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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
Texas Health Resources

% DAVID JACKSON
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
612 E Lamar Blvd Ste 600

City or town, state or province, country, and ZIP or foreign postal code
Arlington, TX 76011

F Name and address of principal officer:
Barclay Berdan
612 E Lamar Blvd
Arlington, TX 76011

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 ▶

D Employer identification number
75-2702388

E Telephone number
(682) 236-7900

G Gross receipts \$ 3,219,937,150

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

J Website: ▶ texashealth.org

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

L Year of formation: 1997

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Through its affiliates, THR operates an integrated healthcare system with services and facilities throughout north central texas to improve healthcare.

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)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	4,811
6	Total number of volunteers (estimate if necessary)	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	16,540,998
7b	Net unrelated business taxable income from Form 990-T, line 39	2,339,926

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,272,683	3,376,346
9 Program service revenue (Part VIII, line 2g)	807,584,279	870,343,450
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,188,248	306,251,121
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,913,694	10,480,862
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,125,958,904	1,190,451,779

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,532,911	429,854
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	354,694,640	369,214,955
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	356,275,243	377,251,816
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	722,502,794	746,896,625
19 Revenue less expenses. Subtract line 18 from line 12	403,456,110	443,555,154

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,365,601,470	7,383,285,469
21 Total liabilities (Part X, line 26)	2,396,545,092	2,372,625,720
22 Net assets or fund balances. Subtract line 21 from line 20	3,969,056,378	5,010,659,749

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

DAVID JACKSON Assistant Secretary

2020-11-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 425 HOUSTON ST STE 600
FORT WORTH, TX 76102

Preparer's signature

Firm's EIN ▶

Phone no. (817) 335-1900

Date 2020-11-09

Check ☐ if self-employed

PTIN P01207335

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:

THROUGH ITS AFFILIATES, THR OPERATES AN INTEGRATED HEALTHCARE SYSTEM WITH SERVICES AND FACILITIES THROUGHOUT NORTH CENTRAL TEXAS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES THEY SERVE.

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 \$ 746,896,625 including grants of \$ 429,854) (Revenue \$ 874,857,015)
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 ► 746,896,625

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	No
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 Yes	
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	No
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 Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

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	Yes
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	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	Yes
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	No
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	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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	780
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4,811			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b If "Yes," enter the name of the foreign country: ►CJ				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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	Yes	
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		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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:
 ▶DAVID JACKSON 612 E LAMAR BLVD Arlington, TX 76011 (682) 236-7900

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)	22,827,217	0	2,129,853

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 ▶ 742

		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
Austin Industries Inc, 3535 Travis St 300 DALLAS, TX 75204	Construction	60,269,722
PWC Advisory Services LLC, PO Box 952282 DALLAS, TX 75395	Consulting	22,440,835
Southwest Media Group, 1717 Main Street 40th Flr DALLAS, TX 75201	Marketing Services	9,129,495
Innosight Consulting LLC, 92 Haydden Ave LEXINGTON, MA 02421	Consulting	8,542,500
Beck - The Beck Group, 1807 Ross Ave Ste 500 DALLAS, TX 75201	Construction	7,413,792

<p>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 ► 212</p>	
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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	3,376,346											
	e Government grants (contributions)	1e												
	f All other contributions, gifts, grants, and similar amounts not included above	1f												
	g Noncash contributions included in lines 1a - 1f:\$	1g												
	h Total. Add lines 1a-1f ▶			3,376,346										
Program Service Revenue			Business Code											
	2a MANAGEMENT FEE	541610		614,977,163		602,231,887		12,745,276						
	b JOINT VENTURE EARNINGS	621400		182,042,151		179,712,052		2,330,099						
	c RENTAL FEE	531120		66,176,547		66,176,547								
	d MANAGED CARE FEES	541990		3,593,239		3,493,243		99,996						
	e PATIENT REVENUE	622110		3,176,690		3,176,690								
	f All other program service revenue.			377,660		377,660								
	g Total. Add lines 2a-2f. ▶			870,343,450										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			114,355,715						114,355,715				
	4 Income from investment of tax-exempt bond proceeds ▶			285,146						285,146				
	5 Royalties ▶			132,882						132,882				
	6a Gross rents	6a	(i) Real	(ii) Personal										
			1,455,559											
			b Less: rental expenses	6b									87,393	
			c Rental income or (loss)	6c									1,368,166	0
	d Net rental income or (loss) ▶			1,368,166				139,520		1,228,646				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other										
			2,219,779,164	1,229,074										
			b Less: cost or other basis and sales expenses	7b									2,027,279,953	2,118,025
			c Gain or (loss)	7c									192,499,211	-888,951
	d Net gain or (loss) ▶			191,610,260						191,610,260				
	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 SUPPLY CHAIN MGMT			541610		3,068,859		2,860,687		208,172					
b PARKING			812930		1,789,193				1,789,193					
c MEDICAL RECORDS			541610		1,450,949				1,450,949					
d All other revenue					2,670,813		1,652,878		1,017,935					
e Total. Add lines 11a-11d ▶					8,979,814									
12 Total revenue. See instructions ▶					1,190,451,779		859,681,644		16,540,998					
					310,852,791									
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	416,354	416,354		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,500	13,500		
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	35,533,305	35,533,305	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	263,911,395	263,911,395		
7 Other salaries and wages	0	0		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,677,211	11,677,211		
9 Other employee benefits	39,387,541	39,387,541		
10 Payroll taxes	18,705,503	18,705,503		
11 Fees for services (non-employees):				
a Management	3,757,082	3,757,082		
b Legal	3,980,940	3,980,940		
c Accounting	2,215,553	2,215,553		
d Lobbying	125,034	125,034		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	17,465,888	17,465,888		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,187,946	64,187,946		
12 Advertising and promotion	13,998,526	13,998,526		
13 Office expenses	9,294,044	9,294,044		
14 Information technology	92,948,067	92,948,067		
15 Royalties	0			
16 Occupancy	23,915,113	23,915,113		
17 Travel	1,755,939	1,755,939		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,121,017	1,121,017		
20 Interest	36,843,343	36,843,343		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	45,804,692	45,804,692		
23 Insurance	888,240	888,240		
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 ACADEMIC AFFIL/RESEARCH	23,267,674	23,267,674		
b LICENSES AND FEES	6,785,382	6,785,382		
c TAXES	6,068,998	6,068,998		
d INTERCOMPANY AFFILIATE SVC	5,949,097	5,949,097		
e All other expenses	16,879,241	16,879,241		
25 Total functional expenses. Add lines 1 through 24e	746,896,625	746,896,625	0	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		25,043,482	1	8,277,751
	2	Savings and temporary cash investments		389,543,050	2	413,449,684
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		114,369,901	4	9,294,834
	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		3,369,957	5	3,044,846
	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		9,931,233	7	33,831,554
	8	Inventories for sale or use		8,850,459	8	710
	9	Prepaid expenses and deferred charges		49,938,295	9	44,269,248
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 871,048,704			
	b	Less: accumulated depreciation	10b 466,053,174	651,328,768	10c	404,995,530
	11	Investments—publicly traded securities		4,414,399,456	11	5,321,347,121
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		473,974,119	13	739,993,077
	14	Intangible assets		44,069,633	14	85,965,740
	15	Other assets. See Part IV, line 11		180,783,117	15	318,815,374
16	Total assets. Add lines 1 through 15 (must equal line 34)		6,365,601,470	16	7,383,285,469	
Liabilities	17	Accounts payable and accrued expenses		345,168,031	17	349,197,872
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	11,884,960
	20	Tax-exempt bond liabilities		1,370,755,755	20	1,220,172,656
	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		547,653,518	23	640,960,665
	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		132,967,788	25	150,409,567
26	Total liabilities. Add lines 17 through 25		2,396,545,092	26	2,372,625,720	
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		3,969,056,378	27	5,010,659,749
	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		3,969,056,378	32	5,010,659,749	
33	Total liabilities and net assets/fund balances		6,365,601,470	33	7,383,285,469	

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	1,190,451,779
2	Total expenses (must equal Part IX, column (A), line 25)	2	746,896,625
3	Revenue less expenses. Subtract line 2 from line 1	3	443,555,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,969,056,378
5	Net unrealized gains (losses) on investments	5	618,702,139
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,122,627
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,776,549
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,010,659,749

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990 (2019)

Form 990, Part III, Line 4a:

Founded in 1997, Texas Health Resources (THR) provides direction and oversight to its wholly-controlled affiliates. The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, business development, insurance, treasury, marketing, general accounting, and strategic planning. THR operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals. THR also operates, manages and coordinates physician services through Texas Health Physicians Group (THPG), a wholly owned affiliate of THR. THPG is a network of primary and specialty care physician practices providing the north Texas area community access to quality health care delivered either through an office setting or through a hospital program.

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			
Berdan Barclay E Chief Executive Officer	38.25 6.75	X		X				2,638,211	0	312,692
Varga Daniel W EVP Sr & Chief Clinical Officer	40.0 5.0			X				1,937,511	0	32,428
Canose MD Jeffrey L SEVP Chief Operating Officer	40.0 5.0			X				1,558,717	0	41,583
Miao Winjie Tang SEVP Chief Experience Officer	40.0 5.0			X				1,371,315	0	127,542
Berenzweig Harold K EVP Zone Clinical Leader	40.0 5.0			X				1,384,695	0	38,213
Ransom Elizabeth EVP Zone Clinical Leader	40.0 5.0			X				1,285,275	0	45,344
King James Kirk Hospital Channel COO	40.0 5.0			X				958,020	0	133,758
McWhorter Ricky E EVP & Chief Financial Officer	40.0 5.0			X				920,489	0	115,378
Parobek Jr James S JOC Intgr&Phys Entrp Algmt Off	5.0 40.0			X				893,307	0	116,873
Kramer Kenneth J EVP General Counsel	40.0 5.0			X				875,091	0	121,588

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			
Shinkus Clark Joan Fr EVP Chief Nursing Executive	40.0 5.0			X				875,195	0	27,544
Sudomir Jr Joseph M SVP Chief Info Officer	40.0 0.0			X				681,920	0	208,341
Jones Robert Douglas SVP & Chief Investment Officer	40.0 0.0			X				741,800	0	81,647
Kirby Michelle Riddle Chief People Officer	40.0 5.0			X				763,776	0	39,916
Velasco Ferdinand T SVP & Chief Hlth Info Officer	40.0 0.0			X				702,353	0	98,865
Bujnowski Aaron Mark SVP & Chief Strategy Officer	40.0 0.0			X				737,997	0	32,606
Mitchell John D Amb/PostAcute/ChanSprtSvcs COO	40.0 0.0			X				584,668	0	81,217
Saldana Luis Eduardo CMIO	40.0 0.0				X			593,022	0	28,114
Tesmer David J Chief Commnty & Public Pol Off	40.0 0.0			X				534,920	0	73,114
Salsberry David C Chief Revenue Officer	40.0 0.0			X				497,824	0	72,296

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			
Holmes Kevin B	40.0									
VP Facilities Design & Constrn	0.0			X				479,265	0	63,600
McClung Brett S	40.0									
EVP Zone Operations Leader	0.0			X				501,261	0	34,623
Craft Brian	40.0									
SVP Hospital Financial Ops	0.0			X				460,717	0	74,092
Robinson Mary C	40.0									
CNO Reliable Health	0.0				X			431,326	0	59,903
McAllister Deena A	40.0									
SVP Brand Experience	0.0			X				418,542	0	68,576
Hawthorne Douglas D	0.0									
Former Officer	0.0						X	0	441,142	42,686
Whiteley John E	40.0									
SVP Fin Plan Analys & Amb Ops	0.0			X				376,057	19,433	75,075
Jackson David W	40.0									
Chief Actging Officer/Asst Sec	0.0			X				407,550	0	56,852
Reeves Sandra G	40.0									
VP Treas/Asst Chief Invest Off	0.0				X			409,688	0	44,840
Caldwell Thomas J	40.0									
VP Sports Medicine	0.0				X			386,716	0	44,352

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			
Clinton Shaun SVP Supply Chain Management	40.0 0.0			X				377,869	0	52,638
Cox Kathleen B SVP Integrated Experience	40.0 0.0			X				358,081	0	71,992
Sullivan Jon M VP Real Estate Operations	40.0 0.0				X			381,080	0	43,700
Winsper Sheri M Hospital Channel CQO	40.0 0.0				X			387,395	0	32,268
Ball Randell L VP System Pharmacy Officer	40.0 0.0				X			373,184	0	42,585
Dawson Carla S VP Total Health & Rewards	40.0 0.0				X			380,509	0	31,109
Collins Donald B VP Legal Services	40.0 0.0				X			358,188	0	52,448
Ziskind Andrew Alan SEO SWHR CIN	40.0 0.0				X			405,819	0	3,570
Madzik Elizabeth May VP & Chief Compliance Officer	40.0 0.0				X			374,394	0	32,150
Goldberg Gary Alan SVP Risk Capablts & New Prods	40.0 0.0			X				348,058	0	50,733

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			
Schroeder Jennifer An	40.0									
VP Asst General Counsel	0.0				X			351,971	0	45,487
Thomas Joseph R	40.0									
VP Talent Mgmt & Analytics	0.0				X			366,550	0	30,692
Mehring Ronald Charle	40.0									
VP Technology & Security	0.0				X			329,766	0	51,836
Daniel M Rebecca	40.0									
VP Supply Chain Mgmt	0.0				X			346,642	0	33,174
Banerjee San	40.0									
VP Digital Experience	0.0				X			331,837	0	38,377
Jowers Deborah Anne	40.0									
VP Ambulatory IT Services	0.0				X			328,481	0	41,426
Meyer Brandie S	40.0									
SVP Strategic Transformation	0.0			X				330,740	0	37,850
King Lenetra S	40.0									
Program Devel & Integ COO	40.0			X				81,635	243,966	32,169
Hutto Tracy	40.0									
VP Application Delivery	0.0				X			318,471	0	38,842
Parris Michael	40.0									
VP Enterprise Data & Analytics	0.0					X		312,652	0	37,781

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			
Sneed Ken VP Virtual Care Center	40.0 0.0				X			334,170	0	15,776
Hall John PHYS ADVISOR REVENUE CYCLE	40.0 0.0					X		308,228	0	39,268
Pearson George SVP Med Stf Affrs Phys Rltns	40.0 5.0			X				305,768	0	40,875
Cantu Stacy G VP Chief Gov Offr & Corp Secr	40.0 5.0			X				306,015	0	33,643
Fitzjarrell Gary Bens VP Facilities Management	40.0 0.0				X			316,017	0	19,916
Willard Deborah VP Heart & Vascular	40.0 0.0					X		305,292	0	24,487
Ries Marianne C PHYS ADVISOR CTS	40.0 0.0					X		309,863	0	17,303
Potter Sandy VP COO Behavioral Health	40.0 0.0					X		308,737	0	7,801
Long Ronald R Former officer	0.0 0.0						X	270,273	0	3,281
Gentzel William Todd SVP Consm Strat & Mkt Insights	40.0 0.0			X				144,788	0	1,134

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			
Bloemendal MD Lee C Trustee	1.06 0.37	X						5,750	0	0
Vigness MD Richard Trustee	1.06 0.37	X						600	0	0
Haggar III Joseph Trustee	1.06 0.37	X						0	0	0
Hunt Hunter Trustee	1.06 0.37	X						0	0	0
Montgomery Lynn Trustee	1.06 0.37	X						0	0	0
Reeves Kenneth Trustee	1.06 0.37	X						0	0	0
Tatum Stephen Trustee	1.06 0.37	X						0	0	0
Washington Bernice Trustee	1.06 0.37	X						0	0	0
Weeks DNP RN Susan Trustee	1.06 0.37	X						0	0	0
Wynne James Trustee	1.06 0.37	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			
Stripling MD W Dennis Chairman	1.06 0.37	X						0	0	0
Turner Wesley Immediate Past Chair	1.06 0.37	X						0	0	0
Wilder Jr Charles Joh Vice Chair	1.06 0.37	X						0	0	0
Hum MD Lawrence Trustee	1.06 0.37	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

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 24
- 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		
See Additional Data Table						
Total	24					531,361,859

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. ► <input type="checkbox"/>						

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		No
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>		No
2		No
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>		No
3a		No
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>		No
4a		No
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>		No
5a		No
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	Yes	
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>		No
7		No
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>		No
8		No
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>		No
9a		No
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>		No
9b		No
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>		No
9c		No
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>		No
10a		No
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>		
	11a	No
	11b	No
	11c	No

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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	Yes
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>		
	2	Yes
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>		
	3	Yes

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 checked="" 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>			
	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	3a	Yes	
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>			
	3b	Yes	

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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Supported Organizations - Part IV, Section A, Line 1	The governing documents of Texas Health Resources (THR) do not list all supported organizations by name. The documents specifically list Texas Health Presbyterian Hospital Dallas, Texas Health Harris Methodist Hospital Fort Worth and Texas Health Arlington Memorial Hospital. The documents also allow THR to support other hospitals and health care delivery organizations which are closely related in purpose or function through common control, ownership, and/or management. THR has not specifically listed the names of all supported organizations to ease the administrative burden of updating the governing documents when new hospitals are added to the system or when an entity changes its name.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Additional Support - Part IV, Section A, Line 6	<p>Texas Health Resources (THR) provides minimal support to various national charitable organizations such as the March of Dimes, American Heart Association, and others who perform an activity that is in line with THR's charitable mission. They also provide support to local schools, city wide activities, and community development groups. As a large healthcare system in North Central Texas, THR takes an active role in the communities they serve. In doing so, THR makes donations, largely at the direction of the supported organizations, to various groups, or sponsor activities that benefit the community. The support to each group is minimal, and is not the organizations primary source of support.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Working Relationship-Part IV, Section D, Lines 2 & 3	<p>THR is the controlling "parent" organization of a large health care system in North Texas. THR serves as a functionally-integrated supporting organization to all the controlled supported organizations providing centralized management. THR appoints or approves the board members of each controlled entity within the system. The current THR board members also serve on the board of each wholly owned hospital within the system. THR officers serve on the Boards of the controlled entities as well as some non-controlled entities in the system. Systemwide policies and standards are established by THR. The system investment policies are established at the THR level. THR approves the operating budgets, capital budgets, and future goals for the system as a whole. THR has established a single authority matrix used system wide. In this matrix, THR has ultimate control for the majority of the decisions made throughout the system.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Officer/Board Appointments-Part IV, Section E, Line 3a	<p>The THR board approves all board members and board officers for each entity in the system. The THR board members also serve as the board of the wholly owned hospitals within the system. THR has a centralized recruitment, selection and placement process for the hiring/promotions of officers for all system entities. The human resources department is maintained at the system level and not by the individual entities. All supporting entity officers are interviewed by THR and entity personnel, with THR having the final decision on new hire placements and promotions.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Substantial Direction-Part IV, Section E, Line 3b	As discussed in detail in the explanation to Schedule A, Part IV, Section D, Lines 2 & 3, THR is the parent organization providing centralized management to the supported organizations in the system. As the parent organization THR is able to exercise a substantial degree of direction over the supported organizations through control of the board, setting policies, hiring officers, and the use of the authority matrix. Officers of THR are present at board meetings of the supported organizations as a liaison and provide a conduit for the supported organizations to voice opinions and concerns to THR.

Additional Data

Software ID:**Software Version:****EIN:** 75-2702388

Name: Texas Health Resources

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

[illegible]

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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		
,						
,						
,						
,						
,						
,						
,						
,						
,						

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Texas Health Resources	Employer identification number 75-2702388
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		90
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		125,034
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,320,509
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,445,633
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 1 - Details of Lobbying Activities	Texas Health Resources (THR) is the parent organization for a healthcare system consisting of hospitals and other related healthcare organizations. The amount of expenses paid, or incurred in connection with lobbying activities reported on this return represent the expenses incurred on behalf of THR and all its affiliates. Total expenses for the system were \$4,564,074,000 for the year ended December 31, 2019. Of this amount \$1,445,634(.03%) is used in connection with lobbying activities. Officers and/or Board members of THR may, to an insubstantial degree, make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities that THR serves. In pursuing this activity, officers and/or Board members may engage in conversations and/or write letters to various federal, state, and local officials regarding such matters on a personal level, and not as a representative of the organization. A portion of the dues paid to Healthcare Associations are used by these organizations to support lobbying activities related to the healthcare industry. The amount of time and money involved in the activities described above is negligible. In no case has either THR, or any person acting on behalf of THR, intervened in any political campaign. THR policy prohibits this type of activity for THR System employees.

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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
Texas Health Resources

Employer identification number
75-2702388

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				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

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 ▶

c

Temporarily restricted endowment ▶

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)		
3a(ii)		
3b		

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	55,215,733		55,215,733
b	Buildings	199,534,489	111,831,311	87,703,178
c	Leasehold improvements	172,945,953	111,610,230	61,335,723
d	Equipment	365,515,786	242,611,633	122,904,153
e	Other	77,836,743		77,836,743
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			404,995,530

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) CONTROLLED CONSOLIDATED AFFIL	208,936,374	C
(2) CONTROLLED UNCONSOLIDATED AFFI	531,056,703	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	739,993,077	

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	150,409,567

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 ☐

Schedule D (Form 990) 2019

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Texas Health Resources

Employer identification number
75-2702388

Part I

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	11			84,887,462
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	11			84,887,462

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Investments	The amount in column f reflects investments based on an accrual method of accounting.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3 - Investments	<p>THR has a wholly owned captive, Grace Indemnity Company SPC, Ltd (Grace), domiciled in the Grand Cayman Islands. This entity is used to pay claims for the self-insured activity of the THR system. Although Grace is domiciled offshore, its investments are primarily in US government securities and US investment grade corporate bonds, all of which are custodied in Chicago, Illinois. While the majority of the investments held by Grace are not offshore, Grace does have a minimum balance that is maintained in a Grand Cayman bank account and used for operating purposes. A target maximum balance of uninvested cash of approximately \$100,000 is maintained in this off-shore fund. As part of a diverse portfolio, THR recently began exploring alternative investment opportunities including certain investments which have foreign activity. THR maintains a minority interest (not more than 10%) in these alternative investments.</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Program Svc & Board Meetings	The amount in Column F reflects program service and board meeting expenses based on an accrual method of accounting.

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		84,863,759
Middle East and North Africa	0	2	Program Services	Medical Meeting	19,147

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	3	Conduct board meetings		65
Central America and the Caribbean	0	6	Conduct board meetings		4,491

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
Texas Health Resources

Employer identification number
75-2702388

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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes	
		3b	Yes	
		4	Yes	
		5a	Yes	
		5b	Yes	
		5c		No
		6a	Yes	
		6b	Yes	

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)			6,518,509	1,237,628	5,280,881	2.100 %
b Medicaid (from Worksheet 3, column a)			7,720,007	3,853,400	3,866,607	1.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			137,258	37,111	100,147	0.040 %
d Total Financial Assistance and Means-Tested Government Programs			14,375,774	5,128,139	9,247,635	3.680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			17,367,309		17,367,309	6.900 %
f Health professions education (from Worksheet 5)			6,122,140	221,654	5,900,486	2.340 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			562,145		562,145	0.220 %
j Total. Other Benefits			24,051,594	221,654	23,829,940	9.460 %
k Total. Add lines 7d and 7j			38,427,368	5,349,793	33,077,575	13.140 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			84,772		84,772	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,700		3,700	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			88,472		88,472	0.030 %

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		
	24,152,000		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	48,877,809
6 Enter Medicare allowable costs of care relating to payments on line 5	6	94,731,513
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-45,853,704
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 checked="" type="checkbox"/> Cost accounting system	<input 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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 See Additional Data Table				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

6

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)
Texas Health Flower Mound**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):**

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input 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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)**

Texas Health Flower Mound

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>500</u> .%		
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 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): <u>See Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Texas Health Flower Mound

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 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)

Texas Health Flower Mound

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 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)
Texas Health Rockwall**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):** _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input 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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)

Texas Health Rockwall

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>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 500. %</div><div>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c <input checked="" type="checkbox"/> Asset level</div><div>d <input checked="" type="checkbox"/> Medical indigency</div><div>e <input type="checkbox"/> Insurance status</div><div>f <input checked="" type="checkbox"/> Underinsurance discount</div><div>g <input type="checkbox"/> Residency</div><div>h <input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
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): <div><div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>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</div><div>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</div><div>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e <input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
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): <div><div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Section C</div><div>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Section C</div><div>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Section C</div><div>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>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)</div><div>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)</div><div>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</div><div>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>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</div><div>j <input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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

Texas Health Rockwall

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 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)**

Texas Health Rockwall

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 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)
USMD Hospital at Arlington**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):** _____

3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input 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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)**

USMD Hospital at Arlington

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 500. _____ %		
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 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 Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See 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**

USMD Hospital at Arlington

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 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)**

USMD Hospital at Arlington

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 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)
Texas Health Southlake**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):** _____

4

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input 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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)

Texas Health Southlake

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 500. _____ %			
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 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 Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See 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**

Texas Health Southlake

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 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)**

Texas Health Southlake

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 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)
Physicians Medical Center**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):** _____

5

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input 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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)**

Physicians Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 500. _____ %		
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 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 Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See 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**

Physicians Medical Center

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 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)

Physicians Medical Center

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 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)
USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group _____

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

6

Community Health Needs Assessment

	Yes	No
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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	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 Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See 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)**

USMD Hospital at Fort Worth

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 500. _____ %		
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 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 Section C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Section C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See 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**

USMD Hospital at Fort Worth

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 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)

USMD Hospital at Fort Worth

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

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

Schedule H (Form 990) 2019

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? 28

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

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
Texas Health Resources	<p>Part I, Line 3c - Patient Eligibility The Schedule H for Texas Health Resources (THR) is filed solely because it has an ownership interest in six taxable joint ventures operating as hospitals. THR is a functionally integrated supporting organization and does not operate its own hospital. THR supports a system of faith-based, non-profit hospitals, an employed physician organization and an organization for medical research and education. THR has adopted a Financial Assistance Policy (FAP) which covers its wholly owned non-profit hospitals and most of its hospital joint ventures. Patients with a family income at or below 200% of applicable Federal Poverty Guidelines (FPG) may be eligible for free care if the patient lacks sufficient funds and assets to pay the out-of-pocket portion of their hospital bill. Patients with family income above 200% of applicable FPG who have unpaid medical bills exceeding a specified percentage of the patient's annual gross income, as determined on a sliding scale based on FPG, may be deemed medically indigent and eligible for charity care. The patient may be eligible for a charity adjustment up to 100% of the unpaid balance of their hospital bill in excess of a specified patient responsible amount if the patient has insufficient funds/assets to pay his hospital bill without incurring an undue financial hardship. The patient responsible amount is based on a percentage of the patient's annual income in relation to FPG. A determination as to whether or not a patient has insufficient funds and/or assets to pay for purposes of determining both financial and medical indigence is made at the time a patient's financial assistance application is reviewed. Assets considered when determining eligibility include cash, stocks, bonds and other financial assets that can be readily converted to cash. An additional process to screen for charity patients using publicly available financial information is also in place for patients not submitting a financial assistance application. Part I, Line 7 Cost-to-Charge Ratio A cost-to-charge ratio is used to compute the amounts reported on Lines 7a-7c. The cost-to-charge ratio is derived from Worksheet 2 Ratio of Patient Care Cost-to-Charges, as found in the Schedule H Instructions. The amounts reported on Lines 7e-7i were computed using direct costs, as determined by a cash outlay. Part II - Community Building The organization participates in community building activities that aim to address the socio-economic factors that influence the overall health of individuals in the communities served. As identified in the community health needs assessment, there are areas of need that are not in alignment with the operations of a hospital system. Our volunteerism, collaborations and partnerships with various aid organizations and various area coalitions aid in addressing the socio-economic factors that are the backbone for many underlying health concerns. Part III, Lines 2, 3 & 4 - Bad Debts Bad debt expense is not included as a community benefit for purposes of reporting community benefits. Each patient qualifying for charity care is treated as a charity patient and no charges related to that patient are included in bad debt expense. Each joint venture hospital estimates bad debt expense utilizing various methods, analytical tools and benchmarks. Typically, bad debt expense is based upon a combination of factors including, but not limited to, aging of receivables, analyzing revenue trends in the healthcare industry and payor class, and assessing historical collection experience considering business and economic conditions. Part III, Line 8 - Medicare Shortfall The state of Texas treats any Medicare shortfall as a community benefit for meeting the state statutory requirements for charity care & community benefit. For state purposes, the shortfall is computed by comparing actual Medicare reimbursements with the estimated cost the hospital incurs in providing these services to Medicare patients. Cost is determined by applying a cost-to-charge ratio (with costs determined in accordance with generally accepted accounting principles) to billed charges. THR is the parent company of a healthcare system filing a combined community benefit report in Texas. THR is not a hospital and does not have Medicare data to report to the state of Texas. The data provided for Sch H is THR's share of operations from its taxable joint ventures which operate hospitals in Texas. The Medicare amounts reported on Sch H are from the taxable joint venture hospitals cost accounting systems. The taxable joint ventures are not required to file community benefit reports with or report Medicare shortfalls to the state of Texas. Part III, Line 9b - Debt Collection During the year, standard collection procedures were in place and uniformly applicable to all patient accounts. Except to the extent a patient receives a recovery from any third party or other source, no attempts are made to collect unpaid cash</p>

Form and Line Reference	Explanation
Texas Health Resources	<p>arges from patient accounts approved for adjustment under the Financial Assistance Policy. Part VI, Line 2 - Needs Assessment In 2019, Texas Health Resources (Texas Health) completed a community health needs assessment (CHNA) for 25 facilities across 5 regions through the following steps: - Demographic analysis by region - Secondary data analysis of health indicators to identify zip codes of highest-needs within each region - Community input data collection and assessment via key informant interviews, focus groups, and a windshield survey - Synthesis of secondary data and community input data to identify most pressing health needs by region - Prioritization of zip codes with immediate health needs using the Social Needs Index value - Prioritization of health needs using standard criteria elected by Texas Health To objectively prioritize the health needs identified by the data analysis and synthesis, each Texas Health facility used the following criteria: alignment with national, state, or local initiatives; magnitude; economic burden on the community; severity; and opportunity to intervene at a prevention level. The top priority health needs across the Texas Health system were Mental Health & Substance Abuse; Exercise, Nutrition, & Weight; and Access to Health Services and Healthcare Navigation & Literacy. Part VI, Line 3 - Patient Education A description of the Financial Assistance Policy (FAP), the Plain Language Summary of the FAP (PLS) and the FAP application are available on the THR website at www.TexasHealth.org in English and other languages. Financial assistance information is included in the patients admission packets. Signs alerting patients of financial assistance and related contact information are posted in various areas of the hospital including admissions & registration and the emergency room. Additionally, financial assistance information is provided verbally and in writing to self-pay patients by financial counselors. As part of the financial counseling meeting, patients are screened for potential eligibility in other governmental assistance programs. If it is determined that the patient is potentially eligible for governmental assistance, the counselor will assist the patient in completing forms necessary to apply for the assistance. At the same time, patients are provided with a financial assistance application. The patient is informed that the hospital is offering financial assistance to patients deemed medically or financially indigent. The PLS is included on the back of our patient bills. The patient is informed of how to qualify for financial assistance, how to ask for help, necessary documentation, and THR's collection process. The onsite financial counselors may assist the patient in completing the application and obtain available verification information. The counselors will continue to contact the patient to ensure all forms and verifications needed to file an application for governmental assistance and financial assistance have been provided. In certain cases, self-pay patients who are discharged before seeing a financial counselor receive both a phone call and a letter to alert them to the existence of the FAP. Each bill sent for hospital services also contains contact information alerting patients that Texas Health has a FAP. Part VI, Line 4 - Community Information THR does not operate its own hospitals, but has ownership in six joint ventures operating as hospitals. The joint ventures operate hospitals in various communities throughout North Texas. The communities served by the hospitals include those designated as medically underserved areas (MUA) and vary in age and race and ethnicity. The population of the communities range from 845,000 to 2.6 million and the percentage of the households in these communities who are uninsured varies from 11.7% to 23.2%. The percentage of residents in these communities who speak a language other than English at home ranges from 16% to 28.4%. The percentage of</p>

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Arlington Surg Ctr	Ambulatory Surgery Center	51.754 %		48.247 %
2 Cleburne Surg Ctr	Ambulatory Surgery Center	51 %		49 %
3 Denton Surg Ctr	Ambulatory Surgery Center	53.555 %		46.445 %
4 Flower Mound Hosp	Hospital	53.74 %		46.26 %
5 Greenville Surg Ctr	Ambulatory Surgery Center	57.5 %		42.5 %
6 N Dallas Surg Ctr	Ambulatory Surgery Center	61.5 %		38.5 %
7 North Texas ACO	Accountable Care Org	50 %		50 %
8 Opthomology Surg Dal	Ambulatory Surgery Center	51.75 %		48.25 %
9 PARK HILL SURG CTR	Ambulatory Surgery Center	51 %		49 %
10 PHYSICIAN MED CTR	Hospital	53.63 %		46.37 %
11 ROCKWALL REG HOSP	Hospital	61.72 %		38.28 %
12 S ARLINGTON SURG PR	Ambulatory Surgery Center	51 %		49 %
13 SOUTHLAKE SPEC HOSP	Hospital	54.05 %		45.95 %
14 SURG CAREGIVERS FW	Ambulatory Surgery Center	54.32 %		45.68 %
15 TH CRAIG RANCH SURG	Ambulatory Surgery Center	51.5 %		48.5 %
16 TH FLOWER MOUND ORTH	Ambulatory Surgery Center	51 %		49 %
17 TH ORTHO CTR ALLIANC	Ambulatory Surgery Center	51 %		49 %
18 TH SPINE SURG ALLEN	Ambulatory Surgery Center	51 %		49 %
19 TH SPINE CTR ALLIANC	Ambulatory Surgery Center	51 %		49 %
20 TH SURG CTR ALLIANCE	Ambulatory Surgery Center	74.58 %		25.42 %
21 TH SURG CTR BEDFORD	Ambulatory Surgery Center	51.41 %		48.59 %
22 TH SURG CTR IRVING	Ambulatory Surgery Center	51 %		49 %
23 TH SURG CTR PRESTON	Ambulatory Surgery Center	54.01 %		45.99 %
24 TH SURG CTR ROCKWALL	Ambulatory Surgery Center	51 %		49 %
25 TH SURG WAXAHACHIE	Ambulatory Surgery Center	51 %		49 %
26 TH SURG CTR WILLOW P	Ambulatory Surgery Center	51 %		49 %
27 THR-STT ROCKWALL ASC	Ambulatory Surgery Center	51 %		49 %
28 THR-STT SOUTHLAKE	Ambulatory Surgery Center	51 %		49 %
29 USMD HOSPITAL AT ARL	Hospital	51 %		49 %
30 USMD HOSPITAL AT FW	Hospital	50.97 %		49.03 %
31 WALNUT HILL SURG CTR	Ambulatory Surgery Center	51 %		49 %
32 WILSON CREEK SURG	Ambulatory Surgery Center	51 %		49 %
33 TH Surg Ctr SW FW	Ambulatory Surgery Center	51 %		49 %

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? 6		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	Texas Health Flower Mound 4400 Long Prairie Rd Flower Mound, TX 75028 www.texashealthflowermound.com TDH #100056	X	X					X			
2	Texas Health Rockwall 3150 Horizon Rd Rockwall, TX 75032 www.texashealthrockwall.com TDH #8599	X	X					X			
3	USMD Hospital at Arlington 801 W Interstate 20 Arlington, TX 76017 www.usmdarlington.com TDH #7990	X	X					X			
4	Texas Health Southlake 1545 E Southlake Blvd Southlake, TX 76092 www.texashealthsouthlake.com TDH #8128	X	X					X			
5	Physicians Medical Center 6020 Parker Rd Plano, TX 75093 www.thcds.com TDH #8153	X	X					X			

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? 6		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
6	USMD Hospital at Fort Worth 5900 Dirks Rd Fort Worth, TX 76132 www.usmdfortworth.com TDH #8614	X	X					X			

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 Health Imaging Partners LLC 8610 Explorer Dr 300 Colorado Springs, CO 80920	Outpatient Diagnostic Imaging
1 TX Health Surgery Center Preston Plaza 17950 Preston Rd Ste 75 Dallas, TX 75252	Ambulatory Surgery Center
2 South Arlington Sugrical Providers 350 E Interstate 20 Ste 200 Arlington, TX 76018	Ambulatory Surgery Center
3 Surgical Caregivers of Fort Worth 2001 W Rosedale St Fort Worth, TX 76104	Ambulatory Surgery Center
4 WALNUT HILL SURGERY CENTER 5494 Glan Lakes Dr Dallas, TX 75231	Ambulatory Surgery Center
5 OPHTHALMOLOGY SURGERY CENTER DALLAS LLC 10740 N Central Expy Dallas, TX 75231	Ambulatory Surgery Center
6 TX HEALTH SURGERY CENTER ROCKWALL LLC 3144 Horizon Rd Ste 120 Rockwall, TX 75032	Ambulatory Surgery Center
7 TX HEALTH SURGERY CENTER ALLIANCE LLC 10840 Texas Health Trail Ste 100 Fort Worth, TX 76244	Ambulatory Surgery Center
8 TX HEALTH ORTHOPEDIC SURG CTR ALLIANCE 9848 N Beach St Fort Worth, TX 76244	Ambulatory Surgery Center
9 FORT WORTH ENDOSCOPY CENTERS LLC 900 W Magnolia Ave 101 Fort Worth, TX 76104	Ambulatory Surgery Center
10 PARK HILL SURGERY CENTER LLC 3455 Locke Ave Fort Worth, TX 75107	Ambulatory Surgery Center
11 THR-STT SOUTHLAKE ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Ambulatory Surgery Center
12 TX HEALTH CRAIG RANCH SURGERY CTR LLC 8080 State Hwy 121 Ste 100 Mckinney, TX 75070	Ambulatory Surgery Center
13 TX HEALTH FLOWER MOUND ORTHO SURG CTR 5000 Long Prairie Rd Flower Mound, TX 75028	Ambulatory Surgery Center
14 GREENVILLE SURGERY CENTER LLC 7150 Greenville Ave Ste 200 Dallas, TX 75231	Ambulatory Surgery Center

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)
16 DENTON SURGERY CENTER LLC 207 North Bonnie Brea Denton, TX 76201	Ambulatory Surgery Center
1 WILSON CREEK SURGICAL CENTER LLC 8855 Synergy Dr McKinney, TX 75070	Ambulatory Surgery Center
2 CLEBURNE SURGICAL CENTER LLC 2010 W Katherine P Raines Blvd Ste Cleburne, TX 76033	Ambulatory Surgery Center
3 TX HEALTH SURGERY CENTER BEDFORD LLC 1605 Airport Freeway Ste 100 Bedford, TX 76021	Ambulatory Surgery Center
4 NORTH DALLAS SURGICAL CENTER LLC 17980 Dallas Pkwy Ste 100 Dallas, TX 75287	Ambulatory Surgery Center
5 TX HEALTH SPINE SURGERY CENTER ALLEN LLC 1120 Raintree Cir Ste 100 Allen, TX 75013	Ambulatory Surgery Center
6 TX HEALTH SURGERY CENTER IRVING LLC 2120 N MacArthur Blvd Ste 200 Irving, TX 75061	Ambulatory Surgery Center
7 ARLINGTON SURGERY CENTER LLC 918 N Davis Dr Arlington, TX 76012	Ambulatory Surgery Center
8 THR-STT ROCKWALL ASC LLC 1545 E Southlake Blvd Southlake, TX 76092	Ambulatory Surgery Center
9 TX HEALTH SPINE SURGERY CTR ALLIANCE 1545 E Southlake Blvd Ste 100 Southlake, TX 76092	Ambulatory Surgery Center
10 TX HEALTH SURG CTR WAXAHACHIE 1434 US Hwy 287 Bypass Ste 100 Waxahachie, TX 75165	Ambulatory Surgery Center
11 TX HEALTH SURG CTR WILLOW PARK 569 Brookwood Village Ste 901 Birmingham, AL 35209	Ambulatory Surgery Center
12 TH Surgery Center SW Fort Worth 612 E Lamar Blvd Ste 600 Arlington, TX 76011	Ambulatory Surgery Center

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Texas Health Resources

Employer identification number

75-2702388

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 7

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) Nursing Scholarships	10	13,500		Book	
(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
Part I, Line 2 - Procedures for Monitoring Grants	Texas Health Resources (THR) receives various requests from the community for assistance. THR management reviews these requests to verify that they are benefiting the community and they are in agreement with THR's mission. The grants or assistance given by THR are generally to local organizations that have a longstanding record of benefiting the local community. Since the vast majority of the assistance given by THR is to local organizations, management is able to monitor the use of the funds using personal inspection. Many of the events are published in the local paper. Many are community wide events where THR employees attend, or work as volunteers or coordinators.

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes Foundation PO Box 673667 Marietta, GA 30006	13-1846366	501(c)(3)	33,000				General Purpose
Dallas Regional Chamber 500 N Akard St Ste 2600 Dallas, TX 75201	75-0223440	501(C)(6)	9,000				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DFW Hospital Council 300 Decker Drive 300 Irving, TX 75062	75-1254380	501(C)(6)	10,600				General Purpose
Davy O'Brien Educational & Charitable Trust 306 West 7th Street Fort Worth, TX 76102	75-1620423	501(C)(3)	12,000				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fort Worth Chamber of Commerce 777 Taylor St 900 Fort Worth, TX 76102	75-0275060	501(C)(6)	19,800				General Purpose
Fort Worth Stockshow Syndicate PO Box 17005 Fort Worth, TX 76102	75-1790417	501(C)(3)	10,300				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cancer Support Community North Texas PO Box 601744 Dallas, TX 75360	75-2633654	501(c)(3)		125,456	FMV	Rent Payment	Cancer Support
Arlington Chamber of Commerce 505 E Border St Arlington, TX 76010	75-0745859	501(c)(6)	8,350				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Medical Association 401 W 15th St Ste 100 Austin, TX 78701	74-1078510	501(c)(6)	10,000				General Purpose
North Texas Commission 8445 Freeport Pkwy 640 Irving, TX 75063	75-1364760	501(c)(6)	7,500				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Jewish Joint Dist Committee Inc 220 E 42nd Ste Ste 400 New York, NY 10017	13-1656634	501(c)(3)	10,000				General Purpose
American Red Cross North Texas Region 4800 Harry Hines Blvd Dallas, TX 75234	53-0196605	501(c)(3)	10,000				Disaster Relief

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Senior Citizens of Greater Dallas Inc 3910 Harry Hines Blvd Dallas, TX 75219	75-1085555	501(c)(3)	10,000				General Purpose
Texas 2036 3963 Maple Ave Ste 290 Dallas, TX 75219	81-3063099	501(c)(3)	50,000				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ProjecthandupThe Gatehouse PO Box 398 Grapevine, TX 76099	90-0705496	501(c)(3)	15,000				General Purpose
Trustees of Boston College 140 Commonwealth Ave Ste 440 Chestnut Hill, MA 02467	04-2103545	501(c)(3)	6,000				General Purpose

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fort Worth Black Chamber of Commerce 1150 South Frwy Ste 211 Fort Worth, TX 76104	75-1867189	501(c)(6)	25,000				General Purpose

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	Compensation Information		OMB No. 1545-0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2019
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		
Name of the organization Texas Health Resources			Employer identification number 75-2702388	Open to Public Inspection

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 checked="" 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 checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account	<input checked="" 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 Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" 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 checked="" 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	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[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 1A - FIRST CLASS TRAVEL	The THR Board approved first class travel for the CEO associated with business travel on behalf of the system. No costs associated with first class travel are added to the taxable wages of the CEO. All other THR personnel follow a system travel policy which reimburses business air travel at the most economical fare reasonably available.
SCHEDULE J, PART I, LINE 1A - Gross Up Payments	Certain imputed income is grossed-up to include employment taxes paid on the listed persons behalf. All tax indemnification payments provided to the employees are included in the taxable compensation of the employee.
SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT	Each executive at the vice president level and above receives a perk allowance and flexible benefit allowance which is included in the taxable compensation of the employee. The perk allowance covers costs such as business use of their personal vehicles in lieu of reimbursement for auto mileage. The flexible benefit allowance can be used to purchase executive benefits on an after-tax basis.
Schedule J, Part I, Line 1a Personal Services	The CEO is provided financial planning and tax preparation services. These services are included in the taxable compensation of the employee.
SCHEDULE J, PART I, LINE 4A - POSITION ELIMINATION	THR'S separation pay plan provides payments to employees whose positions were eliminated by the organization. The separation pay is based on the employees years of service and the level of the affected position. The employee listed qualified for severance based on an involuntary separation from service without a comparable position being open and available at the time of separation. Berenzweig, Harold K 543,396 Bujnowski, Aaron Mark 381,634 Fitzjarrell, Gary Benson 165,418 Ransom, Elizabeth 540,629 Saldana, Luis Eduardo 303,208 Shinkus Clark, Joan Frances 419,698 Varga, Daniel W 697,117
SCHEDULE J, PART I, LINE 4A - SEVERANCE SETTLEMENT	The settlement payment was paid out as part of a mutually agreed upon employment transition agreement that resulted in a separation of employment from THR. Sneed, Ken 146,918
Schedule J, Part I, Line 4b - Nonqualified Retirement Plan	Participation in the plan is made available to a select group of management and highly compensated employees as determined by the THR Board of Trustees, who are providing services in a key position of management and responsibility. For the active restoration account (Account balances after 12/31/2009) SERP benefits vest while the participant is employed if the participant: * Reaches age 65 * Becomes disabled or dies, * Reaches the following years of service: 2 Years 25%; 3 Years 50%; 4 Years 75% and 5 or more years 100% Participants must be employed on Dec 1 to qualify for the current years SERP Benefit unless separation is due to death, disability, retirement (Age 65) or early retirement (separation from service at or after age 55 with 75 years of combined age and service with the system.) SERP benefits are calculated each Dec 1. Vested balances are taxed to the employee and the net balances begin accruing earnings. Vested balances are paid in a cash lump sum within a 90-day period commencing on the earlier of death, disability, or separation from service. The deferred portion is included in Schedule J, Part II, column C. In frozen restoration accounts (account balances prior to 1/1/2010), the participant or beneficiary shall be taxed on his or her vested SERP benefits upon the earliest of: * Continued employment in THR until age 68 * Termination of employment for disability or death * Involuntary termination of employment without reasonable cause; or * Satisfying a 24 month non-compete period following his/her termination of employment. Payment follows the before mentioned events, except in the case of involuntary separation when the participant must wait 24 months to receive the previously taxed benefit. Payouts to the following employee were made during the year. The amounts below are included in the amount reported on Sch J, Part II, Column B(iii) and Column (F). Berdan, Barclay E. 207,002 Berenzweig, Harold K 312,227 Bujnowski, Aaron Mark 33,959 Canose, Jeffrey L 112,689 Hagan, Paula 144,849 Hawthorne, Douglas D. 90,298 Holmes, Kevin B. 32,788 Jones, Robert Douglas 38,121 King, James Kirk 75,343 Kirby, Michelle Riddle 43,349 Kramer, Kenneth J. 50,254 Long, Ronald R 326,339 McClung, Brett S. 198,380 McWhorter, Ricky E. 39,521 Miao, Winjie Tang 360,194 Mitchell, John D. 31,518 Parobek Jr, James S 52,439 Pearson, George 89,205 Ransom, Elizabeth 154,336 Robinson, Mary C. 16,422 Shinkus Clark, Joan Frances 155,195 Sudomir Jr, Joseph M 13,114 Tesmer, David J. 36,337 Varga, Daniel W 679,785 Velasco, Ferdinand T. 45,810

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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				
1Berdan Barclay E Chief Executive Officer	(i)	1,491,037	840,553	306,621	291,002	21,690	2,950,903	207,003
	(ii)	0	0	0	0	0	0	0
1Varga Daniel W EVP Sr & Chief Clinical Officer	(i)	352,533	750,018	834,960	16,800	15,628	1,969,939	539,141
	(ii)	0	0	0	0	0	0	0
2Canose MD Jeffrey L SEVP Chief Operating Officer	(i)	929,251	421,446	208,020	21,000	20,583	1,600,300	112,689
	(ii)	0	0	0	0	0	0	0
3Berenzweig Harold K EVP Zone Clinical Leader	(i)	429,695	246,179	708,821	21,000	17,213	1,422,908	82,585
	(ii)	0	0	0	0	0	0	0
4Miao Winjie Tang SEVP Chief Experience Officer	(i)	654,434	584,630	132,251	116,851	10,691	1,498,857	302,377
	(ii)	0	0	0	0	0	0	0
5Ransom Elizabeth EVP Zone Clinical Leader	(i)	433,213	157,435	694,627	21,000	24,344	1,330,619	0
	(ii)	0	0	0	0	0	0	0
6King James Kirk Hospital Channel COO	(i)	577,289	253,219	127,512	103,715	30,043	1,091,778	75,344
	(ii)	0	0	0	0	0	0	0
7McWhorter Ricky E EVP & Chief Financial Officer	(i)	641,092	172,412	106,985	105,378	10,000	1,035,867	39,522
	(ii)	0	0	0	0	0	0	0
8Parobek Jr James S JOC Intgr&Phys Entrp Algmt Off	(i)	532,103	247,751	113,453	93,975	22,898	1,010,180	68,461
	(ii)	0	0	0	0	0	0	0
9Shinkus Clark Joan Frances EVP Chief Nursing Executive	(i)	205,708	164,771	504,716	16,246	11,298	902,739	42,934
	(ii)	0	0	0	0	0	0	0
10Kramer Kenneth J EVP General Counsel	(i)	520,443	226,454	128,194	94,909	26,679	996,679	50,254
	(ii)	0	0	0	0	0	0	0
11Kirby Michelle Riddle Chief People Officer	(i)	454,514	213,174	96,088	30,489	9,427	803,692	43,350
	(ii)	0	0	0	0	0	0	0
12Jones Robert Douglas SVP & Chief Investment Officer	(i)	488,564	171,994	81,242	61,297	20,350	823,447	38,121
	(ii)	0	0	0	0	0	0	0
13Bujnowski Aaron Mark SVP & Chief Strategy Officer	(i)	172,860	86,428	478,709	15,801	16,805	770,603	0
	(ii)	0	0	0	0	0	0	0
14Velasco Ferdinand T SVP & Chief Hlth Info Officer	(i)	449,830	175,096	77,427	67,103	31,762	801,218	0
	(ii)	0	0	0	0	0	0	0
15Sudomir Jr Joseph M SVP Chief Info Officer	(i)	455,181	140,343	86,396	178,003	30,338	890,261	13,115
	(ii)	0	0	0	0	0	0	0
16Mitchell John D Amb/PostAcute/ChanSprtSvcs COO	(i)	353,371	143,836	87,461	60,007	21,210	665,885	31,519
	(ii)	0	0	0	0	0	0	0
17Tesmer David J Chief Commnty & Public Pol Off	(i)	349,112	130,832	54,976	59,944	13,170	608,034	36,337
	(ii)	0	0	0	0	0	0	0
18McClung Brett S EVP Zone Operations Leader	(i)	205,336	163,912	132,013	21,000	13,623	535,884	0
	(ii)	0	0	0	0	0	0	0
19Salsberry David C Chief Revenue Officer	(i)	345,901	82,450	69,473	51,754	20,542	570,120	844
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Holmes Kevin B VP Facilities Design & Constrn	(i)	289,499	118,310	71,456	31,553	32,047	542,865	32,789
	(ii)	0	0	0	0	0	0	0
1Craft Brian SVP Hospital Financial Ops	(i)	324,855	81,919	53,943	46,765	27,327	534,809	0
	(ii)	0	0	0	0	0	0	0
2McAllister Deena A SVP Brand Experience	(i)	298,556	76,133	43,853	38,954	29,622	487,118	0
	(ii)	0	0	0	0	0	0	0
3Jackson David W Chief Accting Officer/Asst Sec	(i)	291,525	68,192	47,833	46,678	10,174	464,402	0
	(ii)	0	0	0	0	0	0	0
4Clinton Shaun SVP Supply Chain Management	(i)	263,446	63,608	50,815	32,877	19,761	430,507	0
	(ii)	0	0	0	0	0	0	0
5Whiteley John E SVP Fin Plan Analys & Amb Ops	(i)	271,611	51,896	52,550	45,147	26,192	447,396	0
	(ii)	17,916	0	1,517	1,511	2,225	23,169	0
6Cox Kathleen B SVP Integrated Experience	(i)	258,377	59,598	40,106	44,914	27,078	430,073	0
	(ii)	0	0	0	0	0	0	0
7Goldberg Gary Alan SVP Risk Capablts & New Prods	(i)	240,210	65,175	42,673	18,540	32,193	398,791	0
	(ii)	0	0	0	0	0	0	0
8Meyer Brandie S SVP Strategic Transformation	(i)	247,557	46,333	36,850	28,470	9,380	368,590	0
	(ii)	0	0	0	0	0	0	0
9Cantu Stacy G VP Chief Gov Offr & Corp Secr	(i)	230,366	46,600	29,049	11,015	22,628	339,658	131
	(ii)	0	0	0	0	0	0	0
10Pearson George SVP Med Stf Affrs Phys Rltns	(i)	87,379	95,630	122,759	10,240	30,635	346,643	11,062
	(ii)	0	0	0	0	0	0	0
11King Lenetra S Program Devel & Integ COO	(i)	56,723	0	24,912	0	2,519	84,154	0
	(ii)	199,787	36,223	7,956	17,846	11,804	273,616	0
12Saldana Luis Eduardo CMIO	(i)	202,804	26,230	363,988	16,483	11,631	621,136	0
	(ii)	0	0	0	0	0	0	0
13Robinson Mary C CNO Reliable Health	(i)	301,987	81,597	47,742	40,782	19,121	491,229	16,422
	(ii)	0	0	0	0	0	0	0
14Reeves Sandra G VP Treas/Asst Chief Invest Off	(i)	295,517	66,681	47,490	20,991	23,849	454,528	0
	(ii)	0	0	0	0	0	0	0
15Ziskind Andrew Alan SEO SWHR CIN	(i)	344,427	55,000	6,392	0	3,570	409,389	0
	(ii)							
16Winsper Sheri M Hospital Channel CQO	(i)	261,446	73,892	52,057	21,000	11,268	419,663	0
	(ii)	0	0	0	0	0	0	0
17Caldwell Thomas J VP Sports Medicine	(i)	275,017	57,870	53,829	15,359	28,993	431,068	0
	(ii)	0	0	0	0	0	0	0
18Sullivan Jon M VP Real Estate Operations	(i)	257,677	59,294	64,109	21,000	22,700	424,780	0
	(ii)	0	0	0	0	0	0	0
19Dawson Carla S VP Total Health & Rewards	(i)	256,443	70,735	53,331	20,825	10,284	411,618	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41Madzik Elizabeth May VP & Chief Compliance Officer	(i)	258,294	57,497	58,603	20,964	11,186	406,544	0
	(ii)	0	0	0	0	0	0	0
1Ball Randell L VP System Pharmacy Officer	(i)	276,998	58,883	37,303	21,000	21,585	415,769	0
	(ii)	0	0	0	0	0	0	0
2Thomas Joseph R VP Talent Mgmt & Analytics	(i)	257,874	57,527	51,149	20,812	9,880	397,242	0
	(ii)	0	0	0	0	0	0	0
3Collins Donald B VP Legal Services	(i)	247,272	56,524	54,392	21,000	31,448	410,636	0
	(ii)	0	0	0	0	0	0	0
4Schroeder Jennifer Ann VP Asst General Counsel	(i)	264,012	56,311	31,648	17,917	27,570	397,458	0
	(ii)	0	0	0	0	0	0	0
5Daniel M Rebecca VP Supply Chain Mgmt	(i)	253,726	52,280	40,636	20,855	12,319	379,816	0
	(ii)	0	0	0	0	0	0	0
6Sneed Ken VP Virtual Care Center	(i)	135,893	24,263	174,014	4,170	11,606	349,946	0
	(ii)	0	0	0	0	0	0	0
7Banerjee San VP Digital Experience	(i)	237,468	41,270	53,099	6,358	32,019	370,214	0
	(ii)	0	0	0	0	0	0	0
8Mehring Ronald Charles VP Technology & Security	(i)	246,977	46,225	36,564	51,479	357	381,602	0
	(ii)	0	0	0	0	0	0	0
9Jowers Deborah Anne VP Ambulatory IT Services	(i)	242,205	46,505	39,771	18,792	22,634	369,907	0
	(ii)	0	0	0	0	0	0	0
10Hutto Tracy VP Application Delivery	(i)	242,580	46,116	29,775	19,418	19,424	357,313	0
	(ii)	0	0	0	0	0	0	0
11Fitzjarrell Gary Benson VP Facilities Management	(i)	75,721	32,415	207,881	8,621	11,295	335,933	0
	(ii)	0	0	0	0	0	0	0
12Long Ronald R Former officer	(i)	-11,198	193,187	88,284	2,481	800	273,554	0
	(ii)	0	0	0	0	0	0	0
13Hawthorne Douglas D Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	272,101	100,071	68,970	19,854	22,832	483,828	90,298
14Parris Michael VP Enterprise Data & Analytics	(i)	224,115	38,821	49,716	8,435	29,346	350,433	0
	(ii)	0	0	0	0	0	0	0
15Ries Marianne C PHYS ADVISOR CTS	(i)	309,603	0	260	7,391	9,912	327,166	0
	(ii)	0	0	0	0	0	0	0
16Potter Sandy VP COO Behavioral Health	(i)	259,668	18,417	30,652	7,073	728	316,538	0
	(ii)	0	0	0	0	0	0	0
17Hall John PHYS ADVISOR REVENUE CYCLE	(i)	307,791	437	0	10,916	28,352	347,496	0
	(ii)	0	0	0	0	0	0	0
18Willard Deborah VP Heart & Vascular	(i)	228,537	43,967	32,788	13,470	11,017	329,779	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
75-2702388

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638RCL5	10-30-2008	366,120,000	Refund 1/31/89 & 5/14/03 Bonds		X		X		X
B Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551		11-30-2010	135,000,000	Construction & Equip Health Facili		X		X		X
C Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551	87638TEH2	10-04-2012	50,000,000	Construction & Equip Health Facili		X		X		X
D Tarrant Cnty Cultural Education Facility Fin Corp	04-3833551	87638TEZ2	05-21-2015	60,535,400	Construction & Equip Health Facili		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	216,940,000		1,410,000		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	366,264,054		135,000,000		50,037,844		61,433,172	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,868,320		444,565		0		247,878	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	178,040,202		134,555,435		50,037,844		61,185,294	
11	Other spent proceeds	186,355,532		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2013		2014		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.610 %		1.580 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	1.610 %		1.580 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part I, Column e and Part II, Line 3	All bonds issued The amount of total proceeds of issue reported in Part II, Line 3 differs from the amount of the issue price reported in Part I, Column e. The difference relates to cumulative investment earnings.

Return Reference	Explanation
Part IV, Line 2C, Column A	Rebate Calculations for the 2008 Series were completed 10/30/2018.

Return Reference	Explanation
Part IV, Line 2C, Column B	Rebate calculations for the 2010 Note Payable are not required. They are not subject to arbitrage.

Return Reference	Explanation
Part IV, Line 2C, Column C	Rebate calculations for the 2012 Series were completed 10/17/17.

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Texas Health Resources

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
75-2702388

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551	87638TFM0	11-18-2016	708,403,645	Refund 2007A Bonds & Capital Impro		X		X		X
B Tarrant Cnty Cultural Education Facility FIN Corp	04-3833551	87638TFP3	10-19-2017	133,470,000	Refund 2007B Bonds & Construction		X		X		X

Part II		Proceeds									
				A		B		C		D	
1	Amount of bonds retired			0		0					
2	Amount of bonds legally defeased			0		0					
3	Total proceeds of issue			710,702,084		133,878,156					
4	Gross proceeds in reserve funds			0		0					
5	Capitalized interest from proceeds			0		0					
6	Proceeds in refunding escrows			0		0					
7	Issuance costs from proceeds			5,017,452		1,329,479					
8	Credit enhancement from proceeds			0		0					
9	Working capital expenditures from proceeds			0		0					
10	Capital expenditures from proceeds			224,653,017		30,048,677					
11	Other spent proceeds			481,031,615		102,500,000					
12	Other unspent proceeds			0		0					
13	Year of substantial completion			2019		2018					
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				X		X				
16	Has the final allocation of proceeds been made?			X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.520 %		0.040 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.010 %		0 %					
6 Total of lines 4 and 5	0.530 %		0.040 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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
Texas Health Resources

Employer identification number
75-2702388

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
See Additional Data Table												

Total ▶ \$ 3,044,846

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

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Berdan Barclay	Officer	Split Dollar Life		X		470,253		No	Yes		Yes	
(1) Canose Jeffrey L	Officer	Split Dollar Life		X		279,040		No	Yes		Yes	
(2) Hawthorne Douglas	Former	Split Dollar Life		X		965,386		No	Yes		Yes	
(3) Holmes Kevin B	Key Employee	Split Dollar Life		X		130,272		No	Yes		Yes	
(4) Kirby Michelle R	Officer	Split Dollar Life		X		62,732		No	Yes		Yes	
(5) Kramer Kenneth Jr	Officer	Split Dollar Life		X		150,799		No	Yes		Yes	
(6) Long Ronald R	Former	Split Dollar Life		X		771,290		No	Yes		Yes	
(7) Tesmer David J	Officer	Split Dollar Life		X		86,108		No	Yes		Yes	
(8) King James Kirk	Officer	Split Dollar Life		X		128,966		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Texas Health Resources

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

75-2702388

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part VI, Section A, Line 2 - Business Relationship	<p>Texas Health Resources (THR) and its related organizations included in the THR healthcare system encourage employees to become involved in philanthropic endeavors in their communities. As a result, THR healthcare system employees who are serving as officers, board members, or key employees may, from time to time, also serve on the boards of various community organizations such as church boards, United Way, etc. There may be a business relationship as a result of multiple THR employees serving on the same community boards. THR employees serve as the corporate officers of each subsidiary organization. As THR system employees, all officers have a business relationship within the organizations of the THR healthcare system. THR also appoints system officers to the boards of various controlled joint ventures. As THR system employees, various officers of the organization may have a business relationship through serving on THR controlled joint venture boards.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part VI, Section B, Line 11b - Form 990 Filing	<p>The Texas Health Resources (THR) tax department staff prepares the Forms 990 for THR and all of its wholly controlled affiliates. In order to accurately prepare the returns, the tax staff works closely with various other departments to gather and review the information needed to complete the return. The departments involved in this process include, but are not limited to accounting, finance, treasury, human resources, payroll, legal, governance, and corporate compliance. The returns are then reviewed twice within the tax department before being given to the Financial Reporting department to review and to ensure that the financial information is accurate and up to date. All THR System Forms 990 are provided to members of the Audit and Compliance Committee of the THR Board, giving them an opportunity to review, comment and ask questions regarding the Forms 990. The tax department Vice President provides an overview presentation to the committee highlighting various areas of the Form 990. A resolution to approve all of the returns is voted upon at this meeting. Once the Audit and Compliance Committee has approved the returns, each return is then reviewed and signed by the Chief Accounting Officer/Assistant Secretary. The members of the governing Boards are provided a copy of the Form 990 for their respective entity after the Audit and Compliance Committee approval process and before the Form 990 is filed.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part VI, Section B, Line 12c - Conflict of Interest	<p>Texas Health Resources (THR) has adopted a Conflict of Interest Policy that applies to THR and all of its wholly owned or wholly controlled affiliates. During the first quarter of each fiscal year, a Duality and Conflict of Interest Statement Form is distributed by the THR Chief Compliance Officer to all board members, officers, contracted medical directors, employees with a title of manager or above, employed physicians, and certain committee members and other employees based upon function. All disclosed conflicts are reviewed by the THR Chief Compliance Officer. A report, listing each reported Duality of Interest or Conflict of Interest is given to both the Chair of the Governing body and the President of the Corporation with which the reporting person is affiliated. The THR Board of Trustees receives a report when the Annual Disclosure process is complete. Progressive corrective action is taken for any identified noncompliance which may include removal from a board or committee or physician/employee counseling if the person fails to provide the disclosure. In addition, THR monitors physician payments through a public database implemented by CMS. Management plans are executed as needed based upon disclosures. THR also educates the Boards and workforce annually through either a web based or live compliance training.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part VI, Section B, Lines 15 a&b - Compensation Determination	<p>Texas Health Resources (THR) used the following methods to establish the compensation of the organizations CEO, officer and key employees. * The Governance committee (which includes independent persons) performs reviews and makes recommendations to the THR Board for the CEO compensation and for the overall payment philosophy for the remaining officers. * Governance Committee approves the elements of officers compensation and committee approval is required for officer compensation payments outside the approved parameters. * Independent consultants may be hired. * Compensation surveys or studies are utilized. * Approval by the Board or Governance committee is required. The board of THR hires an independent third-party compensation consultant to review base pay of the CEO annually. Every 3 years, the independent third-party compensation consultant is hired to review all aspects of executive compensation, which includes a review and confirmation of the executive compensation philosophy. Each year the Governance committee of the THR board of trustees reviews a detailed report analyzing CEO, CEO direct reports, and other senior level officers compensation packages.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part VI, Section C, Line 19 - Public Disclosure	<p>The organization does not make its governing documents or conflict of interest policy available to the public. The consolidated financial statements of Texas Health Resources (THR) are made available to the public on the website www.dacbond.com. Consolidated financial statements are posted to this website quarterly and the audited financial statements are posted annually. The financial statements of the wholly controlled affiliates of THR are not posted to the website nor are they generally made available to the public in any other manner.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part XI, Line 9 - Other Changes in Fund Balance	<p>Comprehensive Income \$83,306 Affiliate Paid In Capital/Distributions (\$3,015,649) Adjustment for Intercompany Transactions of a Controlled Group (\$20,844,206) The intercompany adjustment eliminated the receivable/payable balance as of the end of the year between Texas Health Resources (THR) and all wholly controlled tax-exempt entities included in the THR Healthcare System. The adjustment represents current year activity. The THR Healthcare System records all related transactions through the intercompany Receivable/Payable accounts for each entity. The types of transactions recorded in the Intercompany accounts include management fees charged by the parent organization, services purchased between related organizations, supplies purchased by a centralized purchasing department, daily cash sweeps and similar transactions.</p>

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
Texas Health Resources

Employer identification number
75-2702388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Texas Health Partners LLC 612 E Lamar Blvd Arlington, TX 76011 02-0546958	Mgmt Co	TX	34,901,045	5,301,757	TH Resources
(2) THR-SCA Holdings LLC 612 E Lamar Blvd Arlington, TX 76011 46-1096461	Holding Co	TX	70,426,714	131,318,746	TH Resources
(3) Texas Health Resources Trust 612 E Lamar Blvd Arlington, TX 76011 30-6406740	Investments	TX	25,015,279	127,015,643	TH Resources
(4) Tx Health Surgery Center Willow Park LLC 612 E Lamar Blvd Arlington, TX 76011 84-3814490	Inactive	TX	0	0	THR-SCA Hold
(5) Tx Hlth Surgery Center SW Fort Worth LLC 612 E Lamar Blvd Arlington, TX 76011 84-3814490	Inactive	TX	0	0	THR-SCA Hold

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Grace Indemnity Company SPC Ltd 1159 Caribbean Plaza Grand Cayman KY 1-1102 CJ 98-1209573	Captive Insur	CJ	TH Resources	C Corp	1,756,101	41,056,107	100.000 %	Yes	
(2) Texas Health Biomedical Advancement Cent 612 E Lamar Blvd Arlington, TX 76011 75-2636884	Research	TX	NA	C Corp					No
(3) THR Primary Care Ext Physcian Network 612 E Lamar Blvd Arlington, TX 76011 46-5365421	Inactive	TX	TH Resources	C Corp	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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

Yes

Yes

No

No

No

No

Yes

No

Yes

No

No

No

Yes

Yes

Yes

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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 - Related Transaction	<p>Texas Health Resources (THR) is the parent organization of a large healthcare system made up of both wholly owned entities as well as related controlled joint ventures as listed on Schedule R. THR's role is to plan, manage and coordinate the activities of the affiliated healthcare system in order to maximize opportunities to deliver cost effective quality medical care to residents of north central Texas. THR provides direction and oversight to its wholly owned affiliates through centralized services. They also provide oversight for the controlled joint ventures. As an integral part of providing centralized services to the affiliates, THR maintains intercompany receivable/payable accounts, most of which do not fall within the scope of IRC Section 512(b)(13). The range of centralized services provided by THR include information services, managed care contracting, Human Resources, revenue cycle, billing and collections, patient access/admissions, legal, tax, compliance, supply chain, quality, business development, insurance, treasury, marketing, general accounting, real estate services, coding, transcription and strategic planning. In addition, THR does daily cash sweeps of all controlled tax exempt entity cash accounts. As a result, THR has numerous daily transactions with controlled tax exempt entities, none of which fall within the scope of IRC Section 512(b)(13). A management fee is charged for the centralized services and reported on Form 990, Part VII, Section B as a professional services fee. Transactions with related tax exempt organizations falling within the meaning of centralized services as described above, are not listed on Schedule R, Part V, Line 2.</p>

Additional Data

Software ID:
Software Version:
EIN: 75-2702388
Name: Texas Health Resources

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11801 South Freeway Burleson, TX 76028 75-2547668	Phys Clinic	TX	501(c)(3)	3	TH Huguley		No
612 E Lamar Blvd Arlington, TX 76011 45-2793120	Indigent Care	TX	501(c)(3)	12a	TH Cleburne		No
612 E Lamar Blvd Arlington, TX 76011 46-4513182	Comm Support	TX	501(c)(3)	7	TH Resources	Yes	
5323 Harry Hines Blvd Dallas, TX 75390 81-1575989	Mgmt Org	TX	501(c)(3)	12b	TH Resources	Yes	
800 West Randol Mill Rd Arlington, TX 76012 75-0972805	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
9229 LBJ Freeway Dallas, TX 75243 47-4724257	Phys. Clinic	TX	501(c)(3)	10	TH Phys Grou		No
2717 Tibbets Dr Bedford, TX 76022 81-2798838	Inactive	TX	501(c)(3)	3	TH Resources	Yes	
6110 W Parker Road Plano, TX 75093 81-2792484	Inactive	TX	501(c)(3)	3	TH Resources	Yes	
10864 Texas Health Trail Fort Worth, TX 76244 45-1502252	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
108 Denver Trail Azle, TX 76020 75-1748586	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
201 Walls Dr Cleburne, TX 76033 75-1977850	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
1301 Pennsylvania Ave Fort Worth, TX 76104 75-6001743	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
1600 Hospital Parkway Bedford, TX 76022 75-1438726	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
6100 Harris Parkway Fort Worth, TX 76132 75-2678857	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
411 Belknap Stephenville, TX 76401 75-1752253	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 83-1954982	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 83-1869297	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
11801 S Freeway Burleson, TX 76028 45-2694620	Hospital	FL	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 81-2833150	Spec Drugs	TX	501(c)(3)	10	TH Resources	Yes	
10840 Texas Health Trail Fort Worth, TX 76244 80-0800294	Inactive	TX	501(c)(3)	3	TH Alliance		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
9229 LBJ Freeway Dallas, TX 75243 75-2613493	Phys. Clinic	TX	501(c)(3)	10	TH Resources	Yes	
1105 Central Expressway N Allen, TX 75013 75-2890358	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
8200 Walnut Hill Ln Dallas, TX 75231 75-1047527	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
3000 North Interstate 35 Denton, TX 76201 43-2008974	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
850 Ed Hall Drive Kaufman, TX 75142 75-2771437	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
6200 W Parker Rd Plano, TX 75093 75-2770738	Hospital	TX	501(c)(3)	3	TH Resources	Yes	
240 Miller Road Mansfield, TX 76063 81-2813227	Resd Trmt Ctr	TX	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 75-2562191	Edu& Research	TX	501(c)(3)	4	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 75-2702388	System Mgmt	TX	501(c)(3)	12c	NA		No
612 E Lamar Blvd Arlington, TX 76011 75-2022128	Fundraising	TX	501(c)(3)	7	TH Resources	Yes	
1301 Pennsylvania Ave Fort Worth, TX 76104 75-1648589	LT Hospital	TX	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 81-4317635	Urgent Care C	TX	501(c)(3)	3	TH Resources	Yes	
612 E Lamar Blvd Arlington, TX 76011 75-6196065	Nursing Grant	TX	501(c)(3)	12a	TH Foundatio		No
PO Box 655999 Dallas, TX 75265 26-0610562	Support Org.	TX	501(c)(3)	12a	NA		No
PO Box 8040 Fort Worth, TX 76124 43-2087946	Support Org.	TX	501(c)(3)	12a	NA		No
12001 S Freeway Burleson, TX 76028 82-1289045	Amb Surg Ctr	TX	501(c)(3)	3	TH Huguely		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
AMH Cath Labs LLC 811 Wright St Arlington, TX 76012 20-3003947	Hospital	TX	NA	N/A								
Arlington Surgery Center LLC 918 N Davis Dr Arlington, TX 76012 75-2055800	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,064,841	1,650,683		No	0	Yes		51.750 %
Cleburne Surgical Center LLC 2010 W Katherine P Raines Blvd St Cleburne, TX 76033 20-3742012	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,391,119	2,473,564		No	0	Yes		51.000 %
Denton Surgery Center LLC 207 North Bonnie Brea Denton, TX 76201 47-0926556	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,994,862	2,916,071		No	0	Yes		53.550 %
Flower Mound Hospital Partners LLC 4400 Long Prairie Rd Flower Mound, TX 75028 26-0684968	Hospital	TX	TH Resources	Related	29,114,637	70,685,005		No	0	Yes		53.740 %
Fort Worth Endoscopy Centers LLC 900 W Magnolia Ave 101 Fort Worth, TX 76104 77-0368346	Endoscopy Center	TX	THR-SCA Holding	Related	9,446,644	5,634,477		No	0	Yes		51.000 %
Greenville Surgery Center LLC 7150 Greenville Ave Ste 200 Dallas, TX 75231 74-2411643	Amb Surg Ctr	TX	THR-SCA Holding	Related	2,801,370	2,971,790		No	0	Yes		61.500 %
Health Imaging Partners LLC 8610 Explorer Drive Ste 300 Colorado Springs, CO 80920 27-1385885	Medical Imaging	TX	TH Resources	Related	17,063,531	41,619,189		No	0		No	51.000 %
North Dallas Surgical Center LLC 17980 Dallas Pkw Ste 100 Dallas, TX 75287 27-2248103	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,689,633	2,344,260		No	0	Yes		51.000 %
Ophthalmology Surgery Center of Dallas LL 10740 N Central Expy Dallas, TX 75231 26-1914835	Amb Surg Ctr	TX	THR-SCA Holding	Related	12,872,977	9,125,095		No	0	Yes		52.000 %
Park Hill Surgery Center LLC 3455 Locke Ave Fort Worth, TX 76107 45-1484375	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,698,389	3,975,336		No	0	Yes		51.000 %
Physicians Medical Center LLC 6020 W Parker Rd Plano, TX 75093 48-1281376	Hospital	TX	TH Resources	Related	18,832,142	32,290,600		No	0	Yes		53.680 %
Presbyterian Cancer Ctr-Dallas LLC PO Box 819067 Dallas, TX 75381 26-0422749	Cancer Ctr	TX	NA	N/A								
Rockwall Regional Hospital LLC 3150 Horizon Rd Rockwall, TX 75032 20-2848116	Hospital	TX	TH Resources	Related	11,428,398	60,018,282		No	0	Yes		61.720 %
South Arlington Surgical Providers LLC 350 E Interstate 20 Ste 200 Arlington, TX 76018 75-2723958	Amb Surg Ctr	TX	THR-SCA Holding	Related	-15,648	17,247,210		No	0	Yes		51.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprrtionate 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	
Southlake Specialty Hospital LLC 1545 E Southlake Blvd Southlake, TX 76092 02-0555370	Hospital	TX	TH Resources	Related	7,574,469	24,635,173		No	0	Yes		54.050 %
Surgical Caregivers of Fort Worth LLC 2001 W Rosedale St Fort Worth, TX 76104 75-1925497	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,140,911	12,333,471		No	0	Yes		54.320 %
Texas Health Craig Ranch Surgery Center 8080 State Hwy 121 Ste 100 McKinney, TX 75070 38-3897811	Amb Surg Ctr	TX	THR-SCA Holding	Related	3,772,526	3,671,460		No	0	Yes		51.500 %
Texas Health Flower Mound Orthopedic Sur 5000 Long Prairie Rd Flower Mound, TX 75028 80-0866449	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,363,508	3,641,489		No	0	Yes		51.000 %
Texas Health Orthopedic Surgery Center A 9848 N Beach St Fort Worth, TX 76244 81-4977249	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,622,566	5,693,843		No	0	Yes		51.000 %
Texas Health Spine Surgery Center Allen 1120 Raintree Cir Ste 100 Allen, TX 75013 30-0957868	Amb Surg Ctr	TX	TH Resources	Related	564,351	1,906,115		No	0	Yes		51.000 %
Texas Health Spine Surgery Center Allian 1545 E Southlake Blvd Ste 100 Southlake, TX 76092 32-0571301	Amb Surg Ctr	TX	TH Resources	Related	0	1,205,287		No	0	Yes		51.000 %
Texas Health Supply Chain Services LLC 612 E Lamar Blvd Ste 600 Arlington, TX 76011 84-1833532	Purchasing Co	TX	TH Resources	Related	-60,909	4,405,584		No	-18,594	Yes		51.000 %
Texas Health Surgery Center Alliance LLC 10840 Texas Health Trail Ste 100 Fort Worth, TX 76244 82-2296081	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,056,419	6,528,234		No	0	Yes		74.580 %
Texas Health Surgery Center Bedford LLC 1605 Airport Freeway Ste 100 Bedford, TX 76021 82-1307876	Amb Surg Ctr	TX	THR-SCA Holding	Related	1,179,382	2,412,446		No	0	Yes		51.410 %
Texas Health Surgery Center Irving LLC 2120 N MacArthur Blvd Ste 200 Irving, TX 75061 83-1085415	Amb Surg Ctr	TX	THR-SCA Holding	Related	-80,440	1,702,378		No	0	Yes		51.000 %
Texas Health Surgery Center Preston Plaz 17950 Preston Road Ste 75 Dallas, TX 75252 20-3991622	Amb Surg Ctr	TX	THR-SCA Holding	Related	6,909,715	19,530,767		No	0	Yes		54.010 %
Texas Health Surgery Center Rockwall LLC 3144 Horizon Rd Ste 120 Rockwall, TX 75032 47-4425996	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,431,027	6,725,107		No	0	Yes		51.000 %
Texas Health Surgery Center Waxahachie 1434 US Hwy 287 Bypass Ste 100 Waxahachie, TX 75165 83-1464243	Inactive	TX	THR-SCA Holding	Related	0	0		No	0	Yes		51.000 %
Texas Institute for Surgery LLP 7115 Greenville Ave Ste 100 Dallas, TX 75231 77-0628004	Hospital	TX	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate 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	
THR-STT Rockwall ASC LLC 1545 E Southlake Blvd Southlake, TX 76092 26-2429878	Amb Surg Ctr	TX	TH Resources	Related	1,293,070	1,643,127		No	0	Yes		57.040 %
THR-STT Southlake ASC LLC 1545 E Southlake Blvd Southlake, TX 76092 20-1728912	Amb Surg Ctr	TX	TH Resources	Related	2,882,432	3,773,760		No	0	Yes		83.650 %
USMD Hospital at Arlington LP 801 I -20 West Arlington, TX 76017 73-1662763	Hospital	TX	TH Resources	Related	2,559,185	30,861,416		No	0		No	51.000 %
USMD Hospital at Fort Worth LP 5900 Altamesa Blvd Fort Worth, TX 76132 20-3571243	Hospital	TX	TH Resources	Related	-642,685	5,412,813		No	0		No	50.970 %
Walnut Hill Surgery Center LLC 5494 Glen Lakes Dr Dallas, TX 75231 36-4499777	Amb Surg Ctr	TX	THR-SCA Holding	Related	18,245	10,811,877		No	0	Yes		51.000 %
Wilson Creek Surigcal Center LLC 8855 Synergy Drive McKinney, TX 75070 27-4816583	Amb Surg Ctr	TX	THR-SCA Holding	Related	4,219,855	2,836,162		No	0	Yes		51.000 %
Women's Specialty Surgery Center of Dall 8230 Walnut Hill Ln Ste 101 Dallas, TX 75231 26-2310072	Amb Surg Ctr	TX	NA	N/A								

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
Ft Worth Endoscopy Ctr LLC	a	723,809	Lease
Health Imaging Partners LLC	a	330,745	Lease
TH Surgery Ctr Alliance LLC	a	665,112	Lease
South Arlington Surgical Providers LLC	b	16,708,582	JV Agreement
TH Supply Chain Services LLC	b	4,165,000	JV Agreement
Walnut Hill Surgery Center LLC	b	10,227,954	JV Agreement
Arlington Surgery Center LLC	c	1,480,351	JV Agreement
Cleburne Surgical Ctr LLC	c	2,554,091	JV Agreement
Denton Surgery Center LLC	c	2,973,370	JV Agreement
Flower Mound Hospital Partners LLC	c	30,187,277	JV Agreement
Ft Worth Endoscopy Ctr LLC	c	9,985,914	JV Agreement
Greenville Surgery Center LLC	c	2,904,449	JV Agreement
Health Imaging Partners LLC	c	19,913,460	JV Agreement
North Dallas Surgical Ctr LLC	c	1,461,449	JV Agreement
Ophthalmology Surg Ctr-Dallas	c	13,171,936	JV Agreement
Park Hill Surgery Center LLC	c	4,817,801	JV Agreement
Physician Medical Center LLC	c	18,075,705	JV Agreement
Rockwall Regional Hospital LLC	c	8,720,209	JV Agreement
Southlake Specialty Hospital	c	7,028,475	JV Agreement
Surg Caregivers of Fort Worth	c	3,585,974	JV Agreement
TH Craig Ranch Surg Ctr LLC	c	4,082,056	JV Agreement
TH Flower Mound Ortho Surg	c	5,466,658	JV Agreement
TH Ortho Surg Ctr Alliance LLC	c	681,846	JV Agreement
TH Spine Surgery Ctr Allen LLC	c	359,361	JV Agreement
TH Spine Surgery Ctr Alliance LLC	c	980,726	JV Agreement

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
TH Surg Ctr Preston Plaza LLC	c	8,335,075	JV Agreement
TH Surg Ctr Rockwall LLC	c	2,264,664	JV Agreement
TH Surgery Ctr Bedford LLC	c	996,014	JV Agreement
THR-STT Rockwall ASC LLC	c	1,025,468	JV Agreement
THR-STT Southlake ASC LLC	c	2,819,351	JV Agreement
USMD Hospital at Arlington LP	c	1,640,586	JV Agreement
USMD Hospital at Fort Worth LP	c	207,573	JV Agreement
Wilson Creek Surgical Ctr LLC	c	3,977,577	JV Agreement
Ophthalmology Surg Ctr-Dallas	d	90,000	InterCo Billing
Arlington Surgery Center LLC	l	138,003	InterCo Billing
Cleburne Surgical Ctr LLC	l	152,549	InterCo Billing
Denton Surgery Center LLC	l	140,376	InterCo Billing
Flower Mound Hospital Partners LLC	l	13,089,986	InterCo Billing
Ft Worth Endoscopy Ctr LLC	l	377,266	InterCo Billing
Greenville Surgery Center LLC	l	138,343	InterCo Billing
Health Imaging Partners LLC	l	1,872,944	InterCo Billing
North Dallas Surgical Ctr LLC	l	137,761	InterCo Billing
Ophthalmology Surg Ctr-Dallas	l	300,000	InterCo Billing
Park Hill Surgery Center LLC	l	291,511	InterCo Billing
Physician Medical Center LLC	l	5,115,693	InterCo Billing
Rockwall Regional Hospital LLC	l	11,833,182	InterCo Billing
Southlake Specialty Hospital	l	5,971,603	InterCo Billing
Surg Caregivers of Fort Worth	l	212,242	InterCo Billing
TH Craig Ranch Surg Ctr LLC	l	99,296	InterCo Billing
TH Flower Mound Ortho Surg	l	176,793	InterCo Billing

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
TH Ortho Surg Ctr Alliance LLC	l	148,181	InterCo Billing
TH Spine Surgery Ctr Allen LLC	l	69,667	InterCo Billing
TH Spine Surgery Ctr Alliance LLC	l	119,329	InterCo Billing
TH Supply Chain Services LLC	l	417,275	InterCo Billing
TH Surg Ctr Preston Plaza LLC	l	359,933	InterCo Billing
TH Surg Ctr Rockwall LLC	l	251,344	InterCo Billing
TH Surg Ctr Waxahachie LLC	l	75,000	InterCo Billing
TH Surgery Ctr Bedford LLC	l	101,261	InterCo Billing
THR-STT Rockwall ASC LLC	l	260,494	InterCo Billing
THR-STT Southlake ASC LLC	l	100,000	InterCo Billing
USMD Hospital at Arlington LP	l	100,000	InterCo Billing
USMD Hospital at Fort Worth LP	l	100,000	InterCo Billing
Wilson Creek Surgical Ctr LLC	l	177,216	InterCo Billing
AMH Cath Labs LLC	q	230,850	InterCo Billing
Cleburne Surgical Ctr LLC	q	58,584	InterCo Billing
Denton Surgery Center LLC	q	59,837	InterCo Billing
Flower Mound Hospital Partners LLC	q	783,187	InterCo Billing
Ft Worth Endoscopy Ctr LLC	q	155,382	InterCo Billing
Greenville Surgery Center LLC	q	61,843	InterCo Billing
Health Imaging Partners LLC	q	600,173	InterCo Billing
Ophthalmology Surg Ctr-Dallas	q	235,814	InterCo Billing
Park Hill Surgery Center LLC	q	102,951	InterCo Billing
Physician Medical Center LLC	q	449,986	InterCo Billing
Rockwall Regional Hospital LLC	q	602,221	InterCo Billing
Southlake Specialty Hospital	q	349,942	InterCo Billing

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
Surg Caregivers of Fort Worth	q	85,540	InterCo Billing
TH Craig Ranch Surg Ctr LLC	q	79,711	InterCo Billing
TH Flower Mound Ortho Surg	q	89,539	InterCo Billing
TH Surg Ctr Preston Plaza LLC	q	141,163	InterCo Billing
THR-STT Rockwall ASC LLC	q	52,700	InterCo Billing
THR-STT Southlake ASC LLC	q	64,463	InterCo Billing
Wilson Creek Surgical Ctr LLC	q	66,782	InterCo Billing
Grace Indemnity Company SPC Ltd	r	26,982,872	Cash Trans
Grace Indemnity Company SPC Ltd	s	20,031,830	Cash Trans