUNITY REGARDLESS OF ABILITY TO PAY. ESTIMATED COST OF PROVIDING ADDITIONAL COMMUNITY BENEFITS DURING 2019 WAS \$27,006,582 WHICH INCLUDED THE FOLLOWING: UNREIMBURSED COST OF EMERGENCY AND TRAUMA CARE \$13,367,691 UNREIMBURSED COST OF FREE STANDING CLINICS \$13,638,891 DONATIONS MADE BY THE HOSPITAL TO AREA CHARITABLE ORGANIZATIONS \$26,019,829 TOTAL COSTS OF ADDITIONAL COMMUNITY BENEFITS \$53,026,411 SOURCE: 2019 ANNUAL STATEMENT OF COMMUNITY BENEFIT STANDARDS (STATE OF TEXAS MANDATORY REPORT)

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			
PHYLLIS COWLING PRESIDENT & CEO	40.0 2.5	X		X				1,097,476	0	110,870
NANCY TOWNLEY SR VP OF OPERATIONS	40.0 2.5			X				696,709	0	54,939
ROBERT PERT CHIEF FINANCIAL OFFICER	40.0 2.5			X				521,624	0	55,520
JANE RITTER VP OF PATIENT CARE/CLINICAL SV	40.0 0.0			X				358,847	0	53,786
KRISTI FAULKNER VP OF HUMAN RESOURCES	40.0 0.0			X				357,028	0	39,320
STEPHANIE MCDONELL CHIEF INFORMATION OFFICER	40.0 0.0			X				352,905	0	25,410
JOHNNY ROBERTS VP UR PHYSICIAN GROUP	40.0 2.5			X				307,973	0	45,954
RICHARD CARPENTER VP OF FACILITIES, End: 04/19	40.0 0.0			X				247,225	0	13,862
DWAYNE MCKEE DIRECTOR OF CIBI	40.0 0.0					X		198,538	0	29,519
NATHAN WOOTEN DIRECTOR OF PHARMACY	40.0 0.0					X		178,009	0	38,295

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			
SHELLEY MOSER SR DIRECTOR OF QUALITY & SAFET	40.0 0.0					X		176,729	0	30,065
JAMES BEASLEY CLINICAL PHARMACIST	40.0 0.0					X		173,033	0	33,181
LILA PEREZ CHARGE NURSE	51.0 0.0					X		169,458	0	15,862
LEE RODGERS VP MED AFFAIRS end: 06/18	40.0 0.0						X	161,830	0	0
ANDRE DESIRE MD DIRECTOR	1.0 0.0	X						116,828	0	0
ASHVINKUMAR PATEL MD DIRECTOR, End: 06/19	1.0 0.0	X						45,169	0	0
BARRY HARDIN DIRECTOR	1.0 0.0	X						0	0	0
BLAKE ANDREWS DIRECTOR	1.0 0.0	X						0	0	0
KELLY FRISTOE DIRECTOR	1.0 0.0	X						0	0	0
ROBERT KINLEY HEGGLUND DIRECTOR	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL STANFORD CHAIRMAN	1.0 0.0	X		X				0	0	0
MARGARET STEWART DIRECTOR	1.0 0.0	X						0	0	0
DEANDREA DAVIS DIRECTOR	1.0 0.0	X						0	0	0
KEITH WILLIAMSON MD DIRECTOR	1.0 0.0	X						0	0	0
TIM CORNELIUS DIRECTOR	1.0 0.0	X						0	0	0
LACEY MORGAN VICE CHAIR	1.0 0.0	X		X				0	0	0
R KEN HINES DIRECTOR	1.0 0.0	X						0	0	0
RITA VOKES DIRECTOR, End: 06/19	1.0 0.0	X						0	0	0
YVONNE HEARN MD DIRECTOR	1.0 0.0	X						0	0	0
FRED LANGNER MD DIRECTOR	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN LUIG JR SECRETARY/TREASURER	1.0 0.0	X		X				0	0	0
TERRY PATTON PAST CHAIR	1.0 0.0	X		X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Regional Health Care System

Employer identification number
75-1912147

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 75-1912147
Name: United Regional Health Care System

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

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 United Regional Health Care System	Employer identification number 75-1912147
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		150,091
j	Total. Add lines 1c through 1i			150,091
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	LOBBYING ACTIVITIES: THE HOSPITAL PAID DUES TO ORGANIZATIONS, A PORTION OF WHICH IS DESIGNATED FOR LOBBYING EXPENSES. DUES %LOBBYING \$LOBBYING TAVH \$ 5,823 100.00% \$ 5,823 THA \$ 59,220 0% \$ 0 AHA \$ 49,573 22.73% \$ 11,268 MCDERMOTT & CONSULTING \$ 8,000 100.00% \$ 8,000 DON GILBERT & ASSOC \$125,000 100.00% \$ 125,000 ----- ----- TOTAL \$247,616 \$ 150,091

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Regional Health Care System

Employer identification number
75-1912147

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	839,392	839,392	839,392	1,416,349
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs	345,761			
f	Administrative expenses				
g	End of year balance	493,631	839,392	839,392	1,416,349

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

59.480 %

c

Temporarily restricted endowment

40.520 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	15,074,757		15,074,757
b	Buildings	220,029,874	98,828,815	121,201,059
c	Leasehold improvements			
d	Equipment	178,237,019	108,664,350	69,572,669
e	Other	2,515,056	1,851,445	663,611
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			206,512,096

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Due from Affiliates	77,997,727
(2) Interest Receivable	171,909
(3) Est from 3rd Party Payors	14,500,903
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	92,670,539

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	11,077,060

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-1912147
Name: United Regional Health Care System

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS: THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS. FUNDS ARE USED TO ADVANCE AND PROMOTE THE HEALTH AND WELL-BEING OF PEOPLE AND ORGANIZATIONS IN THE COMMUNITY AND SURROUNDING AREAS. THE FUNDS DESIGNATED BY THE BOARD ARE NOT CURRENTLY BEING USED.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE I NCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCE RTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V, COLUMNS B & C	<p>RESTATEMENT OF ENDOWMENT FUNDS: THE ENDOWMENT FUND BALANCES PER THE FINANCIAL STATEMENTS F</p> <p>OR 2017 AND 2018 WERE RESTATED DUE TO THE RECLASSIFICATION OF NET ASSETS. BOARD DESIGNATED ASSETS WERE RECLASSIFIED TO REMOVE THE DESIGNATION AND COMBINED WITH TEMPORARY RESTRICTED NET ASSETS IN MARCH OF 2019.</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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Regional Health Care System

Employer identification number
75-1912147

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,131,058	36,604,856	8,526,202	2.520 %
b Medicaid (from Worksheet 3, column a)			35,430,387	42,323,448		
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,067,837	707,967	1,359,870	0.400 %
d Total Financial Assistance and Means-Tested Government Programs			82,629,282	79,636,271	9,886,072	2.920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			9,682		9,682	0.010 %
g Subsidized health services (from Worksheet 6)			47,451,115	24,334,671	23,116,444	6.830 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			18,255,010		18,255,010	5.390 %
j Total. Other Benefits			65,715,807	24,334,671	41,381,136	12.230 %
k Total. Add lines 7d and 7j			148,345,089	103,970,942	51,267,208	15.150 %

Part III

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	9	6,433	46,857	9,470	37,387	0.010 %
8 Workforce development						
9 Other						
10 Total	9	6,433	46,857	9,470	37,387	0.010 %

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			No
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	40,832,737		
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	4,083,274		
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	112,748,398
6 Enter Medicare allowable costs of care relating to payments on line 5	6	114,383,418
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,635,020
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV

Management Companies and Joint Ventures

(a) Name of entity <small>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)</small>	(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 united regional	CARDIOVASCULAR SERVICES	50 %		50 %
2 health care system				
3 cardiology LLC				
4 united regional	surgical management	50 %		50 %
5 health care system				
6 surgery llc				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year?
1

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)
UNITED REGIONAL HEALTH CARE SYSTEM**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

UNITED REGIONAL HEALTH CARE SYSTEM

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

UNITED REGIONAL HEALTH CARE SYSTEM

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT ADJUSTMENTS: THE ORGANIZATION'S BAD DEBT ADJUSTMENTS WERE CALCULATED USING THE ADJUSTMENT AMOUNT REPORTED AS REVENUE DEDUCTIONS ON THE INTERNAL FINANCIAL STATEMENTS.
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE: THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY WAS DETERMINED BY ESTIMATING THAT 10% OF THE BAD DEBT WOULD LIKELY BE CHARITY CARE. THIS IS THE APPROXIMATE PERCENTAGE OF PATIENTS NOT COMPLETING THE PAPER WORK TO APPLY FOR CHARITY CARE. BAD DEBT EXPENSE REPRESENTS GROSS CHARGES ADJUSTED FOR APPROPRIATE DISCOUNTS AND PAYMENTS ON ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT FOOTNOTE: SEE NOTE 2: CHANGE IN ACCOUNTING PRINCIPLE ON PAGE 14 IN THE ATTACHED AUDITED FINANCIAL STATEMENTS.
SCHEDULE H, PART III, SECTION B, LINE 8	COSTING METHODOLOGY: THE HOSPITAL USES MEDICARE COST REPORT METHODOLOGY TO DETERMINE MEDICARE ALLOWABLE COST, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES. THE ORGANIZATION HAD A MEDICARE SHORTFALL IN THE AMOUNT OF \$1,635,020. THE STATE OF TEXAS TREATS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR MEETING STATUTORY REQUIREMENTS FOR CHARITY CARE AND COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION PRACTICES: HOSPITAL PERSONNEL MAKE GOOD FAITH EFFORTS TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, GOVERNMENTAL PROGRAMS AND ASSISTANCE IN APPLYING. SECTION 7.2 OF THE CHARITY AND BAD DEBT POLICY STATES: REQUIRED INFORMATION AND DOCUMENTATION AS NOTED IN THIS POLICY MUST BE PROVIDED BEFORE ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE DETERMINED. ONCE THE REQUIREMENTS HAVE BEEN MET, A WRITTEN NOTICE WILL BE MAILED TO THE PATIENT INFORMING THEM OF THE DETERMINATION DECISION. NO COLLECTION EFFORTS WILL BE PURSUED ON A FINANCIAL ASSISTANCE APPLICATION FOR THE ELIGIBLE AMOUNT AFTER SUCH DETERMINATION IS MADE.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT: UNITED REGIONAL HEALTH CARE SYSTEM (URHCS) PROVIDES EMERGENCY, TRAUMA, OUTPATIENT AND SHORT TERM GENERAL ACUTE CARE INPATIENT CARE IN THE WICHITA FALLS AREA. IN CONJUNCTION WITH OTHER INTERESTED ORGANIZATIONS, IT UNDERTAKES PROJECTS TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. FOR EXAMPLE, URHCS COLLABORATES WITH OTHER COMMUNITY HEALTH ORGANIZATIONS TO CREATE A HEALTHY WICHITA REPORT WHICH IS UPDATED PERIODICALLY. THIS REPORT ASSESSES THE HEALTHCARE SERVICES PROVIDED IN THE COMMUNITY TO COMPARE THE OUTCOMES TO STATE AND FEDERAL OUTCOMES AND DETERMINE IF THE COMMUNITY HEALTH NEEDS ARE BEING MET OR ADDITIONAL RESOURCES NEED TO BE DIRECTED TO PARTICULAR HEALTH AREAS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE HOSPITAL INFORMS PATIENTS OF THE CHARITY CARE PROGRAM AND HOW TO APPLY FOR CHARITY CARE. THIS IS DONE BY POSTING NOTICES IN PATIENT REGISTRATION AREAS AND PROVIDING WRITTEN NOTICES TO PATIENTS. ALL PATIENT STATEMENTS HAVE AN ASSISTANCE APPLICATION ON THE REVERSE SIDE AND AN ALERT ON THE FRONT FOR THOSE ELIGIBLE OR INTERESTED IN APPLYING. THIS INCLUDES ALL STATEMENT NOTIFICATIONS AND NOT JUST PATIENT SHARE STATEMENTS. FURTHERMORE IT IS THE POLICY OF URHCS TO ASSIST PATIENTS WITH INFORMATION AND RESOURCES FOR POTENTIALLY QUALIFYING FOR GOVERNMENTAL OR OTHER FINANCIAL ASSISTANCE PROGRAMS. THE BUSINESS OFFICE WILL REFER THOSE PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM A GOVERNMENTAL PROGRAM TO THE APPROPRIATE PROGRAM, SUCH AS MEDICAID, COUNTY INDIGENT, CRIME VICTIMS, OR OTHER PROGRAM, OR TO THE HOSPITAL'S CONTRACTED ELIGIBILITY VENDOR FOR SCREENING FOR GOVERNMENTAL PROGRAM COVERAGE.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION: URHCS PRIMARY SERVICE AREA IS MADE UP OF WICHITA COUNTY. WICHITA COUNTY CONTAINS THE CITY OF WICHITA FALLS WHERE URHCS IS LOCATED. ACCORDING TO THE HUMAN RESOURCES AND SERVICES ADMINISTRATION, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, WICHITA FALLS HAS SEVERAL CENSUS TRACTS FEDERALLY DESIGNATED AS MEDICALLY UNDER-SERVED, INCLUDING CENSUS TRACT 102 WHERE URHCS IS LOCATED. CENSUS DATA FOR WICHITA FALLS IS AS FOLLOWS: MEDIAN HOUSEHOLD INCOME (2017 EST.): \$ 44,285 PER CAPITA INCOME (2017 EST.): \$ 22,843 UNDER AGE 18 CHILDREN BELOW POVERTY LEVEL (2017 EST.): 26.4% MEDIAN EARNINGS OF FULL-TIME WORKERS, FEMALE (2017 EST.): \$39,254 PERSONS BELOW POVERTY LEVEL (2017 EST.): 20.9% EMPLOYED PERSON WITHOUT HEALTH INSURANCE COVERAGE 19 TO 64 YEARS (2017 EST.) : 21.1%. URHCS IS RECOGNIZED BY MEDICARE AS QUALIFYING FOR SOLE COMMUNITY HOSPITAL STATUS AND SERVES A DISPROPORTIONATE SHARE OF LOW-INCOME PATIENTS. UNITED REGIONAL QUALIFIES AS A DISPROPORTIONATE SHARE HOSPITAL FOR BOTH THE MEDICARE AND MEDICAID PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH: THE HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS THAT REPRESENTS THE COMMUNITIES IN WHICH THE ORGANIZATION OPERATES. UNITED REGIONAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. UNITED REGIONAL OPERATES A LEVEL 2 TRAUMA UNIT FOR THE REGION. THE HOSPITAL PROVIDES TRAINING COURSES FOR NURSING AND ALLIED HEALTH PROFESSIONALS FOR THE COMMUNITIES IT SERVES. THE HOSPITAL PARTICIPATES IN MEDICAID AND IS THE MANDATED WICHITA COUNTY HEALTHCARE FACILITY. THE HOSPITAL ALSO PROVIDES NUMEROUS AVENUES TO EDUCATE THE COMMUNITY ON HEALTH INITIATIVES SUCH AS HEALTH FAIRS, NEWSLETTERS/EMAILS, SOCIAL MEDIA OUTREACH AND LECTURE SERIES ON CHRONIC AND ACUTE HEALTH ISSUES. UNITED REGIONAL REINVESTS SURPLUS FUNDS IN THE FACILITIES TO ENSURE PATIENTS ARE PROVIDED WITH STATE OF THE ART MEDICAL CARE. IN 2019 THE HOSPITAL CONDUCTED A COMPREHENSIVE SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT. SIX SIGNIFICANT COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND AN IMPLEMENTATION PLAN WAS DEVELOPED TO DIRECTLY ADDRESS THE SIX IDENTIFIED PRIORITIES. DURING 2019, THE HOSPITAL CONTINUED TO ADDRESS ITEMS FROM THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT. THE NEEDS AND PROGRAMS ADDRESSED IN 2019 ARE: -THE NEED FOR ADDITIONAL PRIMARY CARE AND SPECIALTY PROVIDERS: IN 2019 UNITED REGIONAL HAS RECRUITED OR ASSISTED WITH RECRUITMENT OF 23 PHYSICIANS IN THE FOLLOWING SPECIALTIES: - ANESTHESIA (1) - OBGYN (1) - FAMILY MEDICINE (2) - HOSPITALISTS (10) - NEUROLOGY (1) - PEDIATRICS (1) - CVT (1) - EMERGENCY (1) - UROLOGY (1) - ORTHO (1) OPHTHAMOLOGY (1) - INTERVENTIONAL CARDIOLOGIST (1) - ENT (1) -ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS: IN 2019, CAREPLUS SAW 24,451 PATIENTS, WHICH IS A 23% INCREASE OVER 2018. IN 2019, 434 NEW HEART FAILURE CLINIC PATIENTS WERE SEEN. THERE WERE 2,080 TOTAL VISITS. IN 2019 THE CALL-A-NURSE PHONE LINE REFERRAL SERVICE HAD 284 PHYSICIAN REFERRAL CALLS, 421 SERVICE REFERRAL CALLS, 1,670 CLASSES ENROLLED AND 3,270 NURSE TRIAGE CALLS. -PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES: IN 2019, UNITED REGIONAL SPONSORED COMMUNITY EDUCATION PROGRAMS, CLASSES, HEALTH FAIRS, SEMINARS AND OTHER EVENTS. THE EVENTS INCLUDED HEART RHYTHM DISORDERS, LOSE THE WEIGHT FOR LIFE, ACHY BREAKY JOINTS, LIVING WITH RHEUMATOID ARTHRITIS, BENEFITS OF CONTINUOUS GLUCOSE MONITORING IN DIABETES, REAL TALK FOR WOMEN, JOINT PAIN, PAIN GETTING OUT OF HAND AND NEUROSURGERY. TOTAL ATTENDANCE WAS OVER 1,000 COMMUNITY MEMBERS. IN ADDITION THERE WERE ALSO PRENATAL CLASSES HELD IN THE COMMUNITY WITH OVER 800 COMMUNITY MEMBERS. UNITED REGIONAL ALSO PARTICIPATED IN A VARIETY OF HEALTH FAIRS AND PRESENTATIONS PROVIDING FREE TESTING, SCREENING AND EDUCATIONAL PRESENTATIONS. UNITED REGIONAL PUBLISHED THREE EDITIONS OF A COMMUNITY MAGAZINE CALLED HEALTHY YOU. IT IS DISTRIBUTED TO APPROXIMATELY 37,000 RESIDENTS IN THE NINE-COUNTY PRIMARY AND SECONDARY SERVICE AREA. TOPICS INCLUDE: BLEEDING CONTROL, MENS HEALTH, PELVIC HEALTH, COMMON SPINE PROBLEMS, GLUTEN FREE RECIPES, MANAGING STRESS AND SURGERY FOR BACK PAIN. -ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE: IN 2019, 997 PATIENTS WERE IDENTIFIED FOR MENTAL/BEHAVIORAL HEALTH REFERRAL OR INTERNENTION. UNITED REGIONAL STAFFS A SANE (SEXUAL ASSAULT NURSE EXAMINER) THAT IS TRAINED TO TREAT SEXUALLY ASSAULTED PATIENTS. UNITED REGIONAL CONTINUES TO PROVIDE ADDITIONAL SERVICES THROUGH PSYCHIATRIC TELEHEALTH. -ACCESS TO AFFORDABLE, HIGH NUTRITIONAL QUALITY FOOD: UNITED REGIONAL HEALTH CARE SYSTEM PARTNERED WITH THE HEALTH DISTRICT TO PROMOTE PREVENTION SCREENINGS SUCH AS COLONOSCOPIES, MAMMOGRAMS, ETC. IN CONJUNCTION WITH THE WICHITA FALLS AREA FOOD BANK, UNITED REGIONAL PROVIDED 546 FOOD BOXES TO PATIENTS AND THEIR FAMILIES.</p>
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM: N/A</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT: URHCS FILES AN ANNUAL STATEMENT OF COMMUNITY BENEFIT STANDARDS (ASCBS) WITH THE STATE OF TEXAS. THE CALCULATION OF COMMUNITY BENEFIT FOR THE ASCBS DIFFERS FROM THE CALCULATIONS REQUIRED FOR THE IRS SCHEDULE H REPORTING. THEREFORE, THE INFORMATION REPORTED IN THE TWO REPORTS IS INCONSISTENT.
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSES: BAD DEBT EXPENSE OF \$40,832,737 WAS INCLUDED IN TOTAL EXPENSE ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS SUBTRACTED FROM TOTAL EXPENSE FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IN COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>COMMUNITY BUILDING ACTIVITIES: THE HOSPITAL CONDUCTED ACTIVITIES TO PROMOTE AND SUPPORT THE HEALTH OF THE COMMUNITY THROUGH EDUCATION AND SUPPORT GROUPS. THESE ACTIVITIES INCLUDED THE FOLLOWING: -55 ADVANTAGE: A SENIOR AFFINITY PROGRAM HELD EVERY OTHER MONTH TO PROVIDE EDUCATION FOR SENIOR CITIZENS ON VARIOUS HEALTH TOPICS.</p> <p>-BREATHSAVERS: A PULMONARY SUPPORT GROUP THAT MEETS EVERY OTHER MONTH FOR ADULTS WITH PULMONARY DISEASES (COPD, ASTHMA, EMPHYSEMA, AND CHRONIC BRONCHITIS) AND IS DESIGNED TO ASSIST THOSE WITH THE DISEASES TO DEVELOP SELF-CARE SKILLS FOR A MORE ACTIVE LIFE.</p> <p>-CHILD PASSENGER SAFETY EDUCATION: A PROGRAM TO EDUCATE PARENTS ON CHILD PASSENGER SAFETY BY VIEWING A "SAFE RIDERS OF TEXAS" VIDEO, AND PROVIDE CAR SEAT CHECKS BY A CERTIFIED TECHNICIAN FOR PROPER INSTALLATION. THERE WERE 29 SEATS INSPECTED AND INSTALLED AND 26 SEATS WERE REPLACED. -DIABETES SUPPORT GROUP: A TYPE 2/TYPE 1 SUPPORT GROUP AND A PEDIATRIC DIABETES SUPPORT GROUP FOR THE COMMUNITY TO PROVIDE ONGOING SUPPORT AND EDUCATION TO DIABETES PATIENTS. -FAMILY HEALTH EDUCATION CLASS OFFERINGS: TO HELP NEW PARENTS MAKE AN EASIER TRANSITION TO PARENTHOOD, THE HOSPITAL OFFERS A VARIETY OF PRENATAL CLASSES. IN ADDITION, THE HOSPITAL ASSISTS SHEPPARD AIR FORCE BASE WITH THEIR MONTHLY PRENATAL ORIENTATION AS WELL AS INSTRUCTS STUDENTS AT A LOCAL ACCELERATED LEARNING CENTER FOR NONTRADITIONAL HIGH SCHOOL STUDENTS. A COMMUNITY HEALTH EDUCATION SPECIALIST PRESENTS INFORMATION ABOUT THE HOSPITAL'S MOTHER/BABY UNIT, WHAT TO EXPECT DURING THEIR STAY, AS WELL AS PROVIDES GENERAL PRENATAL EDUCATION.</p> <p>-COMMUNITY EDUCATION SEMINARS: PROVIDES LECTURES SERIES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS INCLUDING HEART RHYTHM DISORDERS, JOINT REPLACEMENT SURGERY, NON-OPERATIVE TREATMENT FOR NECK AND BACK PAIN, BLADDER INCONTINENCE, HAND PAIN, DEMENTIA AND EAR, NOSE AND THROAT ISSUES. -SENIOR FOCUS: AN EDUCATION FAIR FOR SENIOR ADULTS THAT PROVIDES HEALTH INFORMATION, CHOLESTEROL SCREENINGS AND FLU SHOTS. -SMOKING CESSATION COURSE: A COURSE DESIGNED TO EDUCATE AND HELP INDIVIDUALS STOP SMOKING. -WOMEN'S EXPO/HEART OF A WOMAN: AN EDUCATIONAL FAIR FOR WOMEN THAT PROVIDES EDUCATION AND HEALTH SCREENINGS. SEE SCHEDULE H, PART VI, LINE 5 DISCLOSURE FOR MORE INFORMATION ON THESE ACTIVITIES.</p>
SCHEDULE H, PART I, LINE 6B	<p>COMMUNITY BENEFIT REPORT: THE ORGANIZATION'S COMMUNITY BENEFIT REPORT CAN BE OBTAINED BY REQUEST FROM UNITED REGIONAL ADMINISTRATION OFFICES OR COMMUNITY BENEFITS OFFICES. THE COMMUNITY BENEFIT REPORT IS ALSO ON FILE WITH THE HEALTH AND HUMAN SERVICES COMMISSION OF THE STATE OF TEXAS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3C	FACTORS OTHER THAN FPG DETERMINING FREE OR DISCOUNTED CARE: THE HOSPITAL USES THE FOLLOWING OTHER CRITERIA TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE: - ASSET LEVEL - MEDICAL INDIGENCY - UNDERINSURANCE STATUS - RESIDENCY
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY: THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3. COST COMPUTED ON IRS WORKSHEETS 5 and 6 WERE COMPUTED FROM THE MEDICARE COST REPORT, INCLUDING DIRECT COSTS PLUS OVERHEAD ALLOCATIONS COMPUTED IN THE COST REPORT. The cost computed on worksheet 8 were from the hospital's income statement and grant schedule.

Additional Data

Software ID:

Software Version:

EIN: 75-1912147

Name: United Regional Health Care System

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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	UNITED REGIONAL HEALTH CARE SYSTEM 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 WWW.UNITEDREGIONAL.ORG 000417	X	X		X			X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	PERSONS WHO REPRESENT THE COMMUNITY: UNITED REGIONAL CONDUCTED 27 INTERVIEWS WITH THE TWO GROUPS OUTLINED IN IRS FINAL REGULATIONS RELEASED ON DECEMBER 29, 2014. DURING THESE INTERVIEWS, THE HOSPITAL DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS. BACKGROUND INFORMATION ON EACH INTERVIEWEE WAS ALSO GATHERED. THE INTERVIEWEES WERE INDIVIDUALS FROM VARIOUS NOT-FOR-PROFIT GROUPS, HEALTH CARE FACILITIES, GOVERNMENTAL AGENCIES AND OTHER AREAS OF THE COMMUNITY. THESE INDIVIDUALS WERE FROM THE FOLLOWING ORGANIZATIONS: -HELEN FARABEE CENTER -WICHITA FALLS AREA FOOD BANK -WICHITA FALLS CITY COUNCIL -GUFFEY'S PHARMACY -HOSPICE OF WICHITA FALLS -WICHITA COUNTY HEALTH DEPARTMENT -UNITED REGIONAL HEALTH CARE SYSTEM -FINANCIAL PARTNERS -WICHITA COUNTY -THE KITCHEN -UNITED REGIONAL FOUNDATION -ELECTRA MEMORIAL HOSPITAL -WICHITA FALLS ISD -PRESBYTERIAN MANOR -NORTH CENTRAL TEXAS COMMUNITY HEALTH CENTER -WICHITA FALLS FAITH MISSION -NORTH TEXAS AREA UNITED WAY -BOYS AND GIRLS CLUB OF WICHITA FALLS -WILSON SCHOOL OF NURSING -AMERICAN CANCER SOCIETY

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 7A & 10A	CHNA & Implementation strategy website: The CHNA And implementation strategy can be found at WWW.UNITEDREGIONAL.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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 20E	EFFORTS TO NOTIFY INDIVIDUALS OF FINANCIAL ASSISTANCE POLICY: NEITHER THE UNITED REGIONAL HEALTH CARE SYSTEM, NOR THIRD PARTIES AUTHORIZED BY URHCS, TAKE ANY ACTIONS UPON NON-PAYMENT FROM A PATIENT BEFORE MAKING A REASONABLE EFFORT TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR THE FACILITY'S FINANCIAL ASSISTANCE POLICY.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NEEDS ADDRESSED AND NOT ADDRESSED: UNITED REGIONAL IDENTIFIED AND PRIORITIZED 6 NEEDS USING A STRUCTURED MATRIX IN THE IMPLEMENTATION STRATEGY. THE NEEDS ARE: 1. ACCESS TO PRIMARY CARE SERVICES AND PROVIDERS: UNITED REGIONAL WILL CONTINUE TO RECRUIT AND EMPLOY ADDITIONAL PHYSICIANS TO THE COMMUNITY, AS WELL AS PHYSICIANS EMPLOYED BY THE UNITED REGIONAL PHYSICIAN GROUP. VIA ITS EMPLOYED PHYSICIAN GROUP, UNITED REGIONAL WILL CONTINUE TO OPERATE A PRIMARY CARE WALK-IN CLINIC, CAREPLUS, AS WELL AS ECARE, A VIRTUAL OPTION FOR RESIDENTS. 2. ACCESS TO SPECIALTY CARE SERVICES AND PROVIDERS: UNITED REGIONAL WILL CONTINUE TO EXPAND SPECIALTY CARE CAPACITY BY RECRUITING AND EMPLOYING ADDITIONAL SPECIALTY PHYSICIANS TO THE COMMUNITY. UNITED REGIONAL WILL CONTINUE TO OFFER PALLIATIVE CARE/SUPPORTIVE CARE SERVICES, DESIGNED TO ASSIST PATIENTS WHO HAVE CHRONIC DISEASES TO ACCESS THE MEDICAL AND EMOTIONAL SUPPORT NEEDED TO BEST MANAGE THEIR DISEASE PROCESSES WITH A FOCUS ON RELIEF OF PAIN, STRESS AND OTHER DEBILITATING SYMPTOMS OF SERIOUS ILLNESS. 3. PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES: UNITED REGIONAL WILL CONTINUE TO INCREASE EDUCATIONAL OPPORTUNITIES FOR THE PUBLIC CONCERNING WELLNESS TOPICS AND HEALTH RISK CONCERNS, PREVENTIVE CARE AND HEALTHY LIFESTYLE CHOICES THROUGH MEDIA OUTLETS AND HOSTING AND/OR PARTICIPATING IN LOCAL HEALTH-RELATED EVENTS. CURRENT EXAMPLES INCLUDE: CPR, PREPARED CHILDBIRTH, SMOKING CESSATION, BREAST FEEDING, HEALTHY YOU TV SERIES, DIABETES EDUCATION, PRENATAL CLASSES, 55 ADVANTAGE, SENIOR FOCUS AND WOMEN'S EXPO. 4. ACCESS TO AFFORDABLE, HIGH NUTRITIONAL QUALITY FOOD OPTIONS: IN CONJUNCTION WITH THE WICHITA FALLS AREA FOOD BANK, UNITED REGIONAL WORKS TO PROVIDE HEALTHY FOOD BOXES FOR PATIENTS PARTICIPATING IN DIABETES EDUCATION, HEART FAILURE CLINIC AND OUTPATIENT INFUSION AND POST-OPERATIVE PATIENTS WHO ARE FOOD INSECURE. ALSO, IN CONJUNCTION WITH THE WICHITA FALLS AREA FOOD BANK, UNITED REGIONAL OFFERS A MOBILE FOOD PANTRY AT SIX DIFFERENT LOCATIONS-ONCE EACH PER MONTH-IN AN EFFORT TO HAVE A HUNGER-FREE COMMUNITY. 5. ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDERS: UNITED REGIONAL WILL CONTINUE TO PROVIDE CASE MANAGEMENT SERVICES AND APPROPRIATE REFERRALS FOR PATIENTS WHO PRESENT TO THE HOSPITAL OR EMERGENCY DEPARTMENT WITH MENTAL OR BEHAVIORAL HEALTH CONDITIONS ON AN AS NEEDED BASIS. UNITED REGIONAL WILL CONTINUE TO PROVIDE PSYCHIATRIC TELEHEALTH SERVICES FOR APPLICABLE PATIENTS. 6. ACCESS TO AFFORDABLE CARE AND REDUCING HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS: UNITED REGIONAL WILL CONTINUE TO PROVIDE MEDICAL CARE TO ALL PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. UNITED REGIONAL WILL CONTINUE TO OPERATE ITS HEART FAILURE CLINIC. UNITED REGIONAL'S IMPLEMENTATION PLAN ADDRESSES ALL NEEDS IDENTIFIED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. SEE THE SCHEDULE H, PART VI, LINE 5 DISCLOSURE FOR A

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	DDITIONAL INFORMATION UPDATING UNITED REGIONAL'S PROGRESS ADDRESSING THESE NEEDS.

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 16A, 16B & 16C	MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY: THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY are AVAILABLE AT THE FOLLOWING ADDRESS: https://www.unitedregional.org/patients-and-visitors/billing-questions-and -answers/financial-assistance/

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
United Regional Health Care System

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
75-1912147

Part IGeneral 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) UNITED REGIONAL HEALTH CARE FOUNDATION 1600 11TH STREET WICHITA FALLS, TX 76301	75-2761467	501(C)(3)	608,010				General support
(2) SERVICE ORGANIZATION OF NORTH TEXAS 2950 50TH STREET LUBBOCK, TX 79413	80-0368789	501(C)(3)	17,647,000				emergency care & physician support

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table2
- 3 Enter total number of other organizations listed in the line 1 table

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 THE USE OF GRANT FUNDS IN THE U.S.: UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES GENERAL CONTRIBUTIONS TO THE COMMUNITY, NATIONAL CHARITIES AND OTHER COMPANIES FOR THE FURTHERANCE OF THEIR MISSION OR PURPOSE. THE ORGANIZATIONS MAKE THEIR REQUESTS IN WRITING. THESE CONTRIBUTIONS ARE REVIEWED AND APPROVED BY APPROPRIATELY AUTHORIZED BOARD ACTION; OR OFFICERS; OR EMPLOYEES AS APPROPRIATE IN THE CIRCUMSTANCE IN EACH INSTANCE OF SUCH CONTRIBUTION BEING MADE. UNITED REGIONAL FOLLOWS UP WITH EACH ORGANIZATION TO MAKE SURE EACH CONTRIBUTION WAS USED FOR ITS INTENDED PURPOSE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization United Regional Health Care System		Employer identification number 75-1912147

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

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

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

[illegible]

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 6	EXPLANATION OF COMPENSATION CONTINGENT ON NET EARNINGS: A RANGE BETWEEN 20% AND 25% OF ANNUAL BONUS IS BASED ON CONSOLIDATED NET OPERATING INCOME. OTHER BONUS CRITERIA INVOLVE QUALITY SCORES, SERVICE SCORES AND INDIVIDUAL GOALS.
Schedule J, Part I, Line 4A	severance payment: SEVERANCE IS A VOLUNTARY AGREEMENT THAT SET FORTH THE AGREED UPON SEPARATION DATE FOR EMPLOYMENT AND BENEFITS COVERAGE, THE AMOUNT OF PAYMENT, A CONFIDENTIALITY AGREEMENT CONCERNING COMPANY INFORMATION AND MATERIALS, RETURN OF COMPANY MATERIALS, AND COOPERATION CONCERNING BUSINESS MATTERS. SEVERANCE WAS PAID TO THE FOLLOWING INDIVIDUALs: Lee Rodgers, MD \$ 161,830 Richard Carpenter \$ 131,363
Schedule J, Part I, Line 4B	DEFERRED COMPENSATION PLAN: UNITED REGIONAL HEALTH CARE SYSTEM OFFERS A DEFERRED COMPENSATION PLAN. CERTAIN MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES MAY ELECT TO PARTICIPATE, IF ELIGIBLE, IN A DEFERRED COMPENSATION PLAN WHICH IS IN COMPLIANCE WITH THE IRC SECTION 457(F), ELIGIBLE DEFERRED COMPENSATION PLAN SPONSORED BY A TAX EXEMPT ORGANIZATION. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN DURING THE 2019 TAX YEAR: NAME AMOUNT IN W-2 AMOUNT DEFERRED ----- PHYLLIS COWLING \$70,985 \$68,500

Additional Data

Software ID:

Software Version:

EIN: 75-1912147

Name: United Regional Health Care System

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				
1PHYLLIS COWLING PRESIDENT & CEO	(i)	702,411	290,927	104,138	98,700	12,170	1,208,346	70,985
	(ii)	0	0	0	0	0	0	0
1NANCY TOWNLEY SR VP OF OPERATIONS	(i)	518,656	167,523	10,530	24,700	30,239	751,648	0
	(ii)	0	0	0	0	0	0	0
2ROBERT PERT CHIEF FINANCIAL OFFICER	(i)	377,264	136,284	8,076	24,700	30,820	577,144	0
	(ii)	0	0	0	0	0	0	0
3STEPHANIE MCDONELL CHIEF INFORMATION OFFICER	(i)	304,786	46,377	1,742	10,500	14,910	378,315	0
	(ii)	0	0	0	0	0	0	0
4RICHARD CARPENTER VP OF FACILITIES, End: 04/19	(i)	82,989	32,486	131,750	6,113	7,749	261,087	0
	(ii)	0	0	0	0	0	0	0
5KRISTI FAULKNER VP OF HUMAN RESOURCES	(i)	266,585	89,845	598	20,587	18,733	396,348	0
	(ii)	0	0	0	0	0	0	0
6JOHNNY ROBERTS VP UR PHYSICIAN GROUP	(i)	241,177	43,170	23,626	20,146	25,808	353,927	0
	(ii)	0	0	0	0	0	0	0
7LEE RODGERS VP MED AFFAIRS end: 06/18	(i)	0	0	161,830	0	0	161,830	0
	(ii)	0	0	0	0	0	0	0
8JANE RITTER VP OF PATIENT CARE/CLINICAL SV	(i)	266,181	85,377	7,289	18,945	34,841	412,633	0
	(ii)	0	0	0	0	0	0	0
9JAMES BEASLEY CLINICAL PHARMACIST	(i)	163,041	1,166	8,826	7,365	25,816	206,214	0
	(ii)	0	0	0	0	0	0	0
10LILA PEREZ CHARGE NURSE	(i)	168,235	1,166	57	5,682	10,180	185,320	0
	(ii)	0	0	0	0	0	0	0
11NATHAN WOOTEN DIRECTOR OF PHARMACY	(i)	170,776	7,076	157	7,648	30,647	216,304	0
	(ii)	0	0	0	0	0	0	0
12DWAYNE MCKEE DIRECTOR OF CIBI	(i)	173,191	23,582	1,765	6,299	23,220	228,057	0
	(ii)	0	0	0	0	0	0	0
13SHELLEY MOSER SR DIRECTOR OF QUALITY & SAFET	(i)	172,256	2,665	1,808	7,357	22,708	206,794	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Regional Health Care System

Employer identification number
75-1912147

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WICHITA FALLS DIALYSIS	SEE PART V	770,174	PROFESSIONAL FEES		No
(2) JANA FRISTOE	SPOUSE OF DIRECTOR	73,974	SALARY		No
(3) NATALIE STARY	DAUGHTER OF OFFICER	74,620	SALARY		No
(4) LA MAGNA HEALTH PLLC	SEE PART V	6,539,631	HOSPITALIST FEES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN(B)	ADDITIONAL INFORMATION ON TRANSACTIONS WITH INTERESTED PERSONS: ASHWINKUMAR PATEL, DIRECTOR, IS A MORE THAN 35% OWNER OF WICHITA FALLS DIALYSIS, AN ORGANIZATION DOING BUSINESS WITH THE HOSPITAL. Andre Desire, MD, Director, is a more than 35% owner of La Magna Health PLLC, an organization doing business with the hospital.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

United Regional Health Care System

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection****Employer identification number**

75-1912147

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY: THE WICHITA COUNTY-CITY OF WICHIT A FALLS, TEXAS HOSPITAL BOARD (WHB) APPOINTS ONE INDIVIDUAL TO SERVE EX OFFICIO AS A VOTIN G DIRECTOR. THE INDIVIDUAL APPOINTED BY THE WHB DOES NOT HAVE TO BE A MEMBER OF THE WHB BU T MUST MEET THE QUALIFICATIONS FOR DIRECTORS SET FORTH BY THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL: THE JOINT CITY-COUNTY BOARD HAS APPROVAL REGARDING BOND FINANCING AND APPROVAL OF THE BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990: THE EXECUTIVE COMMITTEE CHARTER, AS APPROVED BY THE UNITED REGIONAL HEALTH CARE SYSTEM BOARD, DELEGATES THE REVIEW OF 990S TO THE EXECUTIVE COMMITTEE AND THE FINANCE/AUDIT COMMITTEE. ALL MEMBERS OF THE COMMITTEE ARE PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS. THE 990 IS REVIEWED BY MANAGEMENT OFFICIALS OF THE HOSPITAL AND THE EXECUTIVE COMMITTEE OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: ALL OFFICERS, DIRECTORS, AND CERTAIN EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. THE FORMS ARE REVIEWED INITIALLY BY THE CHIEF COMPLIANCE OFFICER AND THE CEO FOR POTENTIAL CONFLICTS. ANY ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. A PERSON WITH A CONFLICT IS RESTRICTED FROM VOTING ON RELATED MATTERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	PROCESS USED TO DETERMINE COMPENSATION OF MANAGEMENT AND OTHER OFFICERS: THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF COMPENSATION OF THE CEO AND REVIEWS ALL CORPORATE OFFICERS COMPENSATION EVERY OTHER YEAR. THE EXECUTIVE COMMITTEE MAKES FINAL RECOMMENDATIONS REGARDING COMPENSATION OF THE CEO ANNUALLY AND ALL OFFICERS EVERY OTHER YEAR. A COMPENSATION CONSULTANT PROVIDES MARKET COMPARISONS ON AN EVERY OTHER YEAR BASIS. THIS WAS LAST COMPLETED IN 2019. AN ANNUAL COMPENSATION REVIEW IS PERFORMED BY THE CEO FOR ALL OTHER OFFICERS OF THE ORGANIZATION WITHIN THE PARAMETERS SET BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS ALL OTHER CORPORATE OFFICERS OTHER THAN THE CEO EVERY OTHER YEAR. ALL COMPENSATION REVIEWS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE'S MEETING MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE TO THE PUBLIC: AN AD IS RUN IN THE LOCAL PAPER ON AN ANNUAL BASIS INFORMING THE COMMUNITY THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE OTHER DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATION OF AUTHORITY: THE EXECUTIVE COMMITTEE HAS AUTHORITY TO TRANSACT ALL BUSINESS OF THE BOARD IN THE GOVERNANCE OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO THE LIMITATIONS SET FORTH IN THE BYLAWS AND ANY LIMITATIONS OTHERWISE IMPOSED BY THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	Compensation of Officers and Directors: Directors reported on part vii, section a are compensated for professional services as physicians and not as directors. Directors receiving 1099 income from united regional is compensation related to administrative and general services rendered to clinical areas of the organization, other professional services and for trauma or other off-hour availability.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS: INTERCOMPANY TRANSFERS (\$819,889)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL SERVICES TOTAL FEES:33170791

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:8342021

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SERVICE CONTRACTS TOTAL FEES:7793234

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY LABOR TOTAL FEES:5834675

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 1937982

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TRANSPORT TOTAL FEES:125395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CATERING EXPENSE TOTAL FEES:124497

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Regional Health Care System

Employer identification number
75-1912147

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)UNITED REGIONAL HEALTH CARE FOUNDATION 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-2761467	SUPPORT	TX	501(C)(3)	12, TYPE I	URHCS	Yes	
(2)CITY OF WICHITA FALLS-WC HOSPITAL BOARD 1300 SEVENTH STREET WICHITA FALLS, TX 76301 75-6002771	OVERSIGHT	TX	GOVT	N/A	NA		No
(3)RATHGEBER HOSPITALITY HOUSE 1615 TWELFTH STREET WICHITA FALLS, TX 76301 75-2811394	LODGING	TX	501(C)(3)	7	URHC FDN	Yes	
(4)UNITED REGIONAL HEALTH CARE SYSTEM AUXIL 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-6004656	BENEVOL SVCS	TX	501(C)(3)	12, TYPE I	URHCS	Yes	
(5)UNITED REGIONAL PHYSICIAN GROUP 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-2925491	HEALTH CARE	TX	501(C)(3)	10	URHCS	Yes	
(6)TEXOMA HIE 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 46-3617299	HTH INFO EXCH	TX	501(C)(3)	10	URHCS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) UNITED REGIONAL PROFESSIONAL SERVICES 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-2549298	MGMT SERVICES	TX	URHCS	C-CORPORATION	4,319,159	16,204,331	100.000 %	Yes	
(2) TEXOMA INSURANCE AGENCY 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 42-2683761	INSURANCE	TX	NA	C-CORPORATION	0	0	100.000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED REGIONAL PHYSICIAN GROUP	a	279,245	FMV
(2) UNITED REGIONAL HEALTH CARE FOUNDATION	B	608,010	Cash Value
(3) UNITED REGIONAL HEALTH CARE FOUNDATION	C	1,317,298	Cash Value
(4) United Regional Physician Group	Q	8,475,570	Cash Value
(5) Rathgeber Hospitality House	R	75,164	Cash Value
(6) united regional auxiliary	c	58,646	cash value

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2, COLUMN (D)	METHOD OF DETERMINING AMOUNTS FOR TRANSACTIONS DESCRIBED IN LINES 1B, 1C, 1Q, 1R: AMOUNTS REPORTED IN LINE 2, COLUMN (C) FOR THESE TRANSACTION TYPES ARE STATED AT CASH VALUE. METHOD OF DETERMINING AMOUNTS FOR TRANSACTIONS DESCRIBED IN LINE 1A: AMOUNTS REPORTED ON LINE 2, COLUMN (C) FOR THESE TRANSACTION TYPES ARE AT FAIR MARKET VALUE AND ARE COMPARABLE TO TRANSACTIONS BETWEEN TWO OR MORE UNRELATED PARTIES DEALING AT ARM'S LENGTH.

Additional Data

Software ID:
Software Version:
EIN: 75-1912147
Name: United Regional Health Care System

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNITED REGIONAL PHYSICIAN GROUP	a	279,245	FMV
UNITED REGIONAL HEALTH CARE FOUNDATION	B	608,010	Cash Value
UNITED REGIONAL HEALTH CARE FOUNDATION	C	1,317,298	Cash Value
United Regional Physician Group	Q	8,475,570	Cash Value
Rathgeber Hospitality House	R	75,164	Cash Value
united regional auxiliary	c	58,646	cash value