

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4507 MEDICAL DRIVE City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78229-4401 F Name and address of principal officer: JAMIE WESOLOWSKI SAME AS C ABOVE H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	D Employer identification number 74-1287016 E Telephone number (210) 692-0234 G Gross receipts \$ 579,997,322
J Website: WWW.MHM.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1955 M State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MISSION STATEMENT: "SERVING HUMANITY TO HONOR GOD" VISION STATEMENT: "TO BE THE LEADER FOR IMPROVING WELLNESS OF THE LEAST SERVED".		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	628
	6	Total number of volunteers (estimate if necessary)	6	48
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,399,636
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	971,990	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	73,904	134,804
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	300,251,706	221,750,888
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,194,556	89,707,045
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	431,588	458,726
	12		393,951,754	312,051,463
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,253,679	65,155,822
	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)	47,952,076	55,079,135
	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)	37,500,992	45,758,558
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	139,706,747	165,993,515
	19	Revenue less expenses. Subtract line 18 from line 12	254,245,007	146,057,948
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,960,567,569	2,160,303,885
	22	Net assets or fund balances. Subtract line 21 from line 20	17,817,451	20,494,029
			1,942,750,118	2,139,809,856

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 TONY LOBASSO, CFO Type or print name and title		Date	
	Print/Type preparer's name MELVA SCOTT		Preparer's signature	Date
Paid Preparer Use Only	Firm's name ERNST & YOUNG US LLP	Firm's EIN 34-6565596	Check ☐ if self-employed	PTIN P01207335
	Firm's address 425 HOUSTON ST, FORT WORTH, TX 76102	Phone no. (817) 335-1900		

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** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

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

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

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

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

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 \$ 65,155,822 including grants of \$ 65,155,822) (Revenue \$ 0)

SINCE 1996, MHM HAS PROVIDED COMMUNITY GRANTS TO PARTNERS THAT SHARE IN ITS MISSION OF SERVING THE LEAST SERVED: LOW-INCOME FAMILIES AND THE UNINSURED, AND THAT ARE SUCCESSFULLY DELIVERING HEALTHCARE AND SOCIAL SERVICES TO THIS POPULATION IN THEIR RESPECTIVE COMMUNITIES THROUGHOUT SOUTH TEXAS OR ADDRESSING SOCIAL DETERMINANTS OF HEALTH NEEDS IN THEIR RESPECTIVE COMMUNITIES. SHORT-TERM GRANTS INCLUDE DIRECT SERVICES TO PATIENTS AS WELL AS CAPITAL FUNDING FOR CONSTRUCTION OF NEW AND/OR RENOVATIONS TO EXISTING FACILITIES USED FOR THE DELIVERY OF SERVICES.

4b (Code:) (Expenses \$ 34,724,490 including grants of \$ 0) (Revenue \$ 221,681,605)
(SEE ON SCHEDULE O)**4c** (Code:) (Expenses \$ 31,188,673 including grants of \$ 0) (Revenue \$ 69,283)

MHM OWNS AND OPERATES TWO PRIMARY CARE CLINICS AT TWO LOCATIONS - WESLEY HEALTH & WELLNESS CENTER AND DIXON HEALTH & WELLNESS CENTER - IN SAN ANTONIO WHERE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES ARE OFFERED TO UNINSURED INDIVIDUALS AND FAMILIES WHO DO NOT QUALIFY FOR ANY TYPE OF BENEFITS SUCH AS MEDICAID OR MEDICARE. SERVICES ARE BASED ON A SLIDING-SCALE FEE DETERMINED BY HOUSEHOLD INCOME AND FAMILY SIZE. HOWEVER, NO ONE IS DENIED BASED ON THEIR ABILITY TO PAY. MHM ALSO OPERATES SCHOOL BASED HEALTH CENTERS WHICH PROVIDE PRIMARY MEDICAL CARE, DENTAL CARE, AND COUNSELING TO SCHOOL-AGE CHILDREN AND THEIR SIBLINGS UP TO THE AGE OF 21 IN TWO SCHOOL DISTRICTS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 16,805,193 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 147,874,178

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	✓
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 ✓	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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 ✓	
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 ✓	
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 ✓	
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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 ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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 ✓	
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	✓
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	✓
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	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a ✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b ✓	
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 ✓	

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 ✓	
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 ✓	
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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	✓
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	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the 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	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
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	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
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	✓
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 ✓	
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 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
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 ✓	
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	✓
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	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

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 278	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	628
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓
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	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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	✓
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	✓
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	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	15	✓
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	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 32 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 32		
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		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		✓
6 Did the organization have members or stockholders? 6		✓
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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
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 on Schedule O 9		✓

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		✓
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	✓	
b Describe on 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	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	✓	
13 Did the organization have a written whistleblower policy? 13	✓	
14 Did the organization have a written document retention and destruction policy? 14	✓	
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	✓	
b Other officers or key employees of the organization 15b	✓	
If "Yes" to line 15a or 15b, describe the process on 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	✓	
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	✓	

Section C. Disclosure

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

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

19 Describe on 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.
TONY LOBASSO, CFO, 4507 MEDICAL DRIVE, SAN ANTONIO, TX 78229-4401, (210) 692-0234

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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.

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAIME WESOLOWSKI CEO & PRESIDENT	39.0 1.0			✓				691,079	0	77,275
(2) XOCHY HURTADO CHIEF OPERATING OFFICER	39.0 1.0			✓				387,900	0	64,601
(3) ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	39.0 1.0			✓				383,896	0	54,354
(4) OANH MARONEY-OMITADE VP OF ORG. EXCELLENCE	40.0 0.0					✓		257,849	0	75,249
(5) JENNIFER KNOULTON VP OF COMMUNITY HEALTH & WELLNESS	40.0 0.0					✓		234,670	0	56,447
(6) CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	40.0 0.0					✓		238,769	0	37,092
(7) LETICIA ORTIZ-JOHNSON VP OF CLINICAL OPERATIONS	40.0 0.0					✓		224,951	0	49,633
(8) SANDRA MARTINEZ VP OF STRATEGY & PARTNERSHIP	40.0 0.0					✓		222,443	0	36,303
(9) ALAN KRAMER TREASURER /CHAIR -ELECT	4.0 0.0	✓		✓				0	0	0
(10) ASHLEY LANDERS VICE CHAIR OF MISSION (BEGIN 6/27/24)	4.0 0.0	✓		✓				0	0	0
(11) JACQUELINE PUGH, MD GOVERNANCE COMMITTEE CHAIR (BEGIN 6/27/24)	4.0 0.0	✓		✓				0	0	0
(12) KERWIN OVERBY VICE CHAIR OF INVESTMENTS (BEGIN 6/27/24)	4.0 0.0	✓		✓				0	0	0
(13) LAVONNE GARRISON IMMEDIATE PAST CHAIR/MHS BOARD CHAIR ELECT (BEGIN 6/27/24)	4.0 0.0	✓		✓				0	0	0
(14) MICHAEL F PORTER, JR MHM BOARD CHAIR (BEGIN 6/27/24)	6.0 0.0	✓		✓				0	0	0

Form **990** (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) REV JAMES AMERSON SECRETARY (BEGIN 6/27/24)	4.0 0.0	☒		☒				0	0	0
(16) REV VIRGILIO VAZQUEZ-GARZA VICE CHAIR OPERATIONS (BEGIN 6/27/24)	4.0 0.0	☒		☒				0	0	0
(17) ALICE H GANNON ADVISORY BOARD REP GOVERNANCE COMMITTEE/IMMEDIATE PAST CHAIR MHS(NON-VOTING)	2.0 0.0	☒						0	0	0
(18) ASHLEY HIXON DIRECTOR/MHS COMMUNITY BOARD CHAIR	2.0 0.0	☒						0	0	0
(19) BARBARA LYONS DIRECTOR	2.0 0.0	☒						0	0	0
(20) BISHOP CYNTHIA HARVEY DIRECTOR (BEGIN 6/27/24)	2.0 0.0	☒						0	0	0
(21) BISHOP ROBERT SCHANSE DIRECTOR (TERM 6/26/24)	2.0 0.0	☒						0	0	0
(22) DOUG BECKER DIRECTOR (TERM 6/26/24)	2.0 0.0	☒						0	0	0
(23) EDWIN MILES DIRECTOR	2.0 0.0	☒						0	0	0
(24) ERICA BENITES GEISE DIRECTOR (BEGIN 6/27/24)	2.0 0.0	☒						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,641,557	0	450,954
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,641,557	0	450,954

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 **92**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	☐	☒
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>	☒	☐
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>	☐	☒

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BALYASNY ASSET MANAGEMENT, 444 W. LAKE STREET, 50TH FLOOR, CHICAGO, IL 60606	INVESTMENT MANAGER	2,130,462
EVANSTON CAPITAL MANAGEMENT, 1560 SHERMAN AVE, STE 960, EVANSTON, IL 60201	INVESTMENT MANAGER	1,317,997
CHATHAM ASSET MANAGEMENT, 26 MAIN ST, SUITE 204, CHATHAM, NJ 07928	INVESTMENT MANAGER	1,203,526
SENDERO WEALTH MANAGEMENT, 250 W. NOTTINGHAM, SUITE 300, SAN ANTONIO, TX 78209	INVESTMENT MANAGER	1,025,383
ALLIED UNIVERSAL SECURITY SERVICES, PO BOX 31001-2374, PASADENA, CA 91110-2374	SECURITY SERVICES	894,531
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	39	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	134,804				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			134,804			
Program Service Revenue				Business Code				
	2a	ORDINARY INCOME FROM MHS		622110	221,550,590	220,159,320	1,391,270	
	b	CLINIC REVENUE - DIRECT MHM		621498	69,283	69,283		
	c	WESLEY KITCHEN - DIRECT MHM		900099	131,015	131,015		
	d							
	e							
	f	All other program service revenue . .			0	0	0	
g	Total. Add lines 2a-2f			221,750,888				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			26,235,700		8,366	26,227,334
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real	8,908,011			
	b	Less: rental expenses	6b	(ii) Personal	8,518,993			
	c	Rental income or (loss)	6c		389,018	0		
	d	Net rental income or (loss)			389,018			389,018
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	322,898,211			
	b	Less: cost or other basis and sales expenses . .	7b	(ii) Other	259,426,866			
	c	Gain or (loss)	7c		63,471,345	0		
	d	Net gain or (loss)			63,471,345			63,471,345
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	ALL OTHER REVENUE		900099	69,708		69,708	
	b							
	c							
	d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d			69,708				
12	Total revenue. See instructions			312,051,463	220,359,618	1,399,636	90,157,405	

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	65,050,191	65,050,191		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	105,631	105,631		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,462,875		1,462,875	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,261,273	35,074,849	5,186,424	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,415,054	1,983,309	431,745	
9 Other employee benefits	7,977,416	6,646,952	1,330,464	
10 Payroll taxes	2,962,517	2,547,651	414,866	
11 Fees for services (nonemployees):				
a Management				
b Legal	104,329		104,329	
c Accounting	73,000		73,000	
d Lobbying	100,000	100,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,217,889		3,217,889	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,799,288	18,521,307	1,277,981	0
12 Advertising and promotion	224,802	3,050	221,752	
13 Office expenses	1,681,045	1,460,763	220,282	
14 Information technology	4,482,922	3,280,386	1,202,536	
15 Royalties				
16 Occupancy	1,354,757	1,072,888	281,869	
17 Travel	1,173,664	1,026,189	147,475	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	308,284	270,466	37,818	
20 Interest	17,407	16,834	573	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,095,882	1,850,886	244,996	
23 Insurance	439,791	285,251	154,540	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>K-1 EXPENSES</u>	2,515,409	2,515,409		
b <u>PHARMACY CHARGES & DELIVERY</u>	2,031,599	2,031,599		
c <u>SPECIAL EVENTS</u>	1,056,794	623,419	433,375	
d <u>COST OF FOOD</u>	817,230	699,455	117,775	
e All other expenses	4,264,466	2,707,693	1,556,773	0
25 Total functional expenses. Add lines 1 through 24e	165,993,515	147,874,178	18,119,337	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 ☐ 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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,309,721	1	6,785,024
	2 Savings and temporary cash investments	191,832,210	2	161,597,292
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,464	4	82,952
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,666,258	9	1,911,679
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 69,880,659		
	b Less: accumulated depreciation	10b 25,094,537		
	11 Investments—publicly traded securities	584,420,839	11	661,059,622
	12 Investments—other securities. See Part IV, line 11	254,066,597	12	283,148,361
	13 Investments—program-related. See Part IV, line 11	879,093,600	13	999,848,419
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	227,556	15	1,084,414
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,960,567,569	16	2,160,303,885
Liabilities	17 Accounts payable and accrued expenses	7,371,886	17	11,225,305
	18 Grants payable	10,445,565	18	9,263,824
	19 Deferred revenue	0	19	4,900
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	17,817,451	26	20,494,029
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,942,650,118	27	2,139,709,856
	28 Net assets with donor restrictions	100,000	28	100,000
	Organizations that do not follow FASB ASC 958, check here ☐ 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	1,942,750,118	32	2,139,809,856
	33 Total liabilities and net assets/fund balances	1,960,567,569	33	2,160,303,885

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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	312,051,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	165,993,515
3	Revenue less expenses. Subtract line 2 from line 1	3	146,057,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,942,750,118
5	Net unrealized gains (losses) on investments	5	32,758,412
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18,243,378
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,139,809,856

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
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 on Schedule O and describe any steps taken to undergo such audits .		

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ERICA SOSA, PHD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(26) ERIKA PROSPER ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) JIM GARCIA ----- ADVISORY BOARD CHAIR (NON-VOTING)	2.0 ----- 0.0	✓						0	0	0
(28) JIM RICE ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(29) JOHN HORNBEAK ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(30) JOHN STOLL, MD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(31) KAREN ANGELINI ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(32) LOTT MCILHENNY ----- DIRECTOR (TERM 6/26/24)	2.0 ----- 0.0	✓						0	0	0
(33) MICHAEL J LANE, MD ----- IMMEDIATE PAST CHAIR/MHS BOARD CHAIR (NON-VOTING)	2.0 ----- 0.0	✓						0	0	0
(34) MIKE BACON ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(35) MINDI ALTERMAN ----- ADVISORY BOARD REP TO GOVERNANCE COMMITTEE (NON-VOTING) (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0
(36) PASTOR CANDICE PARRY ----- DIRECTOR (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0
(37) PENDLETON WICKERSHAM ----- DIRECTOR - AT LARGE REP MHS BOARD (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0
(38) RAYMOND CHACON ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(39) REV BOB CLARK ----- DIRECTOR (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0
(40) REV CYNTHIA ENGSTROM ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(41) REV GREG HACKETT ----- DIRECTOR (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0
(42) REV JAVIER LEYVA ----- DIRECTOR (TERM 6/26/24)	2.0 ----- 0.0	✓						0	0	0
(43) REV ROBERT LOPEZ, MD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) REV ROBERT ORTIZ, PHD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(45) RUDYARD HILLARD, MD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(46) SAM O'KRENT ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(47) SCOTT D BRYAN ----- ADVISORY BOARD REP TO BOARD OF GOVERNORS (NON-VOTING)	2.0 ----- 0.0	✓						0	0	0
(48) SUSAN HELLUMS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(49) THOMAS SANDERS ----- DIRECTOR (BEGIN 6/27/24)	2.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

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

2024

Open to Public
Inspection

Name of the organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 33¹/₃% support tests—2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
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)? 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).		
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		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 3 - PUBLIC CHARITY STATUS	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. HAS A DUAL PUBLIC CHARITY STATUS AS A SECTION 509 (A)(1) AND SECTION 509 (A)(3) SUPPORTING ORGANIZATION. METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. IS A HOSPITAL AND SUPPORTS THE RIO TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH.

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ <u>75,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>	----- ----- -----	\$ <u>51,341</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>	----- ----- -----	\$ <u>5,513</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship of transferor to transferee ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship of transferor to transferee ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship of transferor to transferee ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship of transferor to transferee ----- ----- -----

SCHEDULE C
(Form 990)

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

2024

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

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

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

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

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

Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number (EIN) 74-1287016
--	--

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

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

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- Enter the names, addresses, and EINs 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)				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

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 (grassroots 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.														
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b) is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✓	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		✓	
e	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?	✓		315,562
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		39,864
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		51
i	Other activities?	✓		54,121
j	Total. Add lines 1c through 1i			409,598
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

SEE NEXT PAGE

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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITIES: FUNDING FOR PARTNERS TO FORMALLY COORDINATE A COALITION THAT WILL FOCUS ON MOBILIZING INTERESTED STAKEHOLDERS TO WORK WITH STATE LEADERS TO IMPROVE POLICIES AND INCREASE FUNDING FOR HEALTH SERVICES AND ACCESS TO CARE IN TEXAS; EXPLORE AND DISCUSS STRATEGIES FOR LEGISLATIVE SESSIONS; REGISTRATION FEES AND MEMBERSHIP DUES.

SCHEDULE D
(Form 990)

(Rev. January 2025)

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

Open to Public
Inspection

Name of the organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016

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 (for example, recreation or education) ☐ Preservation of a 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.	
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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items.	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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	227,556	217,148	245,024	239,210	223,277
b Contributions					
c Net investment earnings, gains, and losses	13,161	15,408	(22,876)	10,814	20,933
d Grants or scholarships					
e Other expenditures for facilities and programs	8,933	5,000	5,000	5,000	5,000
f Administrative expenses					
g End of year balance	231,784	227,556	217,148	245,024	239,210

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

a Board designated or quasi-endowment 57.00 %

b Permanent endowment 43.00 %

c Term endowment 0.00 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 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		17,853,625		17,853,625
b Buildings		40,498,021	17,858,427	22,639,594
c Leasehold improvements		56,874	35,543	21,331
d Equipment		7,867,672	5,522,168	2,345,504
e Other		3,604,467	1,678,399	1,926,068
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				44,786,122

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) BALYASNY ATLAS ENHANCED FUND, LTD.	46,687,917	END OF YEAR MARKET VALUE
(B) EVANSTON WEATHERLOW OFFSHORE FUND I LTD	74,496,688	END OF YEAR MARKET VALUE
(C) EVANSTON CREDIT OPPORTUNITIES FUND	16,319,439	END OF YEAR MARKET VALUE
(D) ACL ALTERNATIVE FUND SAC LIMITED	22,496,510	END OF YEAR MARKET VALUE
(E) CHATHAM ASSET HIGH YIELD OFFSHORE FUND, LTD	42,364,480	END OF YEAR MARKET VALUE
(F) HUIZENGA VENTURE INVESTMENTS II, LLC	5,452,545	END OF YEAR MARKET VALUE
(G) HUIZENGA VENTURE INVESTMENTS III, LLC	1,319,709	END OF YEAR MARKET VALUE
(H) (SEE STATEMENT)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	283,148,361	

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) EQUITY OWNERSHIP IN MHS	999,848,419	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	999,848,419	

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, line 15, col. (B))	

Part X Other Liabilities

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

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
DWS RREEF AMERICA REIT II	18,208,740	END OF YEAR MARKET VALUE
PORTFOLIO ADVISORS SECONDARY FUND IV (OFFSHORE) LP	20,043,320	END OF YEAR MARKET VALUE
SEI CORE PROPERTY FUND LP	6,330,813	END OF YEAR MARKET VALUE
SEI ENERGY DEBT FUND LP	137,607	END OF YEAR MARKET VALUE
SEI STRUCTURED CREDIT FUND LP	8,302,271	END OF YEAR MARKET VALUE
SEI SPECIAL SITUATIONS FUND LP	15,152,591	END OF YEAR MARKET VALUE
SEI GPA IV PRIVATE ASSET FUND LP	1,164,607	END OF YEAR MARKET VALUE
SEI GPA V PRIVATE ASSET FUND LP	579,755	END OF YEAR MARKET VALUE
INCUBE VENTURES II, LP	16,459	COST
TARGETED TECHNOLOGY FUND I, LP	31,184	COST
TARGETED TECHNOLOGY FUND II, LP	159,575	COST
TEXAS METHODIST FOUNDATION	3,365,850	END OF YEAR MARKET VALUE
HUIZENGA VENTURE INVESTMENTS IV, LLC	518,301	END OF YEAR MARKET VALUE

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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	MHM'S ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS.

SCHEDULE F
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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

Open to Public
Inspection

Name of the organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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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 the 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
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		5,491,773
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			5,491,773
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,491,773

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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**

Schedule F (Form 990) (Rev. 1-2025)

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74 1287016

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	☒	
b If "Yes," was it a written policy?	☒	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____%	☒	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other <u>500</u> %	☒	
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 FAP 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 FAP 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.		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			111,368,281	16,823,706	94,544,575	6.40
b Medicaid (from Worksheet 3, column a)			113,226,392	158,542,223	0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,405,060	474,983	930,077	0.06
d Total. Financial assistance and means-tested government programs	0	0	225,999,733	175,840,912	95,474,652	6.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			84,375,210	367,759	84,007,451	5.68
f Health professions education (from Worksheet 5)			1,926,823	22,157	1,904,666	0.13
g Subsidized health services (from Worksheet 6)			0	(2,622,629)	2,622,629	0.18
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			65,050,191	0	65,050,191	4.40
j Total. Other benefits	0	0	151,352,224	(2,232,713)	153,584,937	10.39
k Total. Add lines 7d and 7j	0	0	377,351,957	173,608,199	249,059,589	16.85

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes ☒ 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** 9,047,287
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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** 677,488
- 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** 257,165,117
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 258,904,133
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (1,739,016)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes ☒ No ☐
- 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 ☒ No ☐

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 METH AMB SUR CTR MC	FREESTANDING ASC	54.70		45.30
2 METH AMB SUR CTR NC	FREESTANDING ASC	57.60		42.40
3 CTR SPECIAL SURGERY	FREESTANDING ASC	56.00		44.00
4 METH AMB SUR CTR - BOERNE	FREESTANDING ASC	60.80		39.20
5 METH AMB SUR CTR - LANDMARK	FREESTANDING ASC UNDER CONSTRUCTION	55.60		44.40
6 COMP RAD MGMT SVCS	IMAGING SERVICES	50.00		50.00
7 STONE OAK SURGERY CENTER	FREESTANDING ASC	51.00		49.00
8 SAN ANTONIO TX ENDOSCOPY	FREESTANDING ASC	51.00		49.00
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? 11

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
1 METHODIST HOSPITAL 7700 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓		✓			✓			A
2 METHODIST CHILDREN'S HOSPITAL 7700 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓		✓				✓			A
3 METHODIST HOSPITAL STONE OAK 1139 E. SONTERRA BOULEVARD, SAN ANTONIO, TX 78258 WWW.SAHEALTH.COM STATE LICENSE NO. : 008741	✓	✓					✓			A
4 METHODIST HOSPITAL METROPOLITAN 1310 MCCULLOUGH AVENUE, SAN ANTONIO, TX 78212 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓					✓			A
5 METHODIST HOSPITAL NORTHEAST 12412 JUDSON ROAD, LIVE OAK, TX 78233 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓					✓			A
6 METHODIST SPECIALTY & TRANSPLANT 8026 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓					✓			A
7 METHODIST HOSPITAL TEXSAN 6700 IH 10 WEST, SAN ANTONIO, TX 78201 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓					✓			A
8 METHODIST HOSPITAL HILL COUNTRY 1020 STATE HIGHWAY 16 SOUTH, FREDERICKSBURG, TX 78624 WWW.SAHEALTH.COM STATE LICENSE NO. : 100581	✓	✓					✓			B
9 METHODIST HOSPITAL LANDMARK 5510 PRESIDIO PARKWAY, SAN ANTONIO, TX 78249 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓					✓			C
10 METHODIST HOSPITAL ATASCOSA 1905 HIGHWAY 97 EAST, JOURDANTON, TX 78026 WWW.SAHEALTH.COM STATE LICENSE NO. : 100391	✓	✓					✓			A

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 11

1 METHODIST HOSPITAL WESTOVER HILLS
5106 WEST LOOP 1604 NORTH, SAN ANTONIO, TX 78251
WWW.SAHEALTH.COM STATE LICENSE NO. : 000154

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? 11								
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)
1 METHODIST HOSPITAL WESTOVER HILLS 5106 WEST LOOP 1604 NORTH, SAN ANTONIO, TX 78251 WWW.SAHEALTH.COM STATE LICENSE NO. : 000154	✓	✓				✓		
2								C
3								
4								
5								
6								
7								
8								
9								
10								

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-7, 10

	Yes	No
Community Health Needs Assessment (CHNA)		
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	✓
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	✓
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	✓
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	✓
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	✓
7 Did the hospital facility make its CHNA report widely available to the public?	7	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>https://www.sahealth.com/about-us/community</u>		
b ☒ Other website (list url): <u>(SEE STATEMENT)</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ 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	✓
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓
a If "Yes," list url: <u>https://www.sahealth.com/about-us/community</u>		
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	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: A

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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 ✓	
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>2</u> <u>0</u> <u>0</u> % for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
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 ✓	
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ 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 ✓	
a ☒ The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: A

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2024

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

	Yes	No
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?	23	✓
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?	24	✓
If "Yes," explain in Section C.		

Schedule H (Form 990) 2024

Part V, Section C

Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN EACH HOSPITAL FACILITY'S CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3J - OTHER CONTENT IN NEEDS ASSESSMENT	FACILITY NAME: GROUP A DESCRIPTION: IN 2022, EACH METHODIST HOSPITAL, AS WELL AS THE SYSTEM (MHS), ADOPTED THE HEALTH PRIORITY AREAS BASED UPON THE BEXAR COUNTY COMMUNITY HEALTH ASSESSMENT (UNDERTAKEN BY THE HEALTH COLLABORATIVE), THE BEXAR COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND THE SA 2020 GOALS. ADDITIONAL INFORMATION ABOUT THE HEALTH COLLABORATIVE'S ASSESSMENT PROCESS IS NOTED BELOW. IT IS IMPORTANT TO NOTE THAT THE FIVE PRIORITY AREAS IDENTIFIED IN THE PRIOR CHNA HAVE NOT CHANGED IN THE 2022 PLAN. IN 2019, EACH METHODIST HOSPITAL, AS WELL AS THE SYSTEM, ADOPTED THE HEALTH PRIORITY AREAS BASED UPON THE BEXAR COUNTY COMMUNITY HEALTH ASSESSMENT (UNDERTAKEN BY THE HEALTH COLLABORATIVE), THE BEXAR COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND THE SA 2020 GOALS. ADDITIONAL INFORMATION ABOUT THE HEALTH COLLABORATIVE'S ASSESSMENT PROCESS IS NOTED BELOW. IT IS IMPORTANT TO NOTE THAT THE FIVE PRIORITY AREAS IDENTIFIED IN THE PRIOR CHNA HAVE NOT CHANGED IN THE 2019 PLAN. IN 2013, MHS'S IMPLEMENTATION STRATEGY, INCLUDING AN EXECUTION PLAN AND PRIORITIZATION OF HEALTH NEEDS, SERVICES AND METRICS FOR EACH HOSPITAL WERE PRESENTED TO AND APPROVED BY THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD, THE MHS BOARD OF GOVERNORS, AND THE METHODIST HEALTHCARE MINISTRIES BOARD OF GOVERNORS. IN 2016, THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD AND THE MHS BOARD OF GOVERNORS APPROVED THE IMPLEMENTATION STRATEGY FOR 2017 - 2019. IN 2019, THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD AND THE MHS BOARD OF GOVERNORS APPROVED THE IMPLEMENTATION STRATEGY FOR 2020-2022, AND IN 2022 THE SAME GROUPS APPROVED THE IMPLEMENTATION STRATEGY FOR 2023-2025. METHODIST HEALTHCARE MINISTRIES (MHM) AND MHS ARE MEMBERS OF THE HEALTH COLLABORATIVE (THC) WHICH CONSISTS OF THE FOLLOWING MEMBERS: APPDICTION STUDIOS, BAPTIST HEALTH SYSTEM, CHRISTUS SANTA ROSA HEALTH SYSTEM, BEXAR COUNTY DEPARTMENT OF COMMUNITY RESOURCES, COMMUNITY FIRST HEALTH PLANS, SAN ANTONIO METROPOLITAN HEALTH DISTRICT (METRO HEALTH), INTERLEX COMMUNICATIONS, OUR LADY OF THE LAKE UNIVERSITY, SAN ANTONIO CLUBHOUSE, UNIVERSITY HEALTH SYSTEM, THE UNIVERSITY OF THE INCARNATE WORD, THE UT HEALTH SCIENCE CENTER AT SAN ANTONIO DEPT. OF FAMILY AND COMMUNITY MEDICINE, THE YMCA AND COMMUNITY MEMBERS AT LARGE. FUNDERS OF THC COMMUNITY HEALTH ASSESSMENT ARE BAPTIST HEALTH FOUNDATION, BEXAR COUNTY, THE KRONKOSKY CHARITABLE FOUNDATION, THE UNITED WAY OF SAN ANTONIO, SAN ANTONIO METROPOLITAN HEALTH DEPARTMENT AND MHM. AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM (MHS) IS A PARTNER OF THC. THE COLLABORATIVE UNDERTAKES A COUNTY-WIDE COMMUNITY ASSESSMENT STUDY EVERY THREE YEARS TO GUIDE THE COMMUNITY HEALTH STRATEGIC PLANNING PROCESS. FOR THE 2019 ASSESSMENT PROCESS, THE COLLABORATIVE SHIFTED TO A REGIONAL FOCUS, EXPANDING THE ASSESSMENT TO INCLUDE BEXAR COUNTY, AND ATASCOSA COUNTY. ATASCOSA COUNTY IS LOCATED JUST SOUTH OF BEXAR COUNTY, HOWEVER THE ASSESSMENT NOTED MARKED DIFFERENCES IN MANY SOCIAL DETERMINANTS AS WELL AS DIFFERENCES IN HEALTH BEHAVIORS AND RISK. FOR 2022, THE HEALTH COLLABORATIVE DETERMINED THAT SEPARATE ASSESSMENTS WOULD BE CONDUCTED FOR BEXAR AND ATASCOSA COUNTIES, HOWEVER THE FIVE PRIORITY AREAS IDENTIFIED IN THE 2019 PLAN FOR BOTH BEXAR AND ATASCOSA COUNTIES CONTINUE IN BOTH THE BEXAR AND ATASCOSA COMMUNITY HEALTH NEEDS ASSESSMENTS FOR 2022. THE HEALTH COLLABORATIVE CONTRACTED WITH COMMUNITY INFORMATION NOW (CI:NOW), A NONPROFIT LOCAL DATA INTERMEDIARY SERVING SOUTH CENTRAL TEXAS, FOR QUANTITATIVE DATA COLLECTION AND ANALYSIS AND FOR DEVELOPMENT OF THE ASSESSMENT NARRATIVE. THE HEALTH COLLABORATIVE'S VOLUNTEER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE PROVIDED DIRECTION ON GENERAL APPROACH, SCOPE, POTENTIAL DATA SOURCES, DATA INTERPRETATION AND HIGHLIGHTS, AND MEDIA MESSAGING. THE HEALTH COLLABORATIVE STAFF HANDLED ALL RECRUITMENT, SCHEDULING AND MODERATING OF THE FOCUS GROUPS AND KEY INFORMATION INTERVIEWS. QUALITATIVE ANALYSIS WAS CONDUCTED BY CI:NOW USING A GROUNDED THEORY THEMATIC ANALYSIS IN THE PROGRAM DEDOOSE. THE 2022 ASSESSMENT CONTAINS QUANTITATIVE DATA ON APPROXIMATELY 150 INDICATORS, EACH BROKEN OUT BY RACE/ETHNICITY GROUP AND SUB-COUNTY GEOGRAPHY (ZIP CODE TABULATION AREA [ZCTA], SECTOR, CENSUS TRACT OR BLOCK GROUP) WHEREVER POSSIBLE. INDICATORS WERE ALSO DISAGGREGATED BY AGE GROUP AND SEX WHERE THOSE VARIABLES WERE THOUGHT TO ADD CRITICAL INFORMATION. THE LIST OF INDICATORS WAS DEVELOPED OVER SEVERAL MONTHS AND FINALIZED IN FEBRUARY OF 2022. THE 2022 ASSESSMENT REFINED THE INDICATOR LIST TO PRIORITIZE HEALTH OUTCOME INDICATORS AND SOCIAL DETERMINANT INDICATORS THAT WERE NOT ALREADY BETTER-ADDRESSED IN SOME OTHER VERY RECENT LOCAL REPORTS. INDICATORS FOR WHICH NO NEW DATA WAS AVAILABLE SINCE THE 2019 REPORT WAS ELIMINATED. SOME OTHER 2019 HEALTHCARE ACCESS AND UTILIZATION INDICATORS WERE CUT BECAUSE THEY WILL BE COVERED IN MUCH GREATER DETAIL IN A SEPARATE REPORT EXPECTED TO BE RELEASED IN EARLY 2023. THE FOLLOWING SOURCES WERE USED HEAVILY FOR THE 2022 ASSESSMENT: -POPULATION AND HOUSING DATA FROM THE U.S. CENSUS BUREAU 2010 SUMMARY FILE 1 -POPULATION ESTIMATES AND PROJECTIONS FROM THE TEXAS STATE DEMOGRAPHIC CENTER AT THE UNIVERSITY OF TEXAS AT SAN ANTONIO -PHYSICAL, SOCIAL, AND ECONOMIC CONDITIONS DATA FROM THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY ONE-YEAR ESTIMATES, FIVE-YEAR ESTIMATES, AND SUPPLEMENTAL ESTIMATES -CRIME DATA FROM THE U.S. DEPARTMENT OF JUSTICE UNIFORM CRIME REPORT -BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), VITAL STATISTICS, INJURY, BLOOD LEAD, HOSPITAL DISCHARGES, HOSPITAL BED, AND HEALTH PROFESSIONS DATA FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES HEALTH DATA QUERY SYSTEM AND BY SPECIAL REQUEST -MEDICAID AND PUBLIC HEALTH BENEFITS DATA FROM THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Return Reference - Identifier	Explanation
	-MORTALITY DATA FROM THE CDC WONDER QUERY SYSTEM -MOTOR VEHICLE CRASH DATA FROM THE TEXAS DEPARTMENT OF TRANSPORTATION -COMMUNICABLE DISEASE AND VITAL STATISTICS DATA FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES.
SCHEDULE H, PART V, SECTION B, LINE 3J - OTHER CONTENT IN NEEDS ASSESSMENT	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: USING INFORMATION FROM THE 2016 COLLABORATIVE'S COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS OTHER DATA, MHS DEVELOPED INDIVIDUAL PLANS FOR EACH CAMPUS, WHICH INCLUDED A 3-YEAR PLAN FOR 2017-2019. THE IMPLEMENTATION STRATEGY INCLUDES THE FOLLOWING: COMMUNICATION PLAN, PRIORITY INITIATIVE WORK PLAN, ROLE AND RESPONSIBILITY ASSIGNMENTS, AND MEASURES/INDICATORS FOR SUCCESS ALONG WITH BASELINE DATA. ADDITIONAL MONITORING OF THE PLAN WILL OCCUR THROUGH THE QUARTERLY COMMUNITY BENEFITS REPORTS TO THE MHS COMMUNITY BENEFITS COMMITTEE AND THE ANNUAL CHARITY CARE REPORT. THE 2017-2019 PLAN HAS BEEN APPROVED BY THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD, AND THE MHS BOARD OF GOVERNORS. MHS USED INFORMATION FROM THE COLLABORATIVE'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP A 3-YEAR PLAN FOR 2020-2022. LIKE THE IMPLEMENTATION STRATEGY DEVELOPED FOR THE 2017-2019 PLAN, THE PLAN FOR 2020-2022 INCLUDES A COMMUNICATION PLAN, A PRIORITY INITIATIVE WORK PLAN, ROLE AND RESPONSIBILITY ASSIGNMENTS, AND MEASURES/INDICATORS FOR SUCCESS. MONITORING WILL CONTINUE THROUGH THE QUARTERLY REPORTS TO THE MHS COMMUNITY BENEFITS COMMITTEE, AND THE MHS ANNUAL CHARITY CARE REPORT. THE 2020-2022 PLAN HAS BEEN APPROVED BY THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD, AND THE MHS BOARD OF GOVERNORS. MHS USED INFORMATION FROM THE COLLABORATIVE'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP A 3-YEAR PLAN FOR 2023-2025. LIKE THE IMPLEMENTATION STRATEGY DEVELOPED FOR THE 2020-2022 PLAN, THE PLAN FOR 2023-2025 INCLUDES A COMMUNICATION PLAN, A PRIORITY INITIATIVE WORK PLAN, ROLE AND RESPONSIBILITY ASSIGNMENTS, AND MEASURES/INDICATORS FOR SUCCESS. MONITORING WILL CONTINUE THROUGH THE QUARTERLY REPORTS TO THE MHS COMMUNITY BENEFITS COMMITTEE, AND THE MHS ANNUAL CHARITY CARE REPORT. THE 2023-2025 PLAN HAS BEEN APPROVED BY THE MHS COMMUNITY BENEFITS COMMITTEE, THE MHS COMMUNITY BOARD, AND THE MHS BOARD OF GOVERNORS.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: GROUP A DESCRIPTION: AS NOTED ABOVE, THE COLLABORATIVE AND THE CHNA STEERING COMMITTEE VOLUNTEER FOCUS GROUP PARTICIPANTS WERE SELECTED WITH AN EYE TOWARD ENGAGING IN MEANINGFUL AND SUBSTANTIVE INPUT FROM MEDICALLY UNDERSERVED LOW-INCOME AND MINORITY POPULATIONS. THE FOCUS GROUP QUESTIONS WERE DEVELOPED BY THE HEALTH COLLABORATIVE, THE CHNA STEERING COMMITTEE, AND THE UT HEALTH HOUSTON SCHOOL OF PUBLIC HEALTH IN SAN ANTONIO. THE HEALTH COLLABORATIVE SCHEDULED FIVE FOCUS GROUPS AND SIX KEY INFORMANT INTERVIEWS WITH THE HELP OF ITS PARTNERING AGENCIES: THE MEXICAN AMERICAN UNITY COUNCIL, THE RAZAKAAR FOUNDATION WITH INTERPRETER SUPPORT FROM SHUKRIYA HOTOKAY, THE HOUSE OF NEIGHBORLY SERVICE, HARPER'S CHAPEL MINISTRIES, MEADOWS MENTAL HEALTH POLICY, SAN ANTONIO AREA FOUNDATION, ALAMO WORKFORCE SOLUTIONS, SAN ANTONIO METROPOLITAN HEALTH DISTRICT, THE CITY OF SAN ANTONIO, AND SOUTHSIDE INDEPENDENT SCHOOL DISTRICT. UTHealth FACILITATED AND RECORDED THE INTERVIEWS.
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: GROUP A DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES: METHODIST HEALTHCARE SYSTEM (METHODIST HOSPITAL, METHODIST CHILDREN'S HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, METHODIST HOSPITAL SPECIALTY AND TRANSPLANT HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, METHODIST HOSPITAL METROPOLITAN, A CAMPUS OF METHODIST HOSPITAL, METHODIST HOSPITAL NORTHEAST, A CAMPUS OF METHODIST HOSPITAL, METHODIST HOSPITAL TEXSAN, A CAMPUS OF METHODIST HOSPITAL, METHODIST HOSPITAL STONE OAK, METHODIST HOSPITAL ATASCOSA; BAPTIST HEALTH SYSTEM (BAPTIST MEDICAL CENTER, NORTH CENTRAL BAPTIST HOSPITAL, MISSION TRAILS BAPTIST HOSPITAL, ST. LUKE'S BAPTIST HOSPITAL, NORTHEAST BAPTIST HOSPITAL); CHRISTUS SANTA ROSA HEALTH SYSTEM (CHRISTUS SANTA ROSA MEDICAL CENTER, CHRISTUS SANTA ROSA WESTOVER HILLS, CHILDREN'S HOSPITAL OF SAN ANTONIO) AND UNIVERSITY HOSPITAL.
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	FACILITY NAME: GROUP A DESCRIPTION: IN ADDITION TO THE HOSPITAL FACILITIES LISTED ABOVE, THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: APPDICTION STUDIO, BEXAR COUNTY DEPARTMENT OF COMMUNITY RESOURCES, COMMUNITY FIRST HEALTH PLANS, INTERLEX COMMUNICATIONS, METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC., THE CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT, OUR LADY OF THE LAKE UNIVERSITY, SAN ANTONIO CLUBHOUSE, THE UNIVERSITY OF THE INCARNATE WORD, THE UT HEALTH SCIENCE CENTER AT SAN ANTONIO DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, THE YMCA OF GREATER SAN ANTONIO, AND COMMUNITY MEMBERS AT LARGE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7 - OTHER WEBSITE (LIST URL)	HTTPS://WWW.HEALTHCOLLABORATIVE.NET/COMMUNITY-IMPACT/REPORT
SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	FACILITY NAME: GROUP A DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE ON THE FOLLOWING WEBSITES, AND ALSO IS AVAILABLE UPON REQUEST FROM THE HOSPITAL. HTTPS://WWW.SAHEALTH.COM/ABOUT-US/COMMUNITY HTTPS://WWW.HEALTHCOLLABORATIVE.NET/COMMUNITY-IMPACT/REPORT THE LINK AVAILABLE ON SAHEALTH.COM INCLUDES THE CHNA ASSESSMENTS FOR BEXAR, ATASCOSA, GILLESPIE, BLANCO, AND KENDALL COUNTIES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A DESCRIPTION: AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM (MHS) HAS DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT. PRIORITIES AND SPECIFIC TACTICS INCLUDE THE FOLLOWING, WITH THE INITIAL IMPLEMENTATION IN 2014, AND YEARLY UPDATES THROUGH 2024. METHODIST HEALTHCARE SYSTEM'S COMMUNITY HEALTH IMPROVEMENT PLAN INCLUDED THE FOLLOWING: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -COMMUNITY GOAL - TO FOSTER SOCIAL CHANGE AND STRENGTHEN POSITIVE BEHAVIORS AROUND HEALTHY EATING AND ACTIVE LIVING TO ENSURE ACCESS TO NUTRITIOUS FOODS AND BUILD ENVIRONMENTS THAT ENABLE ALL RESIDENTS TO MAKE HEALTHY CHOICES AND LEAD HEALTHY LIVES. TACTICS: COMMUNITY HEALTH PRIORITY NO. 1: -HOST AN ANNUAL FOOD DRIVE THAT BENEFITS THE SAN ANTONIO FOOD BANK. METHODIST HELD 1 SYSTEM-WIDE DRIVE AND COLLECTED 283,601 SERVINGS. -CONTINUE TO PROVIDE HEALTH SCREENING SERVICES AT COMMUNITY EVENTS (COVID-19 CONDITIONS PERMITTING) OR THROUGH ONLINE HEALTH RISK ASSESSMENTS. THE ONLINE HEALTH RISK ASSESSMENT PROVIDES SCREENING FOR WEIGHT LOSS, HEALTHY HEART, KNEE & HIP, BREAST CANCER, LUNG DISEASE, COLORECTAL DISEASE, AND STROKE RISK. 210 INDIVIDUALS COMPLETED ONLINE HEALTH RISK ASSESSMENTS IN 2024 (3,136 IN 2023). SCREENINGS WERE NOT AGGRESSIVELY ADVERTISED IN 2024 DUE TO DATA BREACH CONCERNS. -CONTINUE INVOLVEMENT WITH THE HEALTHY ME PROGRAM IN PARTNERSHIP WITH THE HEALTH COLLABORATIVE. STATISTICS ARE INCLUDED AS PART OF THE OUTREACH PROGRAMS LISTED BELOW. -CONTINUE OUTREACH PROGRAMS GEARED TOWARD IMPROVING THE HEALTH AND WELLNESS OF THE COMMUNITY THROUGH FREE HEALTH EDUCATION SEMINARS ON HEALTHY EATING AND ACTIVE LIVING, HEALTH SERVICES, AND EXERCISE ACTIVITIES. METHODIST HELD 26 OUTREACH EVENTS WITH 6,557 IN ATTENDANCE IN 2024. METHODIST'S ATHLETIC TRAINERS PROVIDED SERVICES AT 2,161 LOCAL HIGH SCHOOL SPORTING EVENTS DURING 2024. -METHODIST HEALTHCARE SYSTEM MADE MONETARY CONTRIBUTIONS TOTALING \$554,490 TO MULTIPLE CHARITABLE ORGANIZATIONS TO INCLUDE THE AMERICAN HEART ASSOCIATION, THE AMERICAN CANCER SOCIETY, TEXAS CAVALIERS, UNITED WAY, AND THE AMERICAN RED CROSS. -METHODIST CONTINUED VIRTUAL OUTREACH IN 2024 COVERING TOPICS SUCH AS BREAST CANCER AND HEART HEALTH. METHODIST IS REVIEWING ITS OVERALL COMMUNICATIONS STRATEGY, SO SUSPENDED THE KEEPING WELL PUBLICATION IN 2024. METHODIST PRODUCED 3 ISSUES OF METHODIST MAGAZINE IN 2024. TRACKING DATA AND METRICS FOR METHODIST'S WEBSITE SAHEALTH.COM, CHANGED IN 2023. TRACKING DATA IS NOT AVAILABLE FOR 2024. -METHODIST ALSO CONTINUED ITS PRESENCE ON SOCIAL MEDIA, AND NOTED 1,181 NEW FACEBOOK FANS, 812 NEW INSTAGRAM FOLLOWERS, AND 1,096 LINKEDIN CONNECTIONS. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -COMMUNITY GOAL - TO MAKE PREGNANCY AND EARLY CHILDHOOD THE FOCUS OF SYSTEM LEVEL CHANGES THAT SUPPORT HEALTHY CHILD AND FAMILY DEVELOPMENT. TACTICS: COMMUNITY HEALTH PRIORITY NO. 2: -CONTINUE TO OFFER COMPLIMENTARY PREGNANCY TESTING AND PHYSICIAN REFERRALS THROUGH METHODIST FAMILY HEALTH CENTERS. IN 2024, THERE WERE 1,112 VISITS AND PREGNANCY TESTS PROVIDED (1,483 IN 2023). -THE METHODIST COMMUNITY HEALTH CENTER -EAST ON SAN ANTONIO'S EAST SIDE CLOSED IN JULY 2024 DUE TO OVERALL SECURITY CONCERNS AT THAT LOCATION. PRIOR TO THE CLOSURE, THE CENTER LOGGED 306 VISITS. -CONTINUE TO OFFER CALL-A-NURSE FOR CHILDREN HEALTH LINE TELEPHONE SERVICES, WHICH OFFERS FREE MEDICAL ADVICE TO PARENTS OF SICK OR INJURED CHILDREN. IN 2024, THE CALL A NURSE LINE LOGGED 29,686 CALLS. CALL A NURSE AND THE METHODIST HEALTH LINE ALSO PROVIDED 2,746 PHYSICIAN REFERRALS IN 2024. -CONTINUE TO OFFER THE COMMUNITY PARENTING CLASSES, CAR SEAT INSTALLATIONS, CAR SEAT DISTRIBUTIONS AND LACTATION CONSULTATIONS. METHODIST PROVIDED 38 CAR SEATS AND CONDUCTED 151 SESSIONS FOR CAR SEAT INSTALLATION. METHODIST PROVIDED 4,781 OUTPATIENT LACTATION CONSULTATIONS (5,378 IN 2023) AND IN-PERSON CHILDBIRTH EDUCATION CLASSES IN 2024 WITH 1,926 IN ATTENDANCE. METHODIST ALSO DISTRIBUTED 25 PACK AND PLAY SYSTEMS (29 IN 2023) AS PART OF THE SAFE SLEEP INITIATIVE THAT STARTED IN 2022. -METHODIST PARTNERED WITH THE HEALTH COLLABORATIVE TO SERVE LOCAL EMPLOYER GROUPS THROUGH THE COLLABORATIVE'S PATHWAYS COMMUNITY HUB. METHODIST PROVIDED ASSISTANCE TO 502 COMMUNITY HUB CLIENTS IN 2024 (392 IN 2023). -METHODIST FUNDED \$1,500 IN SCHOLARSHIPS FOR STUDENTS PURSUING CAREERS IN HEALTHCARE THROUGH THE BOERNE FSER. OTHER SCHOLARSHIP CONTRIBUTIONS ARE INCLUDED IN THE CHARITABLE CONTRIBUTIONS OF \$554,490. -METHODIST FACILITIES CONDUCTED 4 BACK-TO-SCHOOL DRIVES IN 2024. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -COMMUNITY GOAL - TO DEVELOP SAFE NEIGHBORHOODS BY IDENTIFYING WHAT WORKS LOCALLY, PLANNING HOW TO REPLICATE SUCCESS IN OUR NEIGHBORHOODS, AND ENHANCING SYSTEMS THAT RESPOND EFFECTIVELY TO COMMUNITY IDENTIFIED SAFETY NEEDS. TACTICS: COMMUNITY HEALTH PRIORITY NO. 3: -PARTNER WITH METHODIST HEALTHCARE SERVICE AREA POLICE DEPARTMENTS AND HOST AN ANNUAL SUBSTANCE TAKE-BACK DAY TO REDUCE THE PREVALENCE OF OVER PRESCRIBED PRESCRIPTIONS IN HOUSEHOLDS. METHODIST COLLECTED 2,600 POUNDS OF PRESCRIPTION DRUGS IN 2024 (1,638 IN 2023). -PARTNER WITH THE AMERICAN HEART ASSOCIATION TO OFFER HANDS-ONLY CPR CLASSES TO THE COMMUNITY AND CONDUCT POST EVALUATION TO MEASURE KNOWLEDGE GAINED. 8,122 INDIVIDUALS RECEIVED THIS TRAINING IN 2024. METHODIST ALSO PARTNERS WITH THE SOUTH TEXAS REGIONAL

Return Reference - Identifier	Explanation
	ADVISORY COUNCIL (STRAC) TO OFFER "STOP THE BLEED" PROGRAMS, HOWEVER THERE WERE NO STOP THE BLEED EVENTS IN 2024. -METHODIST HOSTED 7 "STAY UPRIGHT" EVENTS WHICH FOCUS ON PREVENTING FALL RISKS. 220 ATTENDED THESE SESSIONS IN 2024. -METHODIST OFFERS TRANSPORTATION SERVICES, HEALTH BUS AND WELL WALDO'S WHEELS AND PROVIDED 6,548 TRANSPORTS IN 2024. IN 2022, METHODIST STARTED A NEW PROGRAM TO PROVIDE COMPLIMENTARY RIDES HOME FROM MHS HOSPITALS. METHODIST PROVIDED 21,720 RIDES IN 2024. COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING -COMMUNITY GOAL - TO IMPROVE COMPREHENSIVE BEHAVIORAL HEALTH SERVICES AND ACCESS FOR ALL. TACTICS: COMMUNITY HEALTH PRIORITY NO. 4: - METHODIST HEALTHCARE TELE-PSYCHIATRY PROGRAM IMPROVES ACCESS TO PSYCHIATRISTS AS WELL AS PLACEMENT TO THE APPROPRIATE SETTING. METHODIST PROVIDED 12,121 TELE-PSYCHIATRY CONSULTATIONS IN 2024. -METHODIST PROVIDED BEHAVIORAL HEALTH TRAINING AT 33 EVENTS WITH 468 CLINICAL STAFFERS IN ATTENDANCE. -METHODIST HOSTED 394 EVENTS FOCUSING ON MENTAL HEALTH ISSUES WITH 8,328 IN ATTENDANCE DURING 2024. -CONTINUE TO PROVIDE ONGOING 24/7/365 PASTORAL CARE PRESENCE WITH PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS WITH CHAPLAIN CLINICIANS. METHODIST'S CHAPLAIN CLINICIANS MET WITH 342,580 PATIENTS/FAMILIES IN 2024 AND PROVIDED 9,755 BEREAVEMENT SUPPORT VISITS. -METHODIST'S THREE EMS DOGS LOGGED 2100 VISITS OUTSIDE OF MHS FACILITIES IN 2024. METHODIST'S IN-HOUSE SUPPORT ANIMALS (2 DOGS) VISITED 3,567 PATIENTS IN 2024. -METHODIST BEGAN OFFERING A VIRTUAL EDUCATION PROGRAM, EVERFI MENTAL WELLNESS BASICS FREE OF CHARGE TO 8TH-10TH GRADE STUDENTS IN THE COMMUNITY. 443 STUDENTS AND 22 TEACHERS AT 21 SCHOOLS PARTICIPATED IN THIS PROGRAM IN 2024. -METHODIST PARTNERED WITH THE CENTER FOR HEALTHCARE SERVICES AND THE SOUTHWEST TEXAS REGIONAL ADVISORY COMMITTEE (STRAC) TO PROVIDE 4,330 DAYS OF CARE FOR UNFUNDED PATIENTS. THE CENTER FOR HEALTHCARE SERVICES REIMBURSES PARTICIPATING FACILITIES AT A SET RATE THROUGH THIS PROGRAM. COMMUNITY HEALTH PRIORITY NO. 5: SEXUAL HEALTH -COMMUNITY GOAL - TO IMPROVE THE SEXUAL HEALTH OF METHODIST HEALTHCARE'S COMMUNITY BY OFFERING FREE SEXUAL HEALTH SCREENINGS AND FREE OR LOW-COST HUMAN PAPILLOMAVIRUS (HPV) VACCINATIONS. TACTICS: COMMUNITY HEALTH PRIORITY NO. 5: -METHODIST'S SEXUAL ASSAULT RESPONSE TEAM (SART) PROVIDED SERVICES TO 262 INDIVIDUALS IN 2024. PROGRAM IS CURRENTLY BEING RE-STRUCTURED AND WILL BE PROVIDED IN CONJUNCTION WITH THE SOUTH TEXAS REGIONAL ADVISORY COUNCIL (NEW STRUCTURE STARTED IN NOVEMBER 2024). SEE INFORMATION REPORTED ABOVE RELATED TO EVENTS AND PRESENTATIONS. THE INFORMATION ABOVE REFLECTS THE PLAN FOR MHS SYSTEM.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -PROVIDE DIABETES EDUCATION TO PATIENTS LIVING WITH, OR AT RISK FOR, DIABETES PRIOR TO DISCHARGE AND OFFER CLASSES TO THE COMMUNITY. 1,313 DIABETES EDUCATION VISITS WERE PROVIDED IN 2024. -CONDUCT AN ANNUAL HEALTHY FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK AND PROVIDE VOLUNTEER SUPPORT BY METHODIST HOSPITAL STAFF. METHODIST HEALTHCARE SYSTEM (MHS) HELD A CEREAL DRIVE IN 2024 AND COLLECTED 283,601 SERVINGS. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -PARTNER WITH GLEN OAKS ELEMENTARY IN THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT TO ADOPT THE SCHOOL AND PROVIDE AT LEAST TWO SCHOOL SUPPLY DRIVES EACH YEAR. ONE DRIVE WAS HELD IN 2024. -METHODIST FUNDED A STUDENT SCHOLARSHIP FOR \$1,500 IN 2024. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -METHODIST HOSPITAL HELD 4 BLOOD DRIVES IN 2024, BUT DID NOT REPORT TOTAL UNITS COLLECTED. -METHODIST HOSPITAL DISTRIBUTED 25 PACK AND PLAY UNITS AS PART OF ITS SAFE SLEEP PROGRAM. -METHODIST HOSPITAL PROVIDED 6,548 RIDES TO PATIENTS IN 2024 (THESE NUMBERS ARE PART OF THE MHS TOTAL NOTED ABOVE). -METHODIST HOSPITAL PARTICIPATED IN THE 2024 CRUSH THE CRISIS EVENT. SEE MHS INFORMATION ABOVE. COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH -SEE MHS INFORMATION ABOVE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST CHILDREN'S HOSPITAL ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -HOST CAMP BRAVE HEART EVENTS. 1 EVENT WAS HELD IN 2024 WITH 25 ATTENDANCE. -CONDUCT AN ANNUAL HEALTHY FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK AND PROVIDE VOLUNTEER SUPPORT BY METHODIST HOSPITAL STAFF. METHODIST HEALTHCARE SYSTEM (MHS) HELD A CEREAL DRIVE IN 2024, AND COLLECTED 283,601 SERVINGS. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST CHILDREN'S HOSPITAL, THROUGH THE BEXAR COUNTY HEALTH COLLABORATIVE HAD PLANNED TO HOST SESSIONS FOR GRANDPARENTS RAISING GRANDCHILDREN IN 2024, HOWEVER THE PLANNED EVENTS DID NOT OCCUR. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -METHODIST CHILDREN'S HOSPITAL DISTRIBUTED 38 CAR SEATS AND PROVIDED INSTRUCTION AT 151 INSTALLATIONS IN 2024. COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING IN ADDITION TO THE ITEMS LISTED BELOW, PLEASE REFER TO COMMENTS IN THE METHODIST HEALTHCARE SYSTEM SECTION ABOVE. -HAZEL, THE METHODIST CHILDREN'S HOSPITAL FACILITY DOG, LOGGED 270 VISITS IN 2024. -METHODIST CHILDREN'S HOSPITAL HOSTED CRAFTS WITH CARRIE SESSIONS FOR PATIENTS. METHODIST CHILDREN'S HOSPITAL HELD 6 SESSIONS IN 2024 WITH 110 ATTENDEES. -METHODIST CHILDREN'S HOSPITAL ALSO HOSTED BINGO GAMES FOR PATIENTS. 12 SESSIONS WERE HELD WITH 1,400 ATTENDEES IN 2024. -METHODIST CHILDREN'S HOSPITAL ALSO HOSTED GAME TIME WITH ALEXANDER IN 2024. 410 PATIENTS ATTENDED THE GAME TIME SESSIONS. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH SEE MHS INFORMATION ABOVE.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL STONE OAK ("MSOH") ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -METHODIST HOSPITAL STONE OAK SPONSORED A THANKSGIVING FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK IN 2024. METHODIST STONE OAK ALSO PARTICIPATED IN THE ROWAN WINDHAM CEREAL DRIVE (SEE BELOW). -CONDUCTED AN ANNUAL HEALTH FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK AND VOLUNTEER SUPPORT PROVIDED BY METHODIST HOSPITAL STAFF. METHODIST HEALTHCARE SYSTEM HELD A CEREAL DRIVE IN 2024, AND COLLECTED 283,601 SERVINGS. COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST HOSPITAL STONE OAK HOSTED 1 BACK TO SCHOOL DRIVE IN 2024, COLLECTING 2 BOXES OF SUPPLIES. -METHODIST HOSPITAL STONE OAK EMPLOYEES PARTICIPATED IN DR. SEUSS DAY/READING ACROSS AMERICA IN 2024. EMPLOYEES READ TO STUDENTS AT 5 SCHOOLS. -METHODIST HOSPITAL STONE OAK EMPLOYEES VOLUNTEERED AT THE RONALD MCDONALD HOUSE IN 2024, SERVING LUNCHES TO FAMILIES. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -METHODIST HOSPITAL STONE OAK HELD 4 BLOOD DRIVES IN 2024, BUT DID NOT REPORT TOTAL UNITS COLLECTED. -METHODIST HOSPITAL STONE OAK SERVED AS A COLLECTION SITE FOR THE CRUSH THE CRISIS EVENT. PLEASE REFER TO COMMENTS IN THE METHODIST HEALTHCARE SYSTEM SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE METHODIST HEALTHCARE SYSTEM (MHS) SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH -SEE MHS INFORMATION ABOVE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL METROPOLITAN ("METROPOLITAN") ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO 1: HEALTHY EATING AND ACTIVE LIVING -PROVIDE DIABETES EDUCATION TO PATIENTS LIVING WITH, OR AT RISK FOR, DIABETES PRIOR TO DISCHARGE AND OFFER CLASSES TO THE COMMUNITY. 747 DIABETES EDUCATION VISITS WERE PROVIDED IN 2024. -METHODIST HOSPITAL METROPOLITAN HOSTED 5 BREAST CANCER AWARENESS EVENTS WITH 1,500 PARTICIPANTS IN 2024. -METHODIST HOSPITAL METROPOLITAN ALSO HOSTED BREAST CANCER SUPPORT GROUP MEETINGS 114 INDIVIDUALS ATTENDED 8 SESSIONS IN 2024. -METHODIST HOSPITAL METROPOLITAN HOSTED 18 BARIATRIC INFORMATIONAL SESSIONS IN 2024 WITH 76 IN ATTENDANCE. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -CONTINUE TO OFFER COMPLIMENTARY PREGNANCY TESTING AND PHYSICIAN REFERRALS THROUGH METHODIST FAMILY HEALTH CENTERS. IN 2024, THERE WERE 1,112 VISITS/PREGNANCY TESTS PROVIDED (1,483 IN 2023). -THE METHODIST COMMUNITY HEALTH CENTER ON SAN ANTONIO'S EAST SIDE, CLOSED IN JULY 2024 DUE TO STAFFING ISSUES AT THAT LOCATION. PRIOR TO THE CLOSURE, THE CENTER LOGGED 306 VISITS. -METHODIST HOSPITAL METROPOLITAN HOSTED ONE BACK-TO-SCHOOL DRIVE IN 2024 FOR BOOKER T WASHINGTON ELEMENTARY SCHOOL. HOSPITAL EMPLOYEES DONATED 280 SUPPLY ITEMS TO THE SCHOOL. COMMUNITY HEALTH PRIORITY NO 3: SAFE COMMUNITIES -METHODIST HOSPITAL METROPOLITAN HELD 4 BLOOD DRIVES IN 2024, BUT DID NOT REPORT TOTAL UNITS COLLECTED. -METHODIST HOSPITAL METROPOLITAN SERVED AS A COLLECTION SITE FOR THE CRUSH THE CRISIS EVENT. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 4: BEHAVIORAL AND MENTAL WELL BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH -SEE MHS INFORMATION ABOVE.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL NORTHEAST ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -PROVIDE DIABETES EDUCATION TO PATIENTS LIVING WITH, OR AT RISK FOR, DIABETES PRIOR TO DISCHARGE AND OFFER CLASSES TO THE COMMUNITY. 577 DIABETES EDUCATION VISITS WERE PROVIDED IN 2024. -METHODIST HOSPITAL NORTHEAST PARTICIPATED IN THE CONVERSE HEALTH AND HOME FAIR. 375 INDIVIDUALS ATTENDED IN 2024. COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST HOSPITAL NORTHEAST HAD PLANNED, BUT DID NOT HOST ANY BACK-TO-SCHOOL DRIVES IN 2024. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -METHODIST HOSPITAL NORTHEAST SPONSORED THE SKYLIGHT BALLOON FESTIVAL. 15,000 INDIVIDUALS ATTENDED THE EVENT IN 2024. -METHODIST HOSPITAL NORTHEAST PARTICIPATED IN THE CRUSH THE CRISIS EVENT. SEE MHS INFORMATION ABOVE. COMMUNITY HEALTH PRIORITY NO. 4 : BEHAVIORAL AND MENTAL WELL BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO. 5 : SEXUAL HEALTH SEE MHS INFORMATION ABOVE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL SPECIALTY AND TRANSPLANT ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING -PROVIDE DIABETES EDUCATION TO PATIENTS LIVING WITH, OR AT RISK FOR, DIABETES PRIOR TO DISCHARGE AND OFFER CLASSES TO THE COMMUNITY. 2,858 DIABETES EDUCATION VISITS WERE PROVIDED IN 2024. -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT WAS AN EVENT SPONSOR FOR THE WALK TO END PKD (POLYCYSTIC KIDNEY DISEASE), CONTRIBUTING \$2,500 FOR THIS EVENT. COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT EMPLOYEES HAD PLANNED TO HOST A BACK TO SCHOOL DRIVE IN 2024, BUT THAT DID NOT OCCUR. COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT HELD 4 BLOOD DRIVES IN 2024, BUT DID NOT REPORT TOTAL UNITS COLLECTED. -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT DID NOT PROVIDE INFORMATION ON THE CHILD ABUSE RESOURCE EDUCATION SESSIONS FOR 2024. COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL AND MENTAL WELL BEING -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT'S PSYCHIATRIC EMERGENCY SERVICE AND MOBILE CRISIS OBSERVATION TEAM PROVIDED 4,330 DAYS OF CARE TO INDIVIDUALS SEEKING TREATMENT FOR MENTAL ILLNESS IN 2024. COMMUNITY HEALTH PRIORITY NO. 5: SEXUAL HEALTH -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT SPONSORED THE ZERO PROSTATE CANCER RUN IN 2024 AND CONTRIBUTED \$2,500.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL TEXSAN ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO 1: HEALTHY EATING AND ACTIVE LIVING -METHODIST HOSPITAL TEXSAN EMPLOYEES ALSO PARTICIPATED IN THE ROWAN WINDHAM CEREAL DRIVE - SEE MHS INFORMATION ABOVE. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST HOSPITAL TEXSAN HOSTED A BACK-TO-SCHOOL DRIVE TO SUPPORT ARNOLD ELEMENTARY IN 2024. COMMUNITY HEALTH PRIORITY NO 3: SAFE COMMUNITIES -METHODIST HOSPITAL TEXSAN HELD 4 BLOOD DRIVES IN 2024, BUT DID NOT REPORT TOTAL UNITS COLLECTED. COMMUNITY HEALTH PRIORITY NO 4: BEHAVIORAL AND MENTAL WELL BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH SEE MHS INFORMATION ABOVE.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: GROUP A, CONTINUED DESCRIPTION: RESULTS FROM METHODIST HOSPITAL ATASCOSA ARE AS FOLLOWS: COMMUNITY HEALTH PRIORITY NO 1: HEALTHY EATING AND ACTIVE LIVING -METHODIST HOSPITAL ATASCOSA EMPLOYEES SPONSORED A FOOD DRIVE FOR JOURDANTON ISD STUDENTS. THE PROGRAM PROVIDES STUDENTS FOOD OVER EXTENDED SCHOOL BREAKS. 50 STUDENTS WERE SERVED IN 2024. COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT -METHODIST HOSPITAL ATASCOSA EMPLOYEES DONATED BLANKETS AND GIFTS FOR SENIOR CITIZENS RESIDING IN LOCAL NURSING HOMES IN 2024. - METHODIST HOSPITAL ATASCOSA DONATED \$10,000 TO THE ATASCOSA LIVESTOCK SALE. PROCEEDS FROM THE SALE ARE USED TO FUND STUDENT SCHOLARSHIPS. COMMUNITY HEALTH PRIORITY NO 3: SAFE COMMUNITIES -METHODIST HOSPITAL ATASCOSA DONATED 81 UNITS OF BLOOD IN 2024. COMMUNITY HEALTH PRIORITY NO 4: BEHAVIORAL AND MENTAL WELL BEING -THIS PRIORITY IS ADDRESSED AT THE SYSTEM LEVEL. PLEASE REFER TO COMMENTS IN THE MHS SECTION ABOVE. COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH SEE MHS INFORMATION ABOVE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: GROUP A DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: GROUP A DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024 THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E - METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER	FACILITY NAME: GROUP A DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: GROUP A DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS FINANCIAL ASSISTANCE POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E - EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS	FACILITY NAME: GROUP A DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS CHARITY POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE CHARITY POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE CHARITY CARE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: BLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

	Yes	No
Community Health Needs Assessment (CHNA)		
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	✓
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	✓
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☐ A definition of the community served by the hospital facility		
b ☐ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☐ How data was obtained		
e ☐ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____		
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	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
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	
7 Did the hospital facility make its CHNA report widely available to the public?	7	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☐ Hospital facility's website (list url): _____		
b ☐ Other website (list url): _____		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," list url: _____		
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	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V **Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: B

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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 ✓	
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>2</u> <u>0</u> <u>0</u> % for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
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 ✓	
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ 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 ✓	
a ☒ The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: B

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2024

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

	Yes	No
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?	23	✓
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?	24	✓
If "Yes," explain in Section C.		

Schedule H (Form 990) 2024

Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	ON MARCH 31, 2023, METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO ACQUIRED AND LICENSED AN 84-BED GENERAL ACUTE CARE COMMUNITY HOSPITAL THAT CONSISTS OF EIGHT MEDICAL CLINICS, ONE IMMEDIATE CARE CLINIC, AN AMBULATORY SURGERY CENTER, AND A HOME HEALTH AND HOSPICE AGENCY FROM HILL COUNTRY MEMORIAL HOSPITAL, A TEXAS NOT-FOR-PROFIT CORPORATION AND A 501(C)(3) TAX-EXEMPT CHARITABLE ENTITY.
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: GROUP B DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: GROUP B DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024 THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E - METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER	FACILITY NAME: GROUP B DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: GROUP B DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS FINANCIAL ASSISTANCE POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E - EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS	FACILITY NAME: GROUP B DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS CHARITY POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE CHARITY POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE CHARITY CARE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: CLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9, 11

	Yes	No
Community Health Needs Assessment (CHNA)		
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 ✓	
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	✓
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☐ A definition of the community served by the hospital facility		
b ☐ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☐ How data was obtained		
e ☐ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____		
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	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
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	
7 Did the hospital facility make its CHNA report widely available to the public?	7	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☐ Hospital facility's website (list url): _____		
b ☐ Other website (list url): _____		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," list url: _____		
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	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: C

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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 ✓	
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>2</u> <u>0</u> <u>0</u> % for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
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 ✓	
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ 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 ✓	
a ☒ The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: C

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

Policy Relating to Emergency Medical Care

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

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

	Yes	No
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?	23	✓
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?	24	✓
If "Yes," explain in Section C.		

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Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: GROUP C DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: GROUP C DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E - METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER	FACILITY NAME: GROUP C DESCRIPTION: METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES: FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM -METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION. -VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER AND FATHER, AND DEPENDENTS OF BOTH. -INCOME CALCULATION - ADULTS: SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE. MINORS: TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER. -DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS REQUIRED (E.G. W-2, WAGE AND TAX STATEMENT, PAYCHECK REMITTANCE AND OTHERS). DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION). THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION. -ZIP CODE WRITE-OFF ELIGIBILITY - METHODIST WILL ACCEPT UNINSURED RESIDENTIAL INDIGENT PATIENTS AS ELIGIBLE FOR CHARITY WRITE-OFF UPON EXHAUSTION OF INSURANCE ELIGIBILITY DETERMINATION (I.E. MEDICAID) AND EFFORTS TO OBTAIN A COMPLETED CHARITY APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$275.8 MILLION (\$273.1 MILLION IN 2023). CHARITY ELIGIBILITY CLASSIFICATIONS -FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES. -MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL. ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.SAHEALTH.COM/PATIENT-RESOURCES/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: GROUP C DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS FINANCIAL ASSISTANCE POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E - EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS	FACILITY NAME: GROUP C DESCRIPTION: MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS CHARITY POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE CHARITY POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE CHARITY CARE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID.

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? 59

Name and address	Type of facility (describe)
1 METHODIST HOSPITAL STONE OAK REHABILITATION CENTER 19126 STONEHUE SAN ANTONIO, TX 78258	FREESTANDING REHABILITATION CENTER
2 METHODIST AMBULATORY SURGERY CENTER - MC 4411 MEDICAL DRIVE, SUITE 200 SAN ANTONIO, TX 78229	FREESTANDING AMB SURGERY CENTER
3 CENTER FOR SPECIAL SURGERY @ TX CTR ATHL 21 SPURS LANE, SL-100 SAN ANTONIO, TX 78240	FREESTANDING AMB SURGERY CENTER
4 METHODIST AMBULATORY SURG. CENTER-N CENTRAL 19010 STONE OAK PARKWAY SAN ANTONIO, TX 78258	FREESTANDING AMB SURGERY CENTER
5 METHODIST SURGERY CENTER LANDMARK 5510-B PRESIDIO PARKWAY, SUITE 100 SAN ANTONIO, TX 78249	FREESTANDING AMB SURGERY CENTER
6 METHODIST ER - BOERNE 134 MENDER SPRINGS RD. BOERNE, TX 78006	EMERGENCY DEPARTMENT
7 STONE OAK SURGICENTER 123 N. LOOP 1604 EAST, SUITE 107 SAN ANTONIO, TX 78232	FREESTANDING AMB SURGERY CENTER
8 METHODIST ER WESTOVER HILLS 5106 W LOOP 1604 N SAN ANTONIO, TX 78251	EMERGENCY DEPARTMENT
9 METHODIST ER CONVERSE 6402 MALLARD MEADOW SAN ANTONIO, TX 78244	EMERGENCY DEPARTMENT
10 METHODIST CARDIOLOGY PHYSICIANS 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	TX CERTIFIED NONPROFIT HEALTHCARE CORP

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 TEXAS INSTITUTE OF MEDICINE AND SURGERY 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	TX CERTIFIED NONPROFIT HEALTHCARE CORP
2 METHODIST INPATIENT MANAGEMENT GROUP 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	TX CERTIFIED NONPROFIT HEALTHCARE CORP
3 METHODIST PHYSICIAN PRACTICE SVC, LLC 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	MSO
4 METHODIST PHYSICIAN PRACTICES, PLLC 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	PHYSICIAN PRACTICE
5 CARDIOLOGY CLINIC OF SAN ANTONIO, PLLC 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	PHYSICIAN PRACTICE
6 METHODIST PHYSICIANS RIVERCITY CARDIOVASCULAR 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	PHYSICIAN PRACTICE
7 METHODIST CARENOW PHYSICIAN ASSOCIATES 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	MSO
8 METHODIST ER - LEGACY TRAILS 9211 POTRANCO ROAD SAN ANTONIO, TX 78251	EMERGENCY DEPARTMENT
9 METHODIST ER- ALAMO HEIGHTS 250 EAST BASSE ROAD, #101 SAN ANTONIO, TX 78209	EMERGENCY DEPARTMENT
10 METHODIST ER - DE ZAVALA 12805 W IH-10 SAN ANTONIO, TX 78249	EMERGENCY DEPARTMENT

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 METHODIST ER - CITYBASE 3154 SE MILITARY DRIVE #103 SAN ANTONIO, TX 78223	EMERGENCY DEPARTMENT
2 METHODIST ER - HELOTES 12285 BANDERA ROAD HELOTES, TX 78023	EMERGENCY DEPARTMENT
3 METHODIST ER - NACOGDOCHES 13434 NACOGDOCHES RD. SAN ANTONIO, TX 78217	EMERGENCY DEPARTMENT
4 METHODIST HOSPICE & FAMILY CARE HILL COUNTRY 808 REUBEN STREET, 2ND FLOOR FREDERICKSBURG, TX 78624	HOSPICE
5 METHODIST SURGERY CENTER OF BOERNE 110 MENDER SPRINGS SAN ANTONIO, TX 78006	FREESTANDING AMB SURGERY CENTER
6 METHODIST HEALTHCARE AT HOME 140 HEIMER RD, STE 120A SAN ANTONIO, TX 78232	HOME HEALTH AGENCY
7 SOUTH TEXAS PHYSICIAN GROUP, PLLC 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	PHYSICIAN PRACTICE
8 MSO - SOUTH TEXAS PHYSICIAN GROUP 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	MSO
9 CARENOW URGENT CARE - DE ZAVALA 12840 IH-10 WEST, SUITE 101 SAN ANTONIO, TX 78249	URGENT CARE CLINIC
10 METHODIST REHABILITATION HOSPITAL TEXSAN 8903 FLOYD CURL DRIVE SAN ANTONIO, TX 78240	FREESTANDING REHABILITATION CENTER

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 METHODIST ER NEW BRAUNFELS 1850 STATE HWY 46 W #109 NEW BRAUNFELS, TX 78132	EMERGENCY DEPARTMENT
2 METHODIST HEALTHCARE HILL COUNTRY HEALTHCARE AT HOME 808 REUBEN STREET, 2ND FLOOR FREDERICKSBURG, TX 78624	HOME HEALTH AGENCY
3 METHODIST HOSPICE & FAMILY CARE 140 HEIMER RD, STE 120B SAN ANTONIO, TX 78232	HOSPICE
4 SAN ANTONIO GASTROENTEROLOGY ENDOSCOPY CENTER - NORTH 150 E. SONTERRA BLVD. SAN ANTONIO, TX 78258	FREESTANDING AMB SURGERY CENTER
5 SAN ANTONIO GASTROENTEROLOGY ENDOSCOPY CENTER - MEDICAL CENTER 2833 BABCOCK ROAD, SUITE 120 SAN ANTONIO, TX 78229	FREESTANDING AMB SURGERY CENTER
6 SAN ANTONIO GASTROENTEROLOGY ENDOSCOPY CENTER - DOWNTOWN 520 E. EUCLID AVENUE SAN ANTONIO, TX 78212	FREESTANDING AMB SURGERY CENTER
7 CARENOW URGENT CARE - BULVERDE RD 17122 BULVERDE RD, SUITE 104 SAN ANTONIO, TX 78247	URGENT CARE CLINIC
8 CARENOW URGENT CARE - STONE OAK 20780 US HWY 281 NORTH SAN ANTONIO, TX 78258	URGENT CARE CLINIC
9 CARENOW URGENT CARE - POTRANCO 10538 POTRANCO, BLDG 1 SAN ANTONIO, TX 78251	URGENT CARE CLINIC
10 CARENOW URGENT CARE - LEON VALLEY 5755 NW LOOP 410, SUITE 102 SAN ANTONIO, TX 78238	URGENT CARE CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 CARENOW URGENT CARE- ALAMO HEIGHTS 5410 BROADWAY ALAMO HEIGHTS, TX 78209	URGENT CARE CLINIC
2 CARENOW SAN ANTONIO - THOUSAND OAKS 2951 THOUSAND OAKS, SUITE 104 SAN ANTONIO, TX 78247	URGENT CARE CLINIC
3 PEDIATRIC ANESTHESIA CONS OF SA, PLLC 15727 ANTHEM PARKWAY, SUITE 115 SAN ANTONIO, TX 78249	PHYSICIAN PRACTICE
4 CARENOW SAN ANTONIO - MCCRELESS 4130 S. NEW BRAUNFELS AVE, SUITE 112 SAN ANTONIO, TX 78223	URGENT CARE CLINIC
5 CARENOW - NEW BRAUNFELS 160 CREEKSIDE WAY NEW BRAUNFELS, TX 78130	URGENT CARE CLINIC
6 CARENOW SAN ANTONIO - BANDERA 9234 NORTH LOOP 1604 W, #110 SAN ANTONIO, TX 78249	URGENT CARE CLINIC
7 CARENOW SAN ANTONIO - KITTY HAWK 902 KITTY HAWK RD, #110 UNIVERSAL CITY, TX 78148	URGENT CARE CLINIC
8 CARENOW - SEGUIN 1347 E COURT ST SEGUIN, TX 78155	URGENT CARE CLINIC
9 CARENOW SAN ANTONIO - STONE OAK PARKWAY AND EVANS RD 20210 STONE OAK PARKWAY SAN ANTONIO, TX 78258	URGENT CARE CLINIC
10 CARENOW SAN ANTONIO - CONVERSE 8380 W FARM TO MARKET RD 78 CONVERSE, TX 78109	URGENT CARE CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 CARENOW SAN ANTONIO - CIBOLO 513 CIBOLO VALLEY DR CIBOLO, TX 78108	URGENT CARE CLINIC
2 CARENOW SAN ANTONIO - NACOGDOCHES 13909 NACOGDOCHES RD SAN ANTONIO, TX 78217	URGENT CARE CLINIC
3 CARENOW SAN ANTONIO - WEST HILDEBRAND 115 ANGELES DR, SUITE 103 SAN ANTONIO, TX 78201	URGENT CARE CLINIC
4 CARENOW SAN ANTONIO - SELMA 14775 1-35 FRONTAGE RD SELMA, TX 78154	URGENT CARE CLINIC
5 CARENOW SAN ANTONIO - TELEHEALTH 5575 NW LOOP 410, SUITE 102 SAN ANTONIO, TX 78238	TELEHEALTH SERVICES
6 METHODIST FAMILY HEALTH CENTER - EAST 2338 E SOUTHCROSS SAN ANTONIO, TX 78223	FAMILY HEALTH CENTER
7 METHODIST FAMILY HEALTH CENTER - LAS PALMAS 803 CASTROVILLE RD, SUITE 131 SAN ANTONIO, TX 78237	FAMILY HEALTH CENTER
8 METHODIST FAMILY HEALTH CENTER - EAST OF DOWNTOWN 507 ST. JAMES SAN ANTONIO, TX 78202	FAMILY HEALTH CENTER
9 HCA METHODIST HEALTHCARE GME, INC 15727 ANTHEM PARKWAY, 6TH FLOOR SAN ANTONIO, TX 78249	TEXAS CERTIFIED NONPROFIT HEALTHCARE CORP
10	

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Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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 FAP.
- 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A - SCHEDULE H, PART I, LINE 6A	METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD., LLP ('MHS') FILES ANNUAL STATEMENTS OF COMMUNITY BENEFITS AS REQUIRED BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES, PER PROVISIONS OF THE TEXAS HEALTH AND SAFETY CODE, CHAPTER 311, SUBCHAPTERS C AND D. METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. ('MHM') OWNS A 50% INTEREST OF MHS SO ONLY 50% OF MHS' FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS ARE REPORTED ON MHM'S FORM 990 SCHEDULE H.
SCHEDULE H, PART I, LINE 7 - SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY - COST TO CHARGE RATIOS FROM WORKSHEET 2 USED.
SCHEDULE H, PART I, LINE 7A - SCHEDULE H, PART I, LINE 7A	IN THE STATE OF TEXAS 86TH LEGISLATIVE REGULAR SESSION, A BILL WAS PASSED WHICH AMENDED THE HEALTH AND SAFETY CODE, AUTHORIZING BEXAR COUNTY HOSPITAL DISTRICT TO CREATE A NONPUBLIC HOSPITAL PROVIDER PARTICIPATION PROGRAM. THE PROVIDER PARTICIPATION PROGRAM ALLOWS THE COLLECTION OF MANDATORY PAYMENTS FROM NONPUBLIC HOSPITALS. THESE PAYMENTS WILL BE DEPOSITED IN A LOCAL PROVIDER PARTICIPATION FUND (LPPF) TO FUND INTERGOVERNMENTAL TRANSFERS (IGTS) TO BE USED BY HHSC AS THE NONFEDERAL SHARE TO DRAW DOWN MEDICAID SUPPLEMENTAL PAYMENTS UNDER THE 1115 WAIVER PROGRAM AND THE UNIFORM HOSPITAL RATE INCREASE PROGRAM (UHRIP). THE BILL WAS EFFECTIVE JUNE 10, 2019, HOWEVER THE LPPF PROGRAM COMMENCED JANUARY 1, 2020. THE PARTNERSHIP MADE PAYMENTS UNDER THIS LPPF OF \$129.2 MILLION AND \$122.3 MILLION FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, RESPECTIVELY. OF THE \$129.2 MILLION PAID IN 2024, APPROXIMATELY \$58.2 MILLION COVERED THE COMPREHENSIVE HOSPITAL REIMBURSEMENT INCREASE PROGRAM (CHIRP) FOR THE PERIOD FROM JANUARY 2025 TO AUGUST 2025 AND WAS RECORDED AS A PREPAID EXPENSE IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEET AS OF DECEMBER 31, 2024. OF THE \$122.3 MILLION PAID IN 2023, APPROXIMATELY \$62.8 MILLION COVERED CHIRP FOR THE PERIOD FROM JANUARY 2024 THROUGH AUGUST 2024 AND WAS RECORDED AS A PREPAID EXPENSE IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEET AS OF DECEMBER 31, 2023. THE LPPF EXPENSE IS RECORDED WITHIN OTHER OPERATING EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF INCOME. AS PROVIDED FOR BY THE STATE OF TEXAS, THE LPPF FUNDS WERE USED TO OFFSET BOTH THE COST OF MEDICAID AND FINANCIAL ASSISTANCE/UNCOMPENSATED CARE. AS SUCH, THE PARTNERSHIP ALLOCATED ITS LPPF PROPORTIONATELY BETWEEN THESE EXPENSES, MAKING A REASONABLE ESTIMATE OF THE PROPORTIONAL AMOUNT INTENDED TO OFFSET FINANCIAL ASSISTANCE/UNCOMPENSATED CARE AND THE PROPORTIONAL AMOUNT INTENDED TO OFFSET MEDICAID.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	COSTING METHODOLOGY - COST TO CHARGE RATIOS FROM WORKSHEET 2 USED. MHM AND MHS JOINTLY ANALYZED ZIP CODES WHERE, BASED ON FINANCIAL DEMOGRAPHICS, IT APPEARED THAT THE PATIENTS IN THOSE ZIP CODES WOULD LIKELY QUALIFY FOR CHARITY CARE. AN ANALYSIS OF PAST COLLECTIONS IN THE ZIP CODE AREAS AND SEVERAL FEDERAL POVERTY GUIDELINE SURVEYS USING THE ZIP CODES RESULTED IN MHM'S CONCLUSION THAT ALL PATIENTS IN THE IDENTIFIED ZIP CODES ARE PATIENTS THAT, UNDER MHS FINANCIAL ASSISTANCE POLICIES, WOULD LIKELY QUALIFY FOR CHARITY CARE. THE ESTIMATED AMOUNT OF MHS' BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED USING ZIP CODE DATA.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	COSTING METHODOLOGY - COST TO CHARGE RATIOS FROM WORKSHEET 2 USED. MHM AND MHS JOINTLY ANALYZED ZIP CODES WHERE, BASED ON FINANCIAL DEMOGRAPHICS, IT APPEARED THAT THE PATIENTS IN THOSE ZIP CODES WOULD LIKELY QUALIFY FOR CHARITY CARE. AN ANALYSIS OF PAST COLLECTIONS IN THE ZIP CODE AREAS AND SEVERAL FEDERAL POVERTY GUIDELINE SURVEYS USING THE ZIP CODES RESULTED IN MHM'S CONCLUSION THAT ALL PATIENTS IN THE IDENTIFIED ZIP CODES ARE PATIENTS THAT, UNDER MHS FINANCIAL ASSISTANCE POLICIES, WOULD LIKELY QUALIFY FOR CHARITY CARE. THE ESTIMATED AMOUNT OF MHS' BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED USING ZIP CODE DATA.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	BAD DEBT FOOTNOTE FROM METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD, LLP'S CONSOLIDATED FINANCIAL STATEMENTS: IN MAY 2014, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED A NEW STANDARD RELATED TO REVENUE RECOGNITION. THE PARTNERSHIP ADOPTED THE NEW STANDARD EFFECTIVE JANUARY 1, 2018, USING THE FULL RETROSPECTIVE METHOD. THE ADOPTION OF THE NEW STANDARD DID NOT HAVE AN IMPACT ON THE RECOGNITION OF NET PATIENT REVENUES FOR ANY PERIODS PRIOR TO ADOPTION. THE MOST SIGNIFICANT IMPACT OF ADOPTING THE NEW STANDARD IS THAT THE CONSOLIDATED STATEMENTS OF INCOME NO LONGER PRESENTS THE "PROVISION FOR DOUBTFUL ACCOUNTS" AS A SEPARATE LINE ITEM, INSTEAD NET PATIENT REVENUE IS PRESENTED NET OF ESTIMATED IMPLICIT PRICE CONCESSION REVENUE DEDUCTIONS. IN ADDITION, THE "ALLOWANCE FOR DOUBTFUL ACCOUNTS" IS NO LONGER PRESENTED ON THE CONSOLIDATED BALANCE SHEETS AS A RESULT OF THE ADOPTION OF THE NEW STANDARD. NET PATIENT REVENUE GENERALLY RELATES TO CONTRACTS WITH PATIENTS IN WHICH THE PARTNERSHIP'S PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO THE PATIENTS. REVENUES ARE RECORDED DURING THE PERIOD THAT THE OBLIGATIONS TO PROVIDE HEALTH CARE SERVICES ARE SATISFIED. PERFORMANCE OBLIGATIONS FOR INPATIENT SERVICES ARE GENERALLY SATISFIED OVER PERIODS THAT AVERAGE APPROXIMATELY FIVE DAYS AND PERFORMANCE OBLIGATIONS FOR OUTPATIENT SERVICES ARE GENERALLY SATISFIED OVER A PERIOD OF LESS THAN ONE DAY. THE CONTRACTUAL RELATIONSHIPS WITH PATIENTS, IN MOST CASES, ALSO INVOLVE A THIRD PARTY PAYER (MEDICARE, MEDICAID, MANAGED CARE HEALTH PLANS, AND COMMERCIAL INSURANCE COMPANIES) AND THE TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY (MEDICARE AND MEDICAID) OR NEGOTIATED WITH (MANAGED CARE HEALTH PLANS AND COMMERCIAL INSURANCE COMPANIES), 'THE THIRD PARTY PAYERS.' THE PAYMENT ARRANGEMENTS WITH THIRD PARTY PAYERS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENTS AT AMOUNTS LESS THAN THE PARTNERSHIP'S STANDARD CHARGES. MEDICARE GENERALLY PAYS FOR INPATIENT AND OUTPATIENT SERVICES AT PROSPECTIVELY DETERMINED RATES BASED ON CLINICAL, DIAGNOSTIC AND OTHER FACTORS. SERVICES PROVIDED TO PATIENTS HAVING MEDICAID COVERAGE ARE GENERALLY PAID AT PROSPECTIVELY DETERMINED RATES PER DISCHARGE OR IDENTIFIED SERVICE. AGREEMENTS WITH COMMERCIAL INSURANCE CARRIERS, MANAGED CARE AND PREFERRED PROVIDER ORGANIZATIONS GENERALLY PROVIDE FOR PAYMENTS BASED UPON PREDETERMINED RATES PER DIAGNOSIS, PER DIEM RATES OR DISCOUNTED FEE-FOR-SERVICE RATES. MANAGEMENT CONTINUALLY REVIEWS THE ESTIMATED TRANSACTION PRICE TO BE RECEIVED FROM THE THIRD-PARTY PAYER TO CONSIDER AND INCORPORATE UPDATES TO LAWS AND REGULATIONS AND THE FREQUENT CHANGES IN MANAGED CARE CONTRACTUAL TERMS RESULTING FROM CONTRACT RE-NEGOTIATIONS AND RENEWALS. NET PATIENT REVENUE IS BASED UPON THE ESTIMATED AMOUNTS EXPECTED TO BE RECEIVED FROM PATIENTS AND THIRD-PARTY PAYERS. THE ESTIMATED TRANSACTION PRICE TO BE RECEIVED UNDER MANAGED CARE AND COMMERCIAL INSURANCE PLANS IS BASED UPON THE PAYMENT TERMS SPECIFIED IN THE RELATED CONTRACTUAL AGREEMENTS. REVENUES RELATED TO UNINSURED PATIENTS AND UNINSURED CO-PAYMENT AND DEDUCTIBLE AMOUNTS FOR PATIENTS WHO HAVE HEALTH CARE COVERAGE MAY HAVE AN IMPLICIT PRICE CONCESSION APPLIED. AN ESTIMATED IMPLICIT PRICE CONCESSION (BASED PRIMARILY ON PAYER HISTORICAL COLLECTION EXPERIENCE) IS RECORDED WITHIN NET PATIENT REVENUE TO RECORD SELF-PAY REVENUE AT THE ESTIMATED AMOUNTS TO BE COLLECTED. AS OF DECEMBER 31, 2024, THE BAD DEBT INCLUDED IN REVENUE DEDUCTIONS WAS \$213,427,993. THIS AMOUNT IS NOT REFLECTED ON MHM'S 990 PART IX EXPENSES DUE TO THE BAD DEBT AMOUNT BEING REPORTED IN THE METHODIST HEALTHCARE SYSTEM'S FINANCIALS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED BY AGGREGATING THE INFORMATION FROM THE INDIVIDUAL FACILITY COST REPORT(S) FOR EACH OF THE HOSPITALS OPERATED BY MHS. THE HOSPITALS OPERATED BY MHS MAY HAVE COST REPORT YEAR ENDS OTHER THAN DECEMBER 31, 2024. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST REPORT YEAR END, THE COST REPORT THAT WAS FILED FOR THE COST REPORT YEAR END THAT ENDED DURING 2024 WAS UTILIZED. IT IS IMPORTANT TO NOTE THAT AMOUNTS INCLUDED IN LINES 5-7 DO NOT INCLUDE MEDICARE REVENUE AND RELATED COST FOR FREESTANDING AMBULATORY SURGERY SERVICES AND FOR PHYSICIAN SERVICES.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	MHS HAS A POLICY TO PROVIDE DISCOUNTS TO THOSE INDIVIDUALS WHO DO NOT HAVE INSURANCE OR ARE NOT COVERED BY A GOVERNMENTAL REIMBURSEMENT PROGRAM. IF A PATIENT QUALIFIES FOR MEDICAID, THEN HE OR SHE IS ONLY RESPONSIBLE FOR ANY NON-COVERED CHARGES. IF THE PATIENT DOES NOT QUALIFY FOR MEDICAID, HE OR SHE MAY COMPLETE THE MHS FINANCIAL ASSISTANCE APPLICATION TO HAVE THE ENCOUNTER REVIEWED FOR A POTENTIAL CHARITY DISCOUNT. IF THE PATIENT'S YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE POVERTY GUIDELINES UPDATED ANNUALLY IN THE FEDERAL REGISTER BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("FEDERAL POVERTY GUIDELINES"), THE PATIENT WILL BE GRANTED CLASSIFICATION AS FINANCIALLY INDIGENT, AND THE ACCOUNT WILL BE WRITTEN OFF TO CHARITY. LETTERS ARE THEN SENT TO THE PATIENT NOTIFYING THAT THE ACCOUNT HAS QUALIFIED FOR THE CHARITY DISCOUNT AND IS CONSIDERED CLOSED. IN ADDITION, A SLIDING SCALE DISCOUNT IS APPLIED TO ACCOUNTS FOR PATIENTS WHOSE INCOME IS BETWEEN 200% AND 500% OF THE FEDERAL POVERTY GUIDELINES, AND WHOSE REMAINING ACCOUNT BALANCE, AFTER ANY THIRD-PARTY PAYMENTS, EXCEEDS A PERCENTAGE OF THEIR INCOME ("MEDICALLY INDIGENT"). IN ADDITION, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IF A PATIENT DOES NOT QUALIFY FOR A CHARITY DISCOUNT, AN UNINSURED DISCOUNT IS APPLIED TO TOTAL CHARGES. IF A PATIENT IS UNABLE TO PAY THE REMAINING BALANCE IN FULL, AFTER APPLYING ANY CHARITY OR UNINSURED DISCOUNTS, MHS WILL WORK WITH THE PATIENT TO SET UP A MONTHLY PAYMENT ARRANGEMENT. THROUGHOUT THE DEBT COLLECTION PROCESS, MHS CONTINUES TO INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	IN ADDITION TO THE ITEMS SPECIFICALLY NOTED TO ADDRESS THE COMMUNITY HEALTH PRIORITIES, OTHER HIGHLIGHTS FROM 2024 INCLUDE THE FOLLOWING: TELEMEDICINE AND COMMUNITY OUTREACH METHODIST IMPLEMENTED A TELEHEALTH PROGRAM THAT WILL PROVIDE REMOTE CONSULTATIONS WITH TRAINED SPECIALISTS IN SELECTED SERVICES. THE TELE-STROKE NETWORK CONTINUES TO PROVIDE SERVICES TO TWELVE RURAL LOCATIONS. IT ALSO PROVIDES REMOTE NEUROLOGY CONSULTS TO OTHER METHODIST HOSPITALS. THROUGH THIS PROGRAM, PHYSICIANS CAN DRAMATICALLY REDUCE RESPONSE TIME, TRANSFERS CAN BE MINIMIZED, AND PATIENTS CAN OFTEN RECEIVE LIFESAVING CARE MORE RAPIDLY, OFTEN IN THEIR HOME COMMUNITIES. MHS HAS OPERATED THE BEHAVIORAL HEALTH TELEMEDICINE PROGRAM SINCE JANUARY OF 2014. THE GOAL OF THIS PROGRAM IS TO PROVIDE TIMELY CONSULTATIONS, DIAGNOSIS AND TREATMENT RECOMMENDATIONS FOR BEHAVIORAL HEALTH/SUBSTANCE ABUSE PATIENTS IN EVERY METHODIST EMERGENCY DEPARTMENT OR MEDICAL ACUTE CARE UNITS THROUGHOUT METHODIST HEALTHCARE SYSTEM. METHODIST REPORTED 4,457 BEHAVIORAL HEALTH TELEMEDICINE CONSULTATIONS AND 1,237 TELE-STROKE CONSULTATIONS IN CALENDAR YEAR 2024. OVER 50% OF THE CONSULTATIONS PROVIDED WERE TO MEDICAID OR LOW-INCOME UNINSURED PATIENTS. PATIENTS REQUIRING PSYCHIATRIC SERVICES ARE OFTEN ONE OF THE MOST UNDERSERVED POPULATIONS IN THE COMMUNITY, AND METHODIST STRIVES TO ENSURE THESE PATIENTS HAVE ACCESS TO APPROPRIATE CARE. METHODIST HOSPITAL SPECIALTY AND TRANSPLANT IS ONE OF THREE SAN ANTONIO HOSPITALS THAT PROVIDES PSYCHIATRIC EMERGENCY SERVICES (PES) THROUGH THE SOUTHWEST TEXAS CRISIS COLLABORATIVE OF THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL. THE PES EXPANDED FROM 6 TO 14 BEDS IN APRIL OF 2023 TO HELP MEET THE COMMUNITY NEEDS. THE PES PROGRAM AT METHODIST HOSPITAL SPECIALTY AND TRANSPLANT PROVIDES IMMEDIATE PSYCHIATRIC EVALUATIONS, CLINICAL ASSESSMENTS, AND LINKAGE TO THE NEXT APPROPRIATE LEVEL OF CARE FOR ADULT MENTAL HEALTH PATIENTS. METHODIST OPENED THE METHODIST COMMUNITY HEALTH CENTER, FORMERLY KNOWN AS THE ST. JAMES FAMILY HEALTH CENTER IN 2014. THE CENTER PROVIDED URGENT CARE SERVICES TO THE EAST SAN ANTONIO COMMUNITY AT NO COST. DUE TO STAFFING ISSUES, THIS CENTER CLOSED IN 2024. METHODIST HEALTHCARE ONCE AGAIN CONTRIBUTED ANNUAL FUNDING TO THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL'S (STRAC) CRISIS COLLABORATIVE (STCC) IN THE AMOUNT OF \$1,747,420. STCC IS AN EFFORT FOCUSED ON ENDING INEFFECTIVE UTILIZATION OF SERVICE FOR THE SAFETY NET POPULATION AT THE INTERSECTION OF MENTAL ILLNESS, HOMELESSNESS, AND HIGH EMERGENCY DEPARTMENT UTILIZATION IN SOUTHWEST TEXAS. STCC IS COMMITTED TO IMPROVEMENT BY DEVELOPING A COMPREHENSIVE, INTEGRATED CRISIS SYSTEM ACROSS ALL MAJOR PUBLIC PAYORS, HOSPITAL PROVIDERS, PHILANTHROPY, PUBLIC SAFETY AND BEHAVIORAL HEALTH PROVIDERS. MHS FUNDING HAS ALSO SUPPORTED FIVE OTHER STCC INITIATIVES: - LAW ENFORCEMENT NAVIGATION OF PATIENTS TAKEN INTO CUSTODY WHO REQUIRE PSYCHIATRIC EVALUATION AND ARE REQUIRED TO DO SO VIA AN EMERGENCY DETENTION ORDER. - ACUTE CARE STATION AT HAVEN FOR HOPE, WHICH PROVIDES AN ONSITE PARAMEDIC TO SCREEN 911 CALLS AND HAS RESULTED IN AN ALMOST 50% REDUCTION IN TRANSPORTS BY EMS TO THE EMERGENCY ROOMS OF AREA HOSPITALS. - PROGRAM FOR INTENSIVE CARE COORDINATION (PICC), WHICH INTERVENES AND FOLLOWS HIGH UTILIZER (USUALLY HOMELESS) PATIENTS THAT HAVE EXPERIENCED MORE THAN SIX EMERGENCY DETENTIONS WITHIN A YEAR. - CROSSPOINT, A 35-BED BEHAVIORAL HEALTH DIVERSION PROGRAM. - SIGNIFY, A CLOUD BASED CARD COORDINATION PLATFORM, STILL UNDER DEVELOPMENT. HOSPITAL SERVICE GROWTH IN NOVEMBER 2024, METHODIST HOSPITAL WESTOVER HILLS OPENED ITS DOORS TO SERVICE THE NORTHWEST SIDE OF SAN ANTONIO. THIS 54-BED ACUTE-CARE HOSPITAL OFFERS A RANGE OF SPECIALTY SERVICES IN ADDITION TO A DEDICATED 15-BED EMERGENCY DEPARTMENT WITH ADULT AND PEDIATRIC SERVICES. OTHER SPECIALTIES INCLUDE CARDIOVASCULAR CARE, WOMEN'S SERVICES, GENERAL SURGERY AND ORTHOPEDICS. METHODIST HEALTHCARE ACQUIRED THE FORMER SAN ANTONIO REHABILITATION HOSPITAL, LOCATED IN THE SOUTH TEXAS MEDICAL CENTER. THE 48-BED FACILITY, NOW KNOWN AS METHODIST REHABILITATION HOSPITAL TEXSAN OFFERS COMPREHENSIVE INPATIENT REHABILITATION SERVICES. METHODIST ER BULVERDE OPENED IN SEPTEMBER 2024, SERVING THE BULVERDE, TEXAS COMMUNITY. METHODIST HOSPITAL EXPANDED THE CAPACITY OF THEIR MOTHER-BABY UNIT BY ADDING NINE ADDITIONAL BEDS IN 2024. METHODIST HOSPITAL COMPLETED ITS ICU EXPANSION, ADDING 23 ADULT BEDS AS WELL AS 25 PICU BEDS. METHODIST HOSPITAL NORTHEAST OPENED METHODIST OUTPATIENT SURGERY NORTHEAST, A 23,000 SQUARE FOOT SURGERY CENTER LOCATED IN THE NEWLY COMPLETED METHODIST HOSPITAL NORTHEAST MEDICAL PLAZA II MEDICAL OFFICE BUILDING. THE SURGERY CENTER FEATURES FOUR OPERATING ROOM AND WILL OFFER MULTISPECIALTY CARE FOR BREAST, COLORECTAL, GYNECOLOGICAL, ORTHOPEDIC, PODIATRY, ROBOTICS AND RECONSTRUCTIVE PLASTIC SURGERY. METHODIST HOSPITAL NORTHEAST STARTED CONSTRUCTION FOR A DIABETIC FOOT & ANKLE INSTITUTE (DFAI) TO DEVELOP COMPREHENSIVE VASCULAR, WOUND CARE AND LIMB SALVAGE PROGRAMS WITHIN THE NORTHEAST SAN ANTONIO COMMUNITY. METHODIST HOSPITAL NORTHEAST EXPANDED ITS CARDIOVASCULAR SERVICES TO INCLUDE PULSED FIELD ABLATION (PFA), BEING ONE OF THE FIRST FACILITIES TO OFFER THIS NEW TECHNIQUE TO PATIENTS SUFFERING FROM AFIB IN THE NORTHEAST COMMUNITY.

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	METHODIST HOSPITAL NORTHEAST EXPANDED ONCOLOGY SERVICES WITH THE ADDITION OF A LUNG NODULE PROGRAM, OFFERING THE LATEST TECHNOLOGY TO PERFORM LUNG BIOPSIES IN A SAFE AND EFFICIENT MANNER. METHODIST HOSPITAL STONE OAK OPENED THREE NEW OPERATING ROOMS IN 2024. METHODIST HOSPITAL STONE OAK COMPLETED INSTALLATION OF A NEW WIDE-BORE 1.5T MTI SCANNER WITH THE LATEST TECHNOLOGY TO ADVANCE MHS'S MISSION ACROSS ALL SERVICE LINES. SCAN TIMES WILL BE SIGNIFICANTLY REDUCED WITH THIS NEW TECHNOLOGY. METHODIST HOSPITAL METROPOLITAN BEGAN THE NATION'S FIRST STUD IN PRESSURE INJURY DETECTION USING NEW TECHNOLOGY (SPECTROSCOPY AND BIOMARKERS). METHODIST HOSPITAL HILL COUNTRY EXPANDED ACCESS TO CARDIOVASCULAR SERVICES WITH THE ADDITION OF ANOTHER CATH LAB.

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SCHEDULE H, PART VI, LINE 2 - SCHEDULE H, PART VI, LINE 2, CONTINUED	IMPORTANT DESIGNATIONS AND FACILITY SERVICES METHODIST HEALTHCARE SYSTEM (MHS) IN OCTOBER 2024, MHS WELCOMED MORE THAN 4,000 SUPPORTERS TO THE SUSAN G. KOMEN MORE THAN PINK WALK AT THE METHODIST HOSPITAL WESTOVER HILLS CAMPUS. THE EVENT, CHAIRED BY MHS DIRECTOR OF CULTURE AND VALUES, IMELDA GUZMAN, RAISED OVER \$228,000 FOR THE SAN ANTONIO WALK AND AN ADDITIONAL \$11,000 FOR THE JOURDANTON/PLEASANTON MORE THAN PINK WALK HOSTED BY METHODIST HOSPITAL ATASCOSA. IN 2024, HCA HEALTHCARE DONATED \$200,000 TO ST. MARY'S UNIVERSITY GREEHEY SCHOOL OF BUSINESS TO SUPPORT SCHOLARSHIPS, FELLOWSHIPS, AND TRAINING FOR FACULTY IN THE MASTER OF BUSINESS ADMINISTRATION (MBA) PROGRAM. THROUGH HCA'S HEALTHIER TOMORROW FUND, MHS AWARDED TWO ORGANIZATIONS WITH \$25,000 GRANTS. ONE WAS AWARDED TO THE HILL COUNTRY COMMUNITY NEEDS COUNCIL TO SUPPORT THEIR FOOD-4-KINDS WEEKEND SUPPLEMENTATION PROGRAM. THE OTHER \$25,000 GRANT WAS AWARDED TO THE GREATER SAN ANTONIO CHAPTER OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), WHICH ALLOWED THEM TO EXPAND AND SUPPORT THEIR IN-PERSON SUPPORT GROUPS. METHODIST HEALTHCARE ALIGNED WITH THE DEA'S DRUG TAKE BACK DAY AND SET UP MEDICATION COLLECTION SITES AT 12 LOCATIONS ACROSS THE CITY. MHS COLLECTED 2,600 POUNDS OF UNUSED MEDICATION TO SAFELY DISPOSE OF AND REDUCE THE CHANCES OF IT ENDING UP IN THE WRONG HANDS. MHS COLLECTED 1,000 POUNDS MORE IN 2024 THAN IN 2023. METHODIST CONTINUED THE KIDS TEACHING KIDS, A PROGRAM FOCUSED ON NUTRITIONAL, PHYSICAL AND MENTAL HEALTH AT 24 LOCAL ELEMENTARY SCHOOLS. OVER, 1,650 STUDENTS SIGNED UP TO PARTICIPATE IN A 21-DAY HEALTHY SNACK CHALLENGE. TO CELEBRATE HEART MONTH, METHODIST HEALTHCARE, THE AMERICAN HEART ASSOCIATION AND THE SAN ANTONIO SPURS PARTNERED TO TRAIN 1,000 SPURS FANS IN HANDS-ONLY CPR AT THE FROST BANK CENTER DURING A SPURS HOME GAME. METHODIST HEALTHCARE'S ANNUAL ROWAN WINDHAM MEMORIAL CEREAL DRIVE COLLECTED 283,601 SERVINGS OF CEREAL FOR THE SAN ANTONIO FOOD BANK, WHICH WAS A 26% INCREASE FROM THE PRIOR YEAR. METHODIST HEALTHCARE SUCCESSFULLY ON-BOARDED OUR INAUGURAL CLASS OF GENERAL SURGERY AND INTERNAL MEDICINE GRADUATE MEDICAL EDUCATION RESIDENTS. THE CLASS INCLUDED 14 INTERNAL MEDICINE RESIDENTS AND 7 GENERAL SURGERY RESIDENTS. METHODIST HEALTHCARE EXCEEDED ITS 2024 NEW GRADUATE NURSE RECRUITMENT GOAL OF 800 NURSES, WITH 989 OFFERS ACCEPTED IN 2024, ACHIEVING 124% OF THE TARGET. METHODIST CURRENTLY HOLDS A 33% MARKET SHARE FOR NEW RN GRADUATE RECRUITMENT, REPRESENTING A 6% INCREASE FROM 2023. IN AUGUST OF 2024, MHS HOSTED THE TEXAS CARDIOVASCULAR INNOVATIONS CONFERENCE WHICH BOASTED THE LARGEST ATTENDANCE IN ITS HISTORY, WITH ALMOST 1,000 ATTENDEES, ATTRACTING PHYSICIANS FROM AROUND THE NATION. IN 2024, MHS PARTNERED WITH THE SOUTH TEXAS BLOOD AND TISSUE CENTER TO PARTICIPATE IN THEIR PROGRAM "COMMIT 4 COMPASSION". EACH OF MHS'S HOSPITALS COMMITTED TO HOLD A BLOOD DRIVE AT THEIR FACILITY EACH QUARTER OF THE YEAR. ALL TOGETHER, METHODIST HEALTHCARE SYSTEM COLLECTED 1,142 LIFESAVING UNITS OF BLOOD THROUGH THE YEAR-LONG PROGRAM. THROUGHOUT 2024, MHS PARTNERED WITH METHODIST HEALTHCARE MINISTRIES TO SUPPORT COMMUNITY EVENTS SUCH AS THE CESAR CHAVEZ "MARCH FOR JUSTICE", THE SAN ANTONIO PRIDE PARADE, THE MLK MARCH, AND THE ANNUAL CHRISTMAS TREE GIVEAWAY WHERE, TOGETHER, THE TWO ORGANIZATIONS DISTRIBUTED 155 PRE-DECORATED CHRISTMAS TREES AND 65 WREATHS TO METHODIST HEALTHCARE MINISTRIES' CLIENTS. METHODIST HEALTHCARE ACHIEVED THE 2ND HIGHEST RESEARCH ENROLLMENT PROGRAM THROUGHOUT HCA. METHODIST HOSPITAL / METHODIST CHILDREN'S HOSPITAL -METHODIST HOSPITAL WAS RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S BEST 250 HOSPITALS FOR 2024. -METHODIST HOSPITAL WAS RECOGNIZED BY U.S. NEWS & WORLD REPORT AS THE #1 HOSPITAL IN SAN ANTONIO. -METHODIST HOSPITAL WAS RECOGNIZED AS ONE OF THE NATION'S TOP 100 HOSPITALS® BY FORTUNE AND PREMIER'S PINC AI™. -METHODIST HOSPITAL RECEIVED THE PULMONARY EMBOLISM CENTER OF EXCELLENCE DESIGNATION THROUGH THE PERT CONSORTIUM. METHODIST HOSPITAL IS ONE OF ONLY THREE FACILITIES IN THE U.S. WITH THIS DESIGNATION. -METHODIST HOSPITAL WAS RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARE: CARDIAC CARE EXCELLENCE AWARD, TOP 5% IN THE NATION FOR CARDIAC SERVICES, FIVE-STAR RECIPIENT FOR TREATMENT OF HEART ATTACK, FIVE-STAR RECIPIENT FOR TREATMENT OF HEART FAILURE. -METHODIST HOSPITAL CELEBRATED THE FIRST SUCCESSFUL LUNG TRANSPLANT IN 2024. -METHODIST HOSPITAL DEVELOPED THE LARGEST DV5 ROBOTIC SURGERY PROGRAM WITHIN HCA, WHICH IS ALSO THE 4TH LARGEST IN THE WORLD. -METHODIST CHILDREN'S HOSPITAL AND METHODIST HOSPITAL RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE BY THE AACN. METHODIST HOSPITAL STONE OAK -METHODIST HOSPITAL STONE OAK WAS RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S BEST

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	250 HOSPITALS FOR 2024. -HEALTHGRADES RECOGNIZED METHODIST HOSPITAL STONE OAK FOR BEING IN THE TOP 5% IN PATIENT SAFETY, ONE OF AMERICA'S 100 BEST CORONARY INTERVENTION FACILITIES, AS WELL AS ONE OF AMERICA'S 100 BEST CRITICAL CARE LOCATIONS. -METHODIST HOSPITAL STONE OAK CELEBRATED IT'S 15TH ANNIVERSARY IN THE COMMUNITY IN 2024. -METHODIST HOSPITAL STONE OAK CELEBRATED TWO YEARS OF CAUTI AND CDI-FREE AS WELL AS ONE YEAR CLABSI FREE. -METHODIST HOSPITAL STONE OAK RECEIVED THE EVEREST AWARD BY PINC AI™ FOR SETTING NATIONAL BENCHMARKS FOR BOTH THE FASTEST RATE OF IMPROVEMENT AND HIGHEST CURRENT YEAR PERFORMANCE ON THE TOP 100 HOSPITAL BALANCED SCORECARDS. -METHODIST HOSPITAL STONE OAK WAS RECOGNIZED BY U.S. NEWS & WORLD REPORT AS A HIGH-PERFORMING HOSPITAL IN HEART FAILURE, HEART ATTACK, KIDNEY FAILURE AND STROKE. -METHODIST HOSPITAL STONE OAK RECEIVED A GET WITH THE GUIDELINES - STROKE GOLD PLUS AWARD IN 2024. -U.S. NEWS & WORLD REPORT RATED METHODIST HOSPITAL STONE OAK REHABILITATION CENTER AS A TOP REHAB CENTER FOR FIVE YEARS IN A ROW. -METHODIST HOSPITAL STONE OAK WAS RECOGNIZED FOR BEING IN THE TOP 10% IN THE NATION FOR OVERALL GI SERVICES 2 YEARS IN A ROW (2024-2025). -METHODIST HOSPITAL STONE OAK'S COMPLEX CORONARY INTERVENTION CENTER CELEBRATED ITS 100TH PATIENT/PROCEDURE IN 2024. METHODIST HOSPITAL METROPOLITAN -METHODIST HOSPITAL METROPOLITAN WAS RECOGNIZED AS ONE OF THE NATION'S TOP 50 CARDIOVASCULAR HOSPITALS® BY FORTUNE AND PREMIER'S PINC AI™. -METHODIST HOSPITAL METROPOLITAN RECEIVED THE EVEREST AWARD BY PINC AI™ FOR SETTING NATIONAL BENCHMARKS FOR BOTH THE FASTEST RATE OF IMPROVEMENT AND HIGHEST CURRENT YEAR PERFORMANCE ON THE TOP 100 HOSPITAL BALANCED SCORECARDS. -METHODIST HOSPITAL METROPOLITAN WAS ONE OF TWO HCA FACILITIES TO HAVE A PODIUM PRESENTATION AT THE LARGEST NURSING CONVENTION IN THE NATION (ANCC MAGNET AND PATHWAYS CONVENTION) WITH 14,000 NURSES IN ATTENDANCE. -METHODIST ER ALAMO HEIGHTS WAS AWARDED THE GUARDIAN OF EXCELLENCE AWARD IN 2024. -METHODIST HOSPITAL METROPOLITAN EXPANDED ACCESS TO ROBOTIC SURGERY SERVICES ADDING TWO ORTHOPEDIC ROBOTS TO THEIR FLEET IN 2023. -METHODIST HOSPITAL METROPOLITAN'S WAS NAMED A HIGH PERFORMER IN LGBTQ+ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN. -METHODIST HOSPITAL METROPOLITAN WAS RECOGNIZED BY THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQMBC) AS THE ONLY CLINICAL CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE IN SOUTH TEXAS. -METHODIST HOSPITAL METROPOLITAN PARTNERED WITH THE ALAMO COMMUNITY COLLEGES DISTRICT AND FOX TECH HIGH SCHOOL TO EXPAND THE H-TECH PROGRAM THAT PROVIDES STUDENTS THE OPPORTUNITY TO GRADUATE FROM HIGH SCHOOL WITH AN ASSOCIATE'S DEGREE IN APPLIED SCIENCE (AAS) AND ENROLL IN A HEALTHCARE-RELATED PROGRAM WITH A PATHWAY. IN 2024, GROUP LAUNCHED A PROGRAM FOR ASSOCIATE OF APPLIED SCIENCE IN NURSING WITH REGISTERED NURSING CERTIFICATION. -HEALTHGRADES RECOGNIZED METHODIST HOSPITAL METROPOLITAN'S TOP-QUALITY CARE IN THE FOLLOWING AREAS: AMERICA'S BEST 100 HOSPITALS FOR CRITICAL CARE, TOP 5% IN THE NATION FOR CARDIAC SERVICES, AND AMERICA'S 50 BEST VASCULAR SURGERY FACILITIES. -METHODIST HOSPITAL METROPOLITAN'S BARIATRICS DEPARTMENT RECEIVED MBSAQIP - METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (RE-ACCREDITATION).

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SCHEDULE H, PART VI, LINE 2 - SCHEDULE H, PART VI, LINE 2, CONTINUED	METHODIST HOSPITAL NORTHEAST (MHNE) -METHODIST HOSPITAL NORTHEAST WAS RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S BEST 250 HOSPITALS FOR 2024. -THE SAN ANTONIO EXPRESS NEWS READERS' CHOICE PROGRAM AWARDED METHODIST HOSPITAL NORTHEAST ITS "BEST HOSPITAL IN SAN ANTONIO" AGAIN IN 2024. MHNE ALSO RECEIVED THIS AWARD IN 2021, 2022 AND 2023. -METHODIST HOSPITAL NORTHEAST WAS RECOGNIZED AS ONE OF THE NATION'S TOP 100 HOSPITALS® BY FORTUNE AND PREMIER'S PINC AI™. -METHODIST HOSPITAL NORTHEAST WAS RECOGNIZED AS ONE OF THE NATION'S 50 TOP CARDIOVASCULAR HOSPITALS BY FORTUNE AND PREMIER'S PINC AI™. -METHODIST HOSPITAL NORTHEAST RECEIVED AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES TARGET: STROKE GOLD PLUS AND STROKE ELITE HONOR ROLL AND TYPE 2 DIABETES HONOR ROLL. -METHODIST HOSPITAL NORTHEAST RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY GRADE. -METHODIST HOSPITAL NORTHEAST IS DESIGNATED AS PATHWAYS TO EXCELLENCE FACILITY BY THE AMERICAN NURSES CREDENTIALING CENTER. -METHODIST HOSPITAL NORTHEAST IS ACCREDITED AS AN AMERICAN COLLEGE OF CARDIOLOGY (ACC) CHEST PAIN CENTER. -METHODIST HOSPITAL NORTHEAST RECEIVED JOINT COMMISSION CERTIFICATIONS IN PRIMARY STROKE CENTER, ADVANCED PRIMARY STROKE CENTER AND JOINT CENTER - HIPS AND KNEES. METHODIST HOSPITAL SPECIALTY AND TRANSPLANT -RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S BEST 250 HOSPITALS. -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT IS A TOP 100 HOSPITALS AWARD WINNER FROM U.S. NEWS AND WORLD REPORT BEST REGIONAL HOSPITALS 2024-2025. -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT'S LIVER TRANSPLANT PROGRAM ACHIEVED A MILESTONE OF 1,000 LIVER TRANSPLANTS IN 2024. -METHODIST HOSPITAL SPECIALTY AND TRANSPLANT CELEBRATED FORMER SPURS PLAYER SEAN ELLIOTT'S 25TH KIDNEY TRANSPLANT ANNIVERSARY IN AUGUST OF 2024. AFTER THE CELEBRATION AT THE HOSPITAL, MHS TEAMED UP WITH SPURS SPORTS & ENTERTAINMENT TO HOST A FUNDRAISER BENEFITING THEIR COMMUNITY IMPACT CENTER. DURING THE EVENT, SEAN AND THE DOCTORS WHO TREATED HIM DURING HIS TRANSPLANT CAME TOGETHER TO SHARE THEIR EXPERIENCES AND RAISE AWARENESS FOR KIDNEY DISEASE. -METHODIST TRANSPLANT INSTITUTE PERFORMED 177 LIVING DONOR KIDNEY TRANSPLANTS AND 175 DECEASED DONOR KIDNEY TRANSPLANTS IN 2024. THE PROGRAM WAS RECOGNIZED AS THE LARGEST LIVING DONOR KIDNEY TRANSPLANT PROGRAM AND THE LARGEST HISPANIC KIDNEY TRANSPLANT PROGRAM IN THE NATION. ADDITIONALLY, THIS PROGRAM IS THE LARGEST KIDNEY PAIRED DONATION PROGRAM IN THE NATION. -THE AMERICAN NURSE CREDENTIALING CENTER HAS AWARDED ITS "PATHWAY TO EXCELLENCE AWARD" TO METHODIST HOSPITAL SPECIALTY AND TRANSPLANT. THE CURRENT CERTIFICATION RUNS THROUGH 2025. METHODIST HOSPITAL TEXSAN -METHODIST HOSPITAL TEXSAN EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR DISEASE-SPECIFIC CARE CERTIFICATION OF SPINE SURGERY BY DEMONSTRATING CONTINUOUS COMPLIANCE WITH ITS PERFORMANCE STANDARDS. -THE INTENSIVE CARE UNIT AT METHODIST HOSPITAL TEXSAN SUCCESSFULLY ACHIEVED A SILVER-LEVEL AACN BEACON AWARD FOR EXCELLENCE IN 2024. -METHODIST HOSPITAL TEXSAN WAS RECOGNIZED AS ONE OF THE NATION'S TOP 100 HOSPITALS® BY FORTUNE AND PREMIER'S PINC AI™. -METHODIST HOSPITAL TEXSAN IS DESIGNATED AS PATHWAYS TO EXCELLENCE FACILITY BY THE AMERICAN NURSES CREDENTIALING CENTER. METHODIST HOSPITAL HILL COUNTRY -RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S BEST 250 HOSPITALS. -METHODIST HOSPITAL HILL COUNTRY WAS RECOGNIZED BY U.S. NEWS & WORLD REPORT AS A HIGH PERFORMER IN KNEE REPLACEMENT. -METHODIST HOSPITAL HILL COUNTRY RECEIVED 23 "A'S" IN A ROW FROM LEAPFROG (SINCE 2013). METHODIST HOSPITAL ATASCOSA -METHODIST HOSPITAL ATASCOSA CELEBRATED 1,000 DAYS OF NO HOSPITAL-ACQUIRED INFECTIONS IN 2024. -METHODIST HOSPITAL ATASCOSA RANKED #1 IN HOSPITAL CLEANLINESS AMONG ALL HOSPITALS IN HCA HEALTHCARE. -METHODIST HOSPITAL ATASCOSA WAS AWARDED FOR THE HOSPITAL'S INVOLVEMENT IN THE COMMIT 4 COMPASSION CHALLENGE BLOOD DRIVE THROUGH SOUTH TEXAS BLOOD AND TISSUE CENTER. -METHODIST HOSPITAL ATASCOSA RECEIVED AN "A" IN LEAPFROG'S HOSPITAL SAFETY GRADE PROGRAM. -METHODIST HOSPITAL ATASCOSA'S MEDICAL/SURGICAL/TELEMETRY UNIT RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES (AACN). THIS IS ONLY THE SIXTH MED SURG UNIT IN THE STATE OF TEXAS AND THE ONLY MED SURG UNIT IN ALL OF HCA HEALTHCARE TO WIN THIS AWARD. AS ANOTHER MEANS OF INCREASING ACCESS, METHODIST HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING OUR CHARITABLE MISSION: SIGNS THAT PROMINENTLY PRESENT OUR CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSIONS. METHODIST PUBLISHES AN ANNUAL NOTICE OF OUR FINANCIAL ASSISTANCE POLICY IN THE SAN ANTONIO EXPRESS NEWS, DISTRIBUTION OF A PATIENT BROCHURE ("A GUIDE TO YOUR HOSPITAL BILL") THAT EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE, AND A FRONT PAGE LINK TO THE FINANCIAL ASSISTANCE POLICY ON METHODIST'S EXTERNAL HEALTH PORTAL (SAHEALTH.COM). THE COMBINED IMPACT OF THESE EFFORTS CONTINUES TO REMIND AND INCREASE OVERALL COMMUNITY

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	AWARENESS OF METHODIST HEALTHCARE'S CHARITABLE MISSION. METHODIST HOSPITAL LANDMARK WAS OPENED IN SEPTEMBER OF 2023 AND METHODIST HOSPITAL WESTOVER HILLS WAS OPENED IN NOVEMBER OF 2024. THESE FACILITIES DO NOT HAVE ANY DESIGNATIONS TO REPORT FOR 2024.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS'S CHARITABLE MISSION. SIGNS THAT PROMINENTLY PRESENT INFORMATION ABOUT THE CHARITY MISSION AND GUIDELINES ARE PRESENT AT ALL POINTS OF ADMISSION. MHS ALSO PUBLISHES A NOTICE OF ITS FINANCIAL ASSISTANCE POLICY ANNUALLY IN THE SAN ANTONIO EXPRESS-NEWS. A PATIENT BROCHURE, ENTITLED "A GUIDE TO YOUR HOSPITAL BILL", EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE IN ENGLISH AND SPANISH ON MHS'S WEBSITE WWW.SAHEALTH.COM. ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL POLICY APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED BUT HAVE NOT PAID. AS NOTED ABOVE, MHS USES MULTIPLE METHODS TO COMMUNICATE AND PUBLICIZE FINANCIAL ASSISTANCE POLICIES. INFORMATION SYSTEMS PROGRAMMING CHANGES HAVE BEEN IMPLEMENTED. THESE CHANGES WILL ALLOW A MESSAGE ABOUT THE POLICIES TO PRINT ON PATIENT BILLING STATEMENTS.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE SAN ANTONIO METROPOLITAN STATISTICAL AREA (MSA) OF 2.5 MILLION PEOPLE INCLUDES THE SEVENTH LARGEST PERCENTAGE OF HISPANICS IN THE UNITED STATES. 61% OF THE LOCAL POPULATION IS HISPANIC, 27% IS WHITE NON-HISPANIC, 7% IS BLACK, 3% IS ASIAN AND 2% IS OTHER. TEXAS AND SAN ANTONIO CONTINUE TO LEAD THE NATION IN THE NUMBER OF UNINSURED ADULTS AND CHILDREN (TEXAS IS RANKED NO. 1 WITH 17.7% UNINSURED AND THE U.S. IS 8.9%). OVER ELEVEN PERCENT OF CHILDREN IN TEXAS ARE WITHOUT HEALTH INSURANCE COMPARED TO THE U.S. AT 5.5%. IN SAN ANTONIO, ONE OUT OF FOUR ADULTS AND CLOSE TO ONE OUT OF THREE CHILDREN DO NOT HAVE HEALTH INSURANCE. THE MEDIAN HOUSEHOLD INCOME IN SAN ANTONIO IS \$62,917 COMPARED TO \$73,035 FOR TEXAS. SAN ANTONIO HAS A LARGE POPULATION LIVING IN POVERTY WHEN COMPARED TO OTHER PARTS OF TEXAS. 17.7% OF SAN ANTONIO RESIDENTS LIVE AT OR BELOW THE POVERTY LEVEL, AND BEXAR COUNTY IS AT 14.7%, COMPARED TO 14% FOR TEXAS, AND 11.5% FOR THE U.S. SAN ANTONIO'S PERCENT OF HOUSEHOLDS RECEIVING FOOD STAMPS IS 15%, WITH TEXAS AT 11.4%, AND THE U.S. AT 12.3%. METHODIST HEALTHCARE SERVES AN ESTIMATED POPULATION OF NEARLY 2.9 MILLION IN BEXAR AND 26 SOUTH AND CENTRAL TEXAS COUNTIES: ATASCOSA, BANDERA, CALDWELL, COMAL, DEWITT, DIMMIT, EDWARDS, FRIO, GILLESPIE, GONZALES, GUADALUPE, KARNES, KENDALL, KERR, KINNEY, LA SALLE, LAVACA, MAVERICK, MCMULLEN, MEDINA, REAL, UVALDE, VAL VERDE, WEBB, WILSON AND ZAVALA. SINCE THIS GEOGRAPHIC AREA IS MAJORITY HISPANIC, MHS SEES THIS REFLECTED IN OUR PATIENT POPULATION. AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM ACQUIRED HILL COUNTRY MEMORIAL HOSPITAL IN FREDERICKSBURG, TEXAS IN THE SECOND QUARTER OF 2023. METHODIST HOSPITAL HILL COUNTRY CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DEVELOPED A THREE-YEAR IMPLEMENTATION PLAN PRIOR TO THE ACQUISITION FOR GILLESPIE, BLANCO, AND KERR COUNTIES. THE DEMOGRAPHIC INFORMATION INCLUDED IN THE ASSESSMENT NOTED THE FOLLOWING: THE POPULATION IN THE THREE COUNTIES IS PROJECTED TO INCREASE FROM 2021-2026 BY 2.57% PER YEAR, GREATER THAN THE PROJECTED INCREASE RATE OF 1.5% FOR THE STATE OF TEXAS. THE THREE COUNTIES HAD A HIGHER MEDIAN AGE (48.7 MEDIAN AGE COMPARED FOR 35.3 FOR TEXAS AND 38.8 FOR THE US). THE PERCENTAGE OF THE POPULATION AGED 65 AND OVER IS 26%, HIGHER THAN THAT OF THE US (17.2%). THE RATES OF POVERTY IN THE THREE COUNTIES – GILLESPIE – 9.2%, BLANCO – 9.8% AND KENDALL – 6.7 % WERE ALL LOWER THAN THE OVERALL RATE OF 13.4 % FOR TEXAS AND 11.9% FOR THE US. ALTHOUGH DEMOGRAPHICS FOR THESE THREE COUNTIES DIFFERS SIGNIFICANTLY FROM THE SAN ANTONIO METROPOLITAN STATISTICAL AREA, MANY OF THE SAME CONCERNS WERE VOICED RELATIVE TO ACCESS TO AFFORDABLE CARE, LACK OF MENTAL HEALTH RESOURCES, AND CONDITIONS RELATED TO AN AGING POPULATION.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	SEE RESPONSES FOR SCHEDULE H, PART VI, LINE 2.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	LATE IN 2009 METHODIST CONSOLIDATED ALL BED PLACEMENT SERVICES, INCLUDING RURAL ED TRANSFER ASSISTANCE, INTO A SYSTEM-WIDE PATIENT PLACEMENT CENTER. RURAL TRANSFERS THROUGH THE CENTER INCREASED IN 2024 BY 1.8%. THE ACCEPTANCE RATE IN 2024 WAS 90.4% COMPARED TO 91.6% IN 2023. SELF-PAY PATIENTS ACCOUNTED FOR 14.1% OF ALL TRANSFERS IN 2024 AS COMPARED TO 13.4% IN 2023. PEDIATRIC AND HIGH-RISK MATERNAL TRANSFERS ARE ALSO NOW HANDLED THROUGH THESE CONSOLIDATED PLACEMENT SERVICES. THE ACCEPTANCE RATE FOR THESE TRANSFERS WAS 96.1% IN 2024 (94.2% IN 2023). MHS SELF-PAY AND CHARITY PATIENTS ACCOUNTED FOR 5.3% OF ALL PEDIATRIC (AGES 0-17) AND MATERNAL TRANSFERS AS COMPARED TO 6.6% IN 2023. METHODIST AIRCARE, IN PARTNERSHIP WITH REACH AIR MEDICAL SERVICES HAS THREE RURAL HELICOPTERS IN THE REGION. SPECIALIZED SERVICES AVAILABLE AT MHS FACILITIES INCLUDE THE FOLLOWING: NEONATOLOGY SERVICES, PEDIATRIC SUBSPECIALTY SERVICES, BONE MARROW TRANSPLANT, LUNG TRANSPLANTS, KIDNEY TRANSPLANTS, HEART TRANSPLANTS, LIVER TRANSPLANTS, PANCREAS TRANSPLANTS, HYPERBARIC OXYGEN TREATMENT, STROKE CARE, MEDICAL AIR TRANSPORT, GAMMA KNIFE RADIOSURGERY, EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) AND BARIATRIC SURGERY. SEE RESPONSES FOR QUESTION 2 ABOVE REGARDING EXPANSION OF SERVICES IN 2024. THE MAJORITY OF CHARITY CARE PROVIDED BY THE HOSPITALS IS FROM PATIENTS RECEIVING EMERGENCY SERVICES. EMERGENCY DEPARTMENT (ED) VISITS TO METHODIST FACILITIES TOTALED 506,488 IN 2024 (469,220 IN 2023), UP ALMOST 7.9% FROM 2023. 15.0% OF TOTAL ED VISITS RESULTED IN INPATIENT ADMISSIONS WITH A 4.0% INCREASE IN ED ADMISSIONS OVER 2023'S. IN ADDITION, 21.1% OF ALL VISITS TO METHODIST EMERGENCY DEPARTMENTS IN 2024 WERE MADE BY CHARITY OR SELF-PAY PATIENTS. METHODIST CONTINUES TO FOCUS ON IMPROVING ACCESS TO CARE FOR THE COMMUNITY BY IMPROVING EMERGENCY DEPARTMENT ACCESS. WHEN COMPARING 2024 TO 2023, METHODIST NOTED DECREASES IN BOTH THE PATIENT-ARRIVAL-TO-BED (ATB) METRIC (DOWN 32% FROM 2023) OR ARRIVAL-TO-GREET (ATG) METRICS (DOWN 15% FROM 2023). THE AVERAGE LENGTH OF STAY FOR ALL PATIENTS DECREASED TO 148 MINUTES IN 2024 FROM 158 MINUTES IN 2023. TEXAS TRANSPLANT INSTITUTE (TTI), AT METHODIST SPECIALTY & TRANSPLANT HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, CONTINUES TO PROVIDE INCREASED ACCESS FOR PATIENTS REQUIRING KIDNEY TRANSPLANTS. TTI IS THE HOME OF THE BUSIEST PAIRED EXCHANGE KIDNEY TRANSPLANT PROGRAM IN THE NATION, AND THE NATION'S NO. 1 LIVING DONOR KIDNEY TRANSPLANT PROGRAM. MHS ALSO OPERATES THREE HEALTH BUSES ON THE EAST, SOUTH AND WEST SIDE OF SAN ANTONIO OFFERING COMPLIMENTARY TRANSPORTATION TO VARIOUS HEALTH CARE FACILITIES. IN 2022, METHODIST ALSO STARTED TRACKING ALL COMPLIMENTARY TRANSPORTATION FOR PATIENTS INCLUDING RIDES THROUGH UBER, LYFT, TAXI SERVICES, BUS PASSES AND AMBULANCE RIDES AFTER PATIENTS ARE DISCHARGED. MHS PROVIDED 28,268 COMPLIMENTARY TRANSPORTS IN 2024, AN INCREASE OF 24% OVER THE 2023 TRANSPORT TOTALS. METHODIST HOSPITAL METROPOLITAN IN CONJUNCTION WITH METHODIST HOSPITAL WOMEN'S SERVICES, OPERATES TWO FAMILY HEALTH CENTERS THAT PROVIDE COMPLIMENTARY PREGNANCY TESTING (1,112 VISITS IN 2024), PHYSICIAN REFERRALS, COUNSELING, HEALTH EDUCATION AND SCREENING PROGRAMS. MHS ALSO OPERATES CALL-A-NURSE FOR CHILDREN, A TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE PEDIATRIC NURSES TO PARENTS OF SICK/INJURED CHILDREN. THE SERVICE OPERATES FROM 5:00 P.M. TO 8:00 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS (WHEN PHYSICIANS OFFICES ARE CLOSED). CALL VOLUMES IN 2024 WERE 29,686, A 10% DECREASE FROM 2023. IN 2015, THE METHODIST CONTACT CENTER WAS SOLD TO HCA WITH THE AGREEMENT TO CONTINUE OPERATING A COMMUNITY PHONE-IN HEALTH RESOURCE CALLED HEALTHLINE DURING NORMAL BUSINESS HOURS. HEALTHLINE CALLERS SCHEDULE ATTENDANCE TO HEALTH AND WELLNESS EVENTS, PARENTING CLASSES, AND RECEIVE PHYSICIAN REFERRALS THROUGH THE METHODIST DOCTORSOURCE PROGRAM. IN 2024, METHODIST REFERRED PHYSICIANS TO 2,746 FIND A DOCTOR CALLERS, UP 31% FROM 2023. METHODIST HEALTHCARE PROVIDED \$554,490 IN FINANCIAL SUPPORT TO NON-PROFIT HEALTH AND HUMAN SERVICE AGENCIES SERVING THE COMMUNITY. THIS SUPPORT HELPED ORGANIZATIONS LIKE THE AMERICAN CANCER SOCIETY, THE ALZHEIMER'S ASSOCIATION, AND THE AMERICAN HEART ASSOCIATION MEET THEIR LOCAL GOALS OF AWARENESS AND PREVENTION. METHODIST HEALTHCARE ONCE AGAIN CONTRIBUTED ANNUAL FUNDING TO STRAC'S CRISIS COLLABORATIVE (STCC) IN THE AMOUNT OF \$1,757,420. STCC IS AN EFFORT FOCUSED ON ENDING INEFFECTIVE UTILIZATION OF SERVICES FOR THE SAFETY NET POPULATION AT THE INTERSECTION OF MENTAL ILLNESS, HOMELESSNESS, AND HIGH EMERGENCY DEPARTMENT UTILIZATION IN SOUTHWEST TEXAS. STCC IS COMMITTED TO IMPROVEMENT BY DEVELOPING A COMPREHENSIVE, INTEGRATED CRISIS SYSTEM ACROSS ALL MAJOR PUBLIC PAYORS, HOSPITAL PROVIDERS, PHILANTHROPY, PUBLIC SAFETY AND BEHAVIORAL HEALTH PROVIDERS. MHS FUNDING HAS ALSO SUPPORTED FIVE OTHER STCC INITIATIVES: - LAW ENFORCEMENT NAVIGATION OF PATIENTS TAKEN INTO CUSTODY WHO REQUIRE PSYCHIATRIC EVALUATION AND ARE REQUIRED TO DO SO VIA AN EMERGENCY DETENTION ORDER. - ACUTE CARE STATION AT HAVEN FOR HOPE, WHICH PROVIDES AN ONSITE PARAMEDIC TO SCREEN 911 CALLS AND HAS RESULTED IN AN ALMOST 50% REDUCTION IN TRANSPORTS BY EMS TO THE EMERGENCY ROOMS OF AREA HOSPITALS. - PROGRAM FOR INTENSIVE CARE COORDINATION (PICC), WHICH INTERVENES AND FOLLOWS HIGH UTILIZER (USUALLY HOMELESS) PATIENTS THAT HAVE EXPERIENCED MORE THAN SIX EMERGENCY DETENTIONS WITHIN A YEAR. - CROSSPOINT, A 35-BED BEHAVIORAL HEALTH DIVERSION PROGRAM. - SIGNIFY, A CLOUD-BASED CARD COORDINATION PLATFORM. METHODIST PLAYS A LEADING ROLE IN THE SUPPORT OF THE HEALTH COLLABORATIVE, INCLUDING THE

Return Reference - Identifier	Explanation
	UTILIZATION OF THEIR COMMUNITY HEALTH NEEDS ASSESSMENT TO ASSIST IN THE DETERMINATION OF WHERE MHS SHOULD CONCENTRATE COMMUNITY ACTIVITIES (SEE ADDITIONAL INFORMATION IN QUESTION 2, SECTION V). MHS HAS AN OPEN ADMISSIONS POLICY WHICH ALLOWS MEDICAL STAFF TO ADMIT PATIENTS DIRECTLY TO ANY MHS FACILITY REGARDLESS OF THE PATIENT'S ABILITY TO PAY. MHS FUNDS AND PROVIDES TRAINING AND CONTINUING EDUCATION TO PHYSICIANS, NURSES, EMS PROFESSIONALS AND OTHER ALLIED HEALTH PROFESSIONALS. MHS PARTICIPATES IN ALL QUALITY MEASURES (CMS, JCAHO, ETC.). MHS USES THE CMS CORE MEASURES AS THE PRIMARY QUALITY INDICATORS FOR CLINICAL CARE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	TX

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.
Employer identification number: 74-1287016

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? [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS ESPERANZA 916 EAST HACKBERRY AVE, MCALLEN, TX 78501	74-1655329	501(C)(3)	110,000				OPERATIONAL SUPPORT
(2) AID THE SILENT 17503 LA CANTERA PKWY, SAN ANTONIO, TX 78257	47-2883437	501(C)(3)	454,000				DONATION
(3) ALPHA HOME 419 E. MAGNOLIA AVE, SAN ANTONIO, TX 78212	74-1668144	501(C)(3)	100,000				RESIDENTIAL TREATMENT PGRM.
(4) AMERICAN CANCER SOCIETY 7800 W IH-10, SAN ANTONIO, TX 78230	13-1788491	501(C)(3)	510,000				DONATION
(5) AMERICAN HEART ASSOCIATION 8415 WURZBACH, SAN ANTONIO, TX 78229	13-5613797	501(C)(3)	83,750				DONATION
(6) (SEE STATEMENT) 74-2717029	74-2717029	501(C)(3)	350,000				(SEE STATEMENT)
(7) (SEE STATEMENT) 20-3008507	20-3008507	501(C)(3)	481,063				(SEE STATEMENT)
(8) THE ARC OF SAN ANTONIO, INC. 13430 WEST AVENUE, SAN ANTONIO, TX 78216	74-1200110	501(C)(3)	75,000				NURSING SERVICES
(9) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, BANDERA, TX 78003	77-0697361	501(C)(3)	165,000				INTEG. HEALTHCARE PGRM.
(10) ASCENSION DEPAUL SERVICES 7607 SOMERSET ROAD, SAN ANTONIO, TX 78211	74-6106876	501(C)(3)	868,972				(SEE STATEMENT)
(11) ATASCOSA HEALTH CENTER 310 W. OAKLAWN RD., PLEASANTON, TX 78064	74-2089103	501(C)(3)	150,000				INTEG. HEALTHCARE PGRM.
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 215
3 Enter total number of other organizations listed in the line 1 table 3

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 ELECTRICITY ASSISTANCE	148	63,337			
2 WATER ASSISTANCE	27	8,853			
3 RENT/MORTGAGE ASSISTANCE	38	32,531			
4 HEALTHCARE PROGRAM ASSISTANCE	2	910			
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.
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(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) AVANCE - AUSTIN 745 MANSELL AVENUE, AUSTIN, TX 78702	91-1916705	501(C)(3)	110,000				PARENTING PROGRAM
(13) AYA FOUNDATION 8823 CALLAGHAN RD, SAN ANTONIO, TX 78230	83-2929650	501(C)(3)	10,000				DONATION
(14) BARNETT CHAPEL UNITED METHODIST CHURCH 710 PASHAL AVENUE, KERRVILLE, TX 78028	84-4165533	501(C)(3)	66,400				COMMUNITY GARDEN PROGRAM
(15) BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER, INC. 3066 E. COMMERCE STREET, SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	984,000				DENTAL PROGRAM
(16) BASTROP COUNTY CARES 806 WATER STREET, BASTROP, TX 78602	47-3250104	501(C)(3)	254,373				OPERATIONAL SUPPORT AND DIGITAL EQUITY PROGRAM
(17) BEHAVIORAL HEALTH SOLUTIONS OF SOUTH TEXAS 5510 N. CAGE BLVD., SUITE C, PHARR, TX 78577	74-2648885	501(C)(3)	398,185				INTEGRATED HEALTHCARE PROGRAM
(18) BETHEL UNITED METHODIST CHURCH 227 S. ACME RD, SAN ANTONIO, TX 78237	74-2932259	501(C)(3)	96,078				COMMUNITY COALITION PROJECT
(19) BLACK OUTSIDE 305 EAST RAMSEY ROAD, SAN ANTONIO, TX 78216	83-3447384	501(C)(3)	55,000				DONATION
(20) BLUEBONNET CHILDREN'S CENTER 1901 AVENUE I, HONDO, TX 78861	74-2999054	501(C)(3)	95,000				DONATION AND OPERATIONAL SUPPORT
(21) BOYS & GIRLS CLUB BANDERA COUNTY 715 MAPLE STREET, BANDERA, TX 78003	74-2728659	501(C)(3)	10,000				DONATION
(22) BOYS AND GIRLS CLUB OF PHARR 1026 S. FIR STREET, PHARR, TX 78577	75-2258513	501(C)(3)	110,000				YOUTH DEVELOPMENT SERVICES
(23) BOYSVILLE 8555 EAST LOOP 1604 NORTH, CONVERSE, TX 78109	74-1207553	501(C)(3)	34,990				DATA INFRASTRUCTURE UPGRADE
(24) BROWNSVILLE HOUSING OPPORTUNITY 2606 BOCA CHICA BLVD., BROWNSVILLE, TX 78521	74-2758007	501(C)(3)	81,443				DIGITAL EQUITY PROGRAM
(25) BUILDING PROMISE 6633 E. HWY 290, SUITE 104, AUSTIN, TX 78723	83-3588856	501(C)(3)	75,000				DIGITAL EQUITY PROGRAM
(26) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE, AUSTIN, TX 78744	74-2217350	501(C)(3)	208,500				NUTRITION EDUCATION PROGRAM
(27) CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL, INC. 2525 LADD STREET, LACKLAND AFB, TX 78236	74-2095766	501(C)(3)	91,500				FAMILY RETREATS

(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
(28) CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS 205 W. OLMOS DRIVE, SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	110,000				HEALING PROGRAMS FOR GRIEVING YOUTH AND DONATION
(29) CHILDREN'S BEREAVEMENT CENTER OF THE RIO GRANDE VALLEY 2302 SOUTH 77 SUNSHINE STRIP, SUITE 202, HARLINGEN, TX 78550	84-3956044	501(C)(3)	150,000				HEALING PROGRAMS FOR GRIEVING YOUTH
(30) CHILDSAFE 7130 US HWY 90, SAN ANTONIO, TX 78227	74-2633697	501(C)(3)	220,000				COUNSELING SERVICES
(31) CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE., SAN ANTONIO, TX 78215	74-1947967	501(C)(3)	55,000				HOMELESS SUPPORT PROGRAM
(32) CITY EDUCATION PARTNERS 303 PEARL PARKWAYS, SAN ANTONIO, TX 78215	47-4539590	501(C)(3)	102,632				EDUCATOR PIPELINE PROGRAM
(33) CITY OF EL CENIZO 507 CADENA ST., EL CENIZO, TX 78046	74-2566971	GOVT	25,168				DIGITAL EQUITY PROGRAM
(34) CITY OF LAREDO 1110 HOUSTON STREET, LAREDO, TX 78042	74-6001573	GOVT	236,845				INTEGRATED HEALTHCARE PROGRAM
(35) CITY OF MERCEDES 434 S. OHIO AVE., MERCEDES, TX 78570	74-6001715	GOVT	83,882				DIGITAL EQUITY PROGRAM
(36) CITY OF PHARR 118 SOUTH CAGE BLVD, PHARR, TX 78577	74-6001875	GOVT	726,400				DIGITAL EQUITY PROGRAM
(37) CITY OF SMITHVILLE 317 MAIN STREET, SMITHVILLE, TX 78957	74-6002322	GOVT	247,500				MOBILE HEALTH INITIATIVE
(38) CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK DR, SAN ANTONIO, TX 78229	74-1153067	501(C)(3)	1,440,000				BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND CAPITAL SUPPORT
(39) COASTAL BEND COMMUNITY FOUNDATION 555 N. CARANCAHUA ST., CORPUS CHRISTI, TX 78401	74-2190039	501(C)(3)	15,000				DONATION
(40) COASTAL BEND FOOD BANK 826 KRILL STREET, CORPUS CHRISTI, TX 78408	74-2234089	501(C)(3)	192,500				DIABETES EDUCATION PROGRAM
(41) COASTAL BEND WELLNESS FOUNDATION 2882 HOLLY ROAD, CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	222,200				INTEGRATED HEALTHCARE PROGRAM & DONATION
(42) COASTAL PLAINS COMMUNITY CENTER 200 MARRIOT, PORTLAND, TX 78374	74-2919178	501(C)(3)	626,557				INTEGRATED HEALTHCARE PROGRAM
(43) COLONIAS UNIDAS 1 LAS LOMAS, RIO GRANDE CITY, TX 78582	74-2483839	501(C)(3)	100,000				CAPITAL SUPPORT
(44) COMMON MARKET OF TEXAS INC. 2121 GULF CENTRAL DR., HOUSTON, TX 77023	82-2421349	501(C)(3)	377,056				FOOD ACCESS PROGRAM

(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
(45) COMMUNITIES IN SCHOOLS OF SAN ANTONIO INC 1616 E. COMMERCE ST., SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	198,000				MENTAL HEALTH SERVICES FOR AT-RISK YOUTH
(46) COMMUNITY COUNCIL OF SOUTH CENTRAL TEXAS, INC 801 N. STATE HIGHWAY, SEGUIN, TX 78155	74-1541774	501(C)(3)	418,194				DIGITAL EQUITY PROGRAM AND HOUSING SUPPORT PROGRAM
(47) COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS 228 ST. GEORGE STREET, GONZALEZ, TX 78629	74-1548089	501(C)(3)	189,983				INTEGRATED HEALTHCARE PROGRAM
(48) COMMUNITY HEALTH DEVELOPMENT 908 S. EVANS, BLDG. A, UVALDE, TX 78801	74-2269739	501(C)(3)	1,458,054				DENTAL PROGRAM, CAPITAL SUPPORT, AND DONATION
(49) COMMUNITY HOPE PROJECTS, INC. (DBA HOPE FAMILY HEALTH CENTER) 2332 JORDAN ROAD, MCALLEN, TX 78503	74-2742024	501(C)(3)	321,462				INTEGRATED HEALTHCARE PROGRAM
(50) COMMUNITY TECH NETWORK 1390 MARKET STREET, SAN FRANCISCO, CA 94102	26-2119465	501(C)(3)	762,175				DIGITAL EQUITY PROGRAM
(51) COMP-U-DOPT 1602 AIRLINE DR., HOUSTON, TX 77009	26-1460311	501(C)(3)	1,197,000				DIGITAL EQUITY PROGRAM
(52) CONCHO VALLEY COMMUNITY ACTION AGENCY 133 W. CONCHO AVE., STE 301, SAN ANGELO, TX 76903	75-1227772	501(C)(3)	150,000				DONATION
(53) CONCHO VALLEY REGIONAL FOOD BANK OF TEXAS, INC. 1313 HILL STREET, SAN ANGELO, TX 76903	75-1897032	501(C)(3)	151,160				NUTRITION EDUCATION PROGRAM
(54) CORAZON MINISTRIES, INC. 230 EAST TRAVIS STREET, SAN ANTONIO, TX 78205	20-0319533	501(C)(3)	527,400				HOMELESS SUPPORT PROGRAM
(55) CORPUS CHRISTI LITERACY COUNCIL 4044 GREENWOOD DRIVE, CORPUS CHRISTI, TX 78416	74-2444906	501(C)(3)	30,000				OPERATIONAL SUPPORT
(56) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET, CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	150,000				INTEGRATED HEALTHCARE PROGRAM
(57) COURAGE RANCH 3292 HWY 97 WEST, FLORESVILLE, TX 78114	83-2819350	501(C)(3)	35,000				EQUINE-ASSISTED MENTAL HEALTH PROGRAM
(58) CRRC OF CANYON LAKE 1917 FM 2673, CANYON LAKE, TX 78133	74-2213549	501(C)(3)	400,000				OPERATIONAL SUPPORT
(59) CULTURE OF LIFE MINISTRIES 205 S. 4TH STREET, HARLINGEN, TX 78550	90-0978971	501(C)(3)	200,000				DONATION
(60) DAPHNE ART FOUNDATION 1420 WASHINGTON ST., LAREDO, TX 78040	84-2472536	501(C)(3)	63,825				COMMUNITY COALITION PROJECT
(61) DEL MAR COLLEGE FOUNDATION 101 BALDWIN BLVD, CORPUS CHRISTI, TX 78404	74-2286234	501(C)(3)	41,250				STUDENT SUPPORT SERVICES PROGRAM
(62) DOYLE COMMUNITY CENTER 110 WEST BARNETT, KERRVILLE, TX 78028	20-0266181	501(C)(3)	155,000				CAPACITY BUILDING PROGRAM, DONATION

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(63) EAGLE PASS HEROS INC. 151 KYPUROS RD, EAGLE PASS, TX 78852	47-5653135	501(C)(3)	381,196				COMMUNITY COALITION PROJECT
(64) EAGLE PASS SAFE 2033 FOX BOROUGH, EAGLE PASS, TX 78852	83-1475408	501(C)(3)	412,154				COMMUNITY COALITION PROJECT
(65) ECUMENICAL CENTER FOR RELIGION AND HEALTH 8310 EWING HALSELL DR., SAN ANTONIO, TX 78229	74-1587388	501(C)(3)	672,530				TRAUMA INFORMED CARE PROGRAM
(66) EDUCATION TO EMPLOYMENT PARTNERS 5301 WEBER ROAD, CORPUS CHRISTI, TX 78411	75-3137924	501(C)(3)	106,802				EDUCATION AND CAREER DEVELOPMENT PROGRAM
(67) EL CENTRO DEL BARRIO (DBA CENTROMED) 3750 COMMERCIAL AVE, SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	3,067,001				INTEGRATED HEALTHCARE PROGRAM
(68) EL PROGRESO MEMORIAL LIBRARY 301 W. MAIN ST, UVALDE, TX 78801	74-1238576	501(C)(3)	200,000				DONATION
(69) EMPOWER HOUSE 801 NORTH OLIVE STREET, SAN ANTONIO, TX 78202	74-2934053	501(C)(3)	546,578				DIGITAL EQUITY PROGRAM, COMMUNITY COALITION PROJECT, AND ECONOMIC MOBILITY PROGRAM
(70) ESPERANZA PEACE AND JUSTICE 922 SAN PEDRO AVENUE, SAN ANTONIO, TX 78212	74-2419582	501(C)(3)	312,387				COMMUNITY COALITION PROJECT
(71) FAITH & COMMUNITY WELLNESS CENTER, INC. 5814 RITTIMAN PLAZA, SAN ANTONIO, TX 78218	87-4459512	501(C)(3)	50,000				DONATION
(72) FAITH KITCHEN 1 HAVEN FOR HOPE WAY, SAN ANTONIO, TX 78207	33-2863629	501(C)(3)	55,000				HOMELESS SUPPORT PROGRAM
(73) FAMILY COUNSELING SERVICE 3833 S. STAPLES, SUITE 203, CORPUS CHRISTI, TX 78411	74-1321308	501(C)(3)	222,200				COUNSELING SERVICES FOR CHILDREN AND FAMILIES & DONATION
(74) FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. 702 SAN PEDRO, SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	1,255,849				MENTAL HEALTH SERVICES, ECONOMIC MOBILITY PROGRAM, AND COMMUNITY COALITION PROJECT
(75) FAMILY VIOLENCE PREVENTION SERVICES, INC. 7911 BROADWAY, SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	178,075				COUNSELING SERVICES
(76) FAYETTE COMMUNITY FOUNDATION 1630 US77, LA GRANGE, TX 78945	74-2997477	501(C)(3)	25,300				DONATION
(77) FIRST UNITED METHODIST CHURCH OF EAGLE PASS 571 QUARRY STREET, EAGLE PASS, TX 78852	74-2584271	501(C)(3)	20,000				DONATION
(78) FIRST UNITED METHODIST CHURCH OF RAYMONDVILLE 192 S. 3RD. ST., RAYMONDVILLE, TX 78580	74-1272386	501(C)(3)	15,000				DONATION

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(79) FIRST UNITED METHODIST CHURCH OF SAN ANGELO 37 EAST BEAUREGARD, SAN ANGELO, TX 76901	75-6001559	501(C)(3)	94,082				CAPITAL SUPPORT & DONATION
(80) FOOD BANK OF THE GOLDEN CRESCENT 3809 E. RIO GRANDE ST., VICTORIA, TX 77901	74-2534561	501(C)(3)	50,000				DIABETES EDUCATION PROGRAM
(81) FOOD BANK OF THE RIO GRANDE VALLEY, INC. 724 N. CAGE BLVD., PHARR, TX 78577	74-2421560	501(C)(3)	440,000				FOOD STABILITY PROGRAM
(82) FRONTERA HEALTHCARE NETWORK 604 EAKER STREET, EDEN, TX 76837	75-2854259	501(C)(3)	221,950				RURAL HEALTH INITIATIVE
(83) FUERZA UNIDA 710 NEW LAREDO HIGHWAY, SAN ANTONIO, TX 78211	74-2615917	501(C)(3)	50,000				OPERATIONAL SUPPORT
(84) FUMC OF CARRIZO SPRINGS 602 W. NOPAL, CARRIZO SPRINGS, TX 78834	74-2907468	501(C)(3)	256,532				COMMUNITY COALITION PROJECT
(85) GARTOPIA 122 TIMBERLANE DRIVE, SAN ANTONIO, TX 78209	47-4927209	501(C)(3)	210,000				DONATION
(86) GATEWAY COMMUNITY HEALTH CENTER INC. 1515 PAPPAS ST., LAREDO, TX 78041	74-2553409	501(C)(3)	1,441,697				INTEGRATED HEALTHCARE PROGRAM
(87) GIRLS, INC. 2214 BASSE ROAD, SAN ANTONIO, TX 78213	20-5468038	501(C)(3)	382,840				BEHAVIORAL HEALTH PROGRAM
(88) GOODWILL INDUSTRIES OF CENTRAL TEXAS 1015 NORWOOD PARK BLVD., AUSTIN, TX 78753	74-1322808	501(C)(3)	172,056				DIGITAL EQUITY PROGRAM
(89) GOODWILL INDUSTRIES OF SAN ANTONIO 406 WEST COMMERCE, SAN ANTONIO, TX 78207	74-1238444	501(C)(3)	556,661				DIGITAL LITERACY TRAINING PROGRAM
(90) GROW LOCAL 710 BUFFALO STREET, CORPUS CHRISTI, TX 78401	46-2315450	501(C)(3)	68,697				FARMERS MARKET PROGRAM
(91) GULF BEND MENTAL HEALTH MENTAL RETARDATION CENTER 6502 NURSERY DRIVE, SUITE 100, VICTORIA, TX 77904	74-1659064	501(C)(3)	364,527				INTEGRATED HEALTHCARE PROGRAM
(92) HABITAT FOR HUMANITY 614 E. MARKET STREET, ROCKPORT, TX 78382	74-2901017	501(C)(3)	65,000				DONATION
(93) HARLANDALE ISD 102 GENEVIEVE STREET, SAN ANTONIO, TX 78214	74-6002100	GOVT	250,000				DONATION
(94) HARPERS CHAPEL MINISTRIES 10823 YAUPON HOLLY, HELOTES, TX 78023	93-4327209	501(C)(3)	15,000				DONATION

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(95) HEALTHCARE ACCESS SAN ANTONIO 5535 FREDERICKSBURG, SUITE 220, SAN ANTONIO, TX 78229	20-3752122	501(C)(3)	205,000				OPERATIONAL SUPPORT
(96) HEALTHCARE, INNOVATIONS & SCIENCES CENTRE 1781 EAST AMMANN ROAD, BULVERDE, TX 78163	82-3399298	501(C)(3)	141,854				OPERATIONAL SUPPORT
(97) HEALY-MURPHY CENTER 618 LIVE OAK, SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	67,365				BEHAVIORAL HEALTH SERVICES
(98) HILL COUNTRY CHRISTIAN COUNSELING CENTER, INC. 1127 EAST MAIN STREET, SUITE 202, KERRVILLE, TX 78028	74-2897680	501(C)(3)	120,000				COUNSELING SERVICES
(99) HILL COUNTRY COMMUNITY NEEDS COUNCIL 1904 N. LLANO, FREDERICKSBURG, TX 78624	74-2276776	501(C)(3)	110,000				COMMUNITY NEEDS SUPPORT
(100) HILL COUNTRY DAILY BREAD MINISTRIES 234 WEST BANDERA ROAD, SUITE 133, BOERNE, TX 78006	30-0148195	501(C)(3)	110,000				FAMILY MENTORING PROGRAM
(101) HILL COUNTRY FAMILY SERVICES 114 WEST ADVOGT, BOERNE, TX 78006	74-2425029	501(C)(3)	99,000				DIABETES PREVENTION PROGRAM
(102) HILL COUNTRY MISSION HEALTH 122 COMMERCE AVENUE, BOERNE, TX 78006	48-1262832	501(C)(3)	101,000				PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES
(103) HOME OF LIVING FAITH 1523 JOHN F. KENNEDY, CRYSTAL CITY, TX 78839	84-3312047	501(C)(3)	30,000				DONATION
(104) HORSES HELPING THE HANDICAPPED INC 791 BACKHAUS ROAD, PIPE CREEK, TX 78063	74-2746369	501(C)(3)	169,500				EQUINE-ASSISTED MENTAL HEALTH PROGRAM
(105) HOUSE OF NEIGHBORLY SERVICE 407 NORTH CALAVERAS, SAN ANTONIO, TX 78207	74-1153442	501(C)(3)	521,594				FOOD ACCESS PROGRAM AND COMMUNITY COALITION PROJECT
(106) HUMAN-I-T 4941 EASTERN AVENUE, LOS ANGELES, CA 90201	46-0773284	501(C)(3)	631,000				DIGITAL EQUITY PROGRAM
(107) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY, SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	816,500				VISION CARE FOR THE HOMELESS AND CAPITAL SUPPORT
(108) INSTITUTE FOR LOCAL SELF RELIANCE 2720 E. 22ND STREET, MINNEAPOLIS, MN 55406	23-7394104	501(C)(3)	250,000				DIGITAL EQUITY PROGRAM
(109) INTERCULTURAL DEVELOPMENT RESEARCH ASSOCIATION 5815 CALLAGHAN ROAD.,, SUITE 101, SAN ANTONIO, TX 78228	74-1804539	501(C)(3)	148,952				DIGITAL EQUITY PROGRAM
(110) INTERFAITH SAN ANTONIO ALLIANCE 13301 ROCKHAMPTON STREET, SAN ANTONIO, TX 78232	83-1120357	501(C)(3)	10,000				OPERATIONAL SUPPORT

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(111) IT'S TIME TEXAS 13492 RESEARCH BLVD., SUITE 120- #278, AUSTIN, TX 78750	43-2051509	501(C)(3)	216,113				DIABETES PREVENTION PROGRAM
(112) JEWISH FAMILY SERVICE OF SAN ANTONIO, INC. 12500 N.W. MILITARY HWY, SUITE 250, SAN ANTONIO, TX 78231	74-1759254	501(C)(3)	459,900				BEHAVIORAL HEALTH SERVICES
(113) JOSHUA 1:2 FELLOWSHIP 1526 S. IRVING STREET, SAN ANGELO, TX 76903	75-2306376	501(C)(3)	10,000				DONATION
(114) KABOOM! 7200 WISCONSIN AVENUE, BETHESDA, MD 20814	52-1970904	501(C)(3)	150,000				DONATION
(115) KINNEY COUNTY LIBRARY 510 N. ELLEN STREET, BRACKETTVILLE, TX 78832	74-6000381	GOVT	46,270				DIGITAL EQUITY PROGRAM
(116) LA TRINIDAD UNITED METHODIST CHURCH 300 SAN FERNANDO ST, SAN ANTONIO, TX 78207	74-1777893	501(C)(3)	20,095				OPERATIONAL SUPPORT
(117) LA UNION DEL PUEBLO ENTERO 1601 US 83 BUSINESS, SAN JUAN, TX 78589	93-1029197	501(C)(3)	555,000				DIGITAL EQUITY PROGRAM AND COMMUNITY BUILDING FOR COLONIA RESIDENTS
(118) LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN DRIVE, SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	50,000				WOMEN'S HEALTHCARE
(119) LIGHT ON THE HILL AT MOUNT WESLEY 610 METHODIST ENCAMPMENT ROAD, KERRVILLE, TX 78028	83-3263624	501(C)(3)	85,300				COMMUNITY SUPPORT PROGRAM
(120) LOCAL INITIATIVES SUPPORT CORPORATION 28 LIBERTY STREET, NEW YORK, NY 10005	13-3030229	501(C)(3)	20,000				DONATION
(121) LOWER RIO GRANDE VALLEY COMMUNITY HEALTH MANAGEMENT CORPORATION, INC. 901 E. VERMONT AVE., MCALLEN, TX 78503	74-2784427	501(C)(3)	400,000				INTEGRATED BEHAVIORAL HEALTH PROGRAM
(122) MA HILA'S HEART CHILDREN'S CANCER FOUNDATION 8426 FOUNTAIN CIRCLE, SAN ANTONIO, TX 78229	83-2640889	501(C)(3)	25,000				DONATION
(123) MAGDELENA HOUSE 6257 BABCOCK ROAD, SAN ANTONIO, TX 78240	80-0251526	501(C)(3)	214,500				FAMILY WELLNESS PROGRAM
(124) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 101 AVE F NORTH, BAY CITY, TX 77414	20-0537948	501(C)(3)	190,111				COMMUNITY GARDEN PROGRAM
(125) MAVERICK COUNTY HOSPITAL DISTRICT 3406 BOB ROGERS DRIVE, EAGLE PASS, TX 78852	74-6000705	501(C)(3)	375,133				COMMUNITY COALITION PROJECT

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(126) MCCULLOCH COUNTY HUNGER COALITION 603 W. WHITE STREET, BRADY, TX 76825	88-1431988	501(C)(3)	10,000				DONATION
(127) MEADOWS 2800 SWISS AVENUE, DALLAS, TX 75204	46-3992618	501(C)(3)	294,373				MOBILE MENTAL WELLNESS PROGRAM
(128) MERCY MINISTRIES OF LAREDO 2500 ZACATECAS STREET, LAREDO, TX 78046	20-0198462	501(C)(3)	1,172,231				INTEGRATED HEALTHCARE PROGRAM
(129) MEXICAN AMERICAN UNITY COUNCIL 2300 W. COMMERCE ST., STE #200, SAN ANTONIO, TX 78207	74-6088061	501(C)(3)	220,000				DONATION
(130) MHMR SERVICES FOR THE CONCHO VALLEY 404 S. IRVING ST., SAN ANGELO, TX 76903	75-1251523	501(C)(3)	52,000				OPERATIONAL SUPPORT
(131) MHP SALUD 2142B WASHTENAW AVENUE, YPSILANTI, MI 48197	38-3092194	501(C)(3)	462,795				PARENTING PROGRAM
(132) 911 PARK PLACE 911 PARK AVENUE, CORPUS CHRISTI, TX 78401	74-2996340	501(C)(3)	111,100				OPERATIONAL SUPPORT & DONATION
(133) MISSION BORDER HOPE 811 N. BIBB AVE., EAGLE PASS, TX 78852	45-5327586	501(C)(3)	65,000				DONATION
(134) MISSION ROAD DEVELOPMENT 8706 MISSION ROAD, SAN ANTONIO, TX 78214	74-6024405	501(C)(3)	734,049				DIGITAL EQUITY PROGRAM
(135) NATIONAL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 6800 PARK TEN BLVD., SUITE 200, SAN ANTONIO, TX 78213	47-1857847	501(C)(3)	401,104				BEHAVIORAL HEALTH SERVICES
(136) NATIONAL INSTITUTE OF MEXICAN AMERICAN HISTORY 2123 BUENA VISTA STREET, SAN ANTONIO, TX 78207	84-1926914	501(C)(3)	7,500				DONATION
(137) NEW BRAUNFELS CHRISTIAN MINISTRIES 169 S. HICKORY AVE., NEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	250,000				MEDICAL AND DENTAL SERVICES
(138) NEW BRAUNFELS HOUSING PARTNERS 801 W. SAN ANTONIO ST., NEW BRAUNFELS, TX 78130	46-1955404	501(C)(3)	197,906				HOUSING STABILITY PROJECT
(139) NONPROFIT COUNCIL 1150 N. LOOP 1604 W., #108-511, SAN ANTONIO, TX 78248	03-0485670	501(C)(3)	25,000				DONATION
(140) NORTHERN HILLS UNITED METHODIST CHURCH 3703 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78247	74-1904431	501(C)(3)	288,802				COMMUNITY COALITION PROJECT & DONATION
(141) NUECES CANYON ISD 200 E. TAYLOR STREET, BARKSDALE, TX 78828	74-6015910	GOVT	79,355				DIGITAL EQUITY PROGRAM
(142) NUESTRA CLINICA DEL VALLE 801 W. 1ST STREET, SAN JUAN, TX 78577	74-1721807	501(C)(3)	151,250				INTEGRATED BEHAVIORAL HEALTH PROGRAM

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(143) PASO DEL NORTE FOUNDATION 221 N. KANSAS STREET,, SUITE 1900, EL PASO, TX 79901	46-1997449	501(C)(3)	99,087				DIABETES PROGRAM
(144) PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA, AUSTIN, TX 78753	23-7087608	501(C)(3)	279,000				DIGITAL EQUITY PROGRAM
(145) PHOENIX CENTER 3340 STATE HIGHWAY 71, MARBLE FALLS, TX 78657	26-0310507	501(C)(3)	110,000				BEHAVIORAL HEALTH SERVICES
(146) PILLAR 1403 NORTH SEYMOUR AVENUE, LAREDO, TX 78040	27-3656127	501(C)(3)	110,000				COUNSELING SERVICES
(147) PLANNED PARENTHOOD OF SAN ANTONIO 2140 BABCOCK ROAD, SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	445,000				HEALTH CARE SERVICES
(148) PLAZA AMISTAD 2102 REMINGTON AVE., EDINBURG, TX 78539	82-5228718	501(C)(3)	400,000				CAPITAL SUPPORT
(149) PROJECT TRANSFORMATION 1902 VANCE JACKSON ROAD, SAN ANTONIO, TX 78123	84-2069964	501(C)(3)	315,000				CHILDREN'S LITERACY PROGRAM & DONATION
(150) PROYECTO DESARROLLO HUMANO INC. 17617 SABAL PALM DRIVE, PENITAS, TX 78576	20-5709276	501(C)(3)	205,575				WELLNESS PROGRAM
(151) PROYECTO JUAN DIEGO, INC. 2216 EDUARDO AVENUE, BROWNSVILLE, TX 78526	81-0606967	501(C)(3)	105,318				DIABETES PROGRAM
(152) RAISE TEXAS 3507 NORTH LAMAR BLVD, AUSTIN, TX 78703	26-2087882	501(C)(3)	25,000				DONATION
(153) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET, KERRVILLE, TX 78028	74-2819628	501(C)(3)	256,620				INTEGRATED BEHAVIORAL HEALTH SERVICES
(154) REBUILDING TOGETHER AUSTIN PO BOX 150026, AUSTIN, TX 78745	46-2632455	501(C)(3)	125,654				HOUSING PROGRAM
(155) RESPITE CARE OF SAN ANTONIO 605 BELKNAP PLACE, SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	147,400				MEDICAL SERVICES AND DONATION
(156) RESTORE EDUCATION 4205 SAN PEDRO AVENUE, SAN ANTONIO, TX 78212	26-2966263	501(C)(3)	387,197				DIGITAL EQUITY PROGRAM AND CAPITAL SUPPORT
(157) RIO GRANDE INTERNATIONAL STUDY CENTER 1 WEST END WASHINGTON STREET, LAREDO, TX 78040	74-2742037	501(C)(3)	509,416				COMMUNITY COALITION PROJECT & DONATION
(158) RIO TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH 16400 HUEBNER ROAD, SAN ANTONIO, TX 78248	74-1326672	501(C)(3)	546,455				CLERGY WELLNESS AND SUPPORT PROGRAM AND DONATION

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(159) ROY MAAS YOUTH ALTERNATIVES INC 3103 WEST AVENUE, SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	192,500				COUNSELING SERVICES
(160) SA HOPE CENTER 321 NORTH GENERAL MCMULLEN DRIVE, SAN ANTONIO, TX 78237	74-2989365	501(C)(3)	193,788				COMMUNITY COALITION PROJECT
(161) SA TALENT 112 EAST PECAN STREET, SAN ANTONIO, TX 78205	81-3677054	501(C)(3)	110,000				OPERATIONAL SUPPORT
(162) SA YOUTH 1215 WEST POPLAR, SAN ANTONIO, TX 78207	74-2333088	501(C)(3)	103,400				ACADEMIC ACHIEVEMENT PROGRAM
(163) SALVATION ARMY 521 W. ELMIRA, SAN ANTONIO, TX 78212	75-0800678	501(C)(3)	10,000				DONATION
(164) SAN ANTONIO CHRISTIAN DENTAL CLINIC 1 HAVEN FOR HOPE WAY, SAN ANTONIO, TX 78207	74-2428161	501(C)(3)	355,000				DENTAL SERVICES FOR HOMELESS POPULATION
(165) SAN ANTONIO CLUBHOUSE, INC. 6851 CITIZENS PARKWAY, SAN ANTONIO, TX 78229	82-0559940	501(C)(3)	474,666				OPERATIONAL SUPPORT
(166) SAN ANTONIO EDUCATIONS PARTNERSHIP 131 EL PASO STREET, SAN ANTONIO, TX 78204	74-2547643	501(C)(3)	55,000				OPERATIONAL SUPPORT
(167) SAN ANTONIO FOOD BANK 5200 ENRIQUE BARRERA PARKWAY, SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	462,000				SOCIAL SERVICES OUTREACH AND MOBILE FOOD PANTRY
(168) SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION 2411 SAN PEDRO AVENUE, SAN ANTONIO, TX 78212	74-2861587	501(C)(3)	729,000				GARDENING BASED EDUCATION
(169) SAN ANTONIO LIFETIME RECOVERY 10290 SOUTHTON ROAD, SAN ANTONIO, TX 78223	74-1540097	501(C)(3)	313,500				COUNSELING SERVICES
(170) SAN ANTONIO METROPOLITAN MINISTRY 1919 NW LOOP 410, SUITE 100, SAN ANTONIO, TX 78213	74-2285793	501(C)(3)	718,435				INTEGRATED HEALTH AND WELLNESS PROGRAM
(171) SANA ROOTS 1531 WEST FRENCH PLACE, SAN ANTONIO, TX 78201	93-1432281	501(C)(3)	363,171				COMMUNITY COALITION PROJECT
(172) SLEW, INC. (SUPPORT LENDING FOR EMOTIONAL WELL-BEING) 12521 NACOGDOCHES ROAD, SUITE 101, SAN ANTONIO, TX 78217	42-1580967	501(C)(3)	100,000				MENTAL HEALTH SERVICES FOR WOMEN WITH CANCER
(173) SMITHVILLE COMMUNITY CLINIC 300 LYNCH STREET, SMITHVILLE, TX 78957	20-4515999	501(C)(3)	111,760				MEDICAL SERVICES
(174) SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS RD., STE 201, CALABASAS, CA 91302	95-4116679	501(C)(3)	73,424				COMMUNITY COALITION PROJECT

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(175) SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF AUSTIN 500 E. TRAVIS STREET, LULING, TX 78648	74-2763690	501(C)(3)	10,000				DONATION
(176) AREA HEALTH EDUCATION CENTER 1505 CALLE DEL NORTE, STE 1050, LAREDO, TX 78041	74-2716720	501(C)(3)	100,000				COMMUNITY COALITION PROJECT
(177) SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION 4455 SOUTH PADRE ISLAND DRIVE, CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	252,500				IT INFRASTRUCTURE UPGRADE & DONATION
(178) SOUTH TEXAS FOOD BANK 2121 JEFFERSON, LAREDO, TX 78041	74-2574983	501(C)(3)	440,000				FOOD ACCESS PROGRAM AND DONATION
(179) SOUTH TEXAS JUVENILE DIABETES ASSOCIATION 313 WEST NOLANA AVENUE, MCALLEN, TX 78504	45-3645389	501(C)(3)	38,497				DIABETES PREVENTION PROGRAM
(180) SOUTH TEXAS MISSION OF MERCY 1660 S. STAPLES STREET, CORPUS CHRISTI, TX 78404	93-1558508	501(C)(3)	150,000				DONATION
(181) SOUTH TEXAS RURAL HEALTH SERVICE 611 THORNTON, COTULLA, TX 78014	74-1905196	501(C)(3)	897,297				INTEGRATED BEHAVIORAL HEALTH PROGRAM
(182) SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL 7500 US HWY 90 WEST, SUITE 200, SAN ANTONIO, TX 78227	74-2896432	501(C)(3)	4,782,436				TRANSITIONAL HOUSING PROGRAM, ACUTE CARE STATION, AND PSYCHIATRIC BED CAPACITY
(183) ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA, SAN ANTONIO, TX 78228	74-1143128	501(C)(3)	132,317				DONATION
(184) SU CASA DE ESPERANZA, INC. 800 CISNE, PHARR, TX 78577	74-2610449	501(C)(3)	55,000				OPERATIONAL SUPPORT
(185) SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD, HARLINGEN, TX 78550	74-2357970	501(C)(3)	285,000				IT INFRASTRUCTURE UPGRADE
(186) SUNRISE HOMELESS NAVIGATION CENTER 4430 MENCHACA ROAD, AUSTIN, TX 78745	31-1249618	501(C)(3)	382,001				DIGITAL EQUITY PROGRAM
(187) SUSTAINABLE FOOD CENTER 2921 EAST 17TH STREET, AUSTIN, TX 78702	74-2441468	501(C)(3)	143,000				LOCAL FOOD ADVOCACY PROGRAM
(188) SUSTAINABLE GANGSTAS INC 11844 BANDERA ROAD, #705, HELOTES, TX 78023	85-2024756	501(C)(3)	394,489				COMMUNITY COALITION PROJECT
(189) TEJAS HEALTH CARE 753 EAST TRAVIS STREET, LA GRANGE, TX 78945	75-3260266	501(C)(3)	274,752				INTEGRATED HEALTHCARE PROGRAM
(190) TEXAS A&M HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY,, STE 300, COLLEGE STATION, TX 77845-4375	74-2907553	SCHOOL	942,753				DIABETES PREVENTION PROGRAM AND SAFE WATER PROJECT

(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
(191) TEXAS APPLESEED 1609 SHOAL CREEK BLVD, AUSTIN, TX 78701	74-2804268	501(C)(3)	27,500				OPERATIONAL SUPPORT
(192) TEXAS DIAPER BANK 5415 BANDERA ROAD, SUITE 504, SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	167,500				ASSISTANCE FOR LOW INCOME FAMILIES
(193) THE CHILDREN'S SHELTER 2939 WEST WOODLAWN AVENUE, SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	396,266				BEHAVIORAL HEALTH AND MEDICAL SERVICES FOR CHILDREN
(194) THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, SUITE 100, FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	110,000				COMMUNITY HEALTH WORKER PROGRAM
(195) THE PROSTHETIC FOUNDATION 5047 SHERRL ANN, SAN ANTONIO, TX 78233	01-0949598	501(C)(3)	67,000				OPERATIONAL SUPPORT
(196) THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DRIVE, SUITE 4078, SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	250,000				CANCER PATIENT TRANSPORTATION PROGRAM & DONATION
(197) THRU PROJECT 4502 CENTERVIEW DRIVE, SAN ANTONIO, TX 78228	46-3961089	501(C)(3)	115,377				HOUSING FOR FOSTER YOUTH AND DONATION
(198) THUGGIN FOR CHRIST 4411 WALZAM ROAD,, SAN ANTONIO, TX 78218	93-1874134	501(C)(3)	34,900				DONATION
(199) TIMONS MINISTRIES 10501 SOUTH PADRE ISLAND DRIVE, CORPUS CHRISTI, TX 78418	31-1638327	501(C)(3)	47,000				MEDICAL AND DENTAL PROGRAM
(200) TREE CITY BOXING CLUB 329 E. GARDEN STREET, UVALDE, TX 78801	45-4719326	501(C)(3)	40,000				DONATION
(201) TROPICAL TEXAS BEHAVIORAL HEALTH 1901 SOUTH 24TH AVENUE, EDINBURG, TX 78539	74-1565510	GOVT	482,267				TELEHEALTH EXPANSION PROGRAM
(202) UNITED MEDICAL CENTERS 2525 NORTH VETERANS BLVD, EAGLE PASS, TX 78852	74-1993570	501(C)(3)	147,550				PROVIDER RECRUITMENT PROGRAM
(203) UNITY37 227 S. ACME RD, SAN ANTONIO, TX 78237	88-2045683	501(C)(3)	497,504				COMMUNITY COALITION PROJECT
(204) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN STREET, UCT 1006, HOUSTON, TX 77030	74-1761309	SCHOOL	298,000				DIABETES PREVENTION PROGRAM
(205) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229	74-1586031	SCHOOL	822,880				DENTAL SERVICES PROGRAM AND DONATION
(206) UP PARTNERSHIP 11103 WEST AVENUE, SAN ANTONIO, TX 78213	80-0174484	501(C)(3)	220,000				OPERATIONAL SUPPORT

(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
(207) VALLEY INITIATIVE FOR DEVELOPMENT AND ADVANCEMENT 417 SOUTH OHIO AVENUE, MERCEDES, TX 78570	74-2768931	501(C)(3)	60,000				OPERATIONAL SUPPORT
(208) VIDA Y SALUD HEALTH SYSTEMS INC. 308 CESAR CHAVEZ AVENUE, CRYSTAL CITY, TX 78839	74-1715419	501(C)(3)	171,814				INTEGRATED BEHAVIORAL HEALTH PROGRAM
(209) WEAVER OF LOVE, INC 720 E. LEE AVE, KINGSVILLE, TX 78363	46-3213678	501(C)(3)	45,000				DONATION
(210) WELL ROCKPORT 2902 TRAYLOR BLVD, STE 206, ROCKPORT, TX 78382	99-1113677	501(C)(3)	25,000				DONATION
(211) WESLEY COMMUNITY CENTER 4015 MACARTHUR, CORPUS CHRISTI, TX 78416	74-1185657	501(C)(3)	192,736				HOMELESS CHILDREN'S PROGRAM
(212) WESLEY UMC CORPUS CHRISTI 3915 GOLLIHAR RD, CORPUS CHRISTI, TX 78415	74-2131868	501(C)(3)	10,000				DONATION
(213) WEST TEXAS COUNSELING & GUIDANCE INC 242 NORTH MAGDALEN, SAN ANGELO, TX 76903	75-1561599	501(C)(3)	836,540				COUNSELING SERVICES AND DONATION
(214) WESTCARE 2110 LOMAS DEL SUR BLVD., STE 110, LAREDO, TX 78046	46-3013004	501(C)(3)	435,067				COMMUNITY COALITION PROJECT
(215) WESTLAWN UMC 122 SAN MANUEL AVE, SAN ANTONIO, TX 78237	74-2769878	501(C)(3)	5,429				DONATION
(216) WITTE MUSEUM 3801 BROADWAY, SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	45,018				EDUCATION PROGRAM
(217) WOMEN INVOLVED IN NURTURING, GIVING, SHARING, INC [WINGS] 7500 US HWY 90 W., BUILDING 2, SUITE 240, SAN ANTONIO, TX 78227	74-2920912	501(C)(3)	265,000				CANCER TREATMENT PROGRAM
(218) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN ANTONIO 503 CASTROVILLE ROAD, SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	208,498				COMMUNITY SUPPORT PROGRAM AND DONATION

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE GRANTEE IS GIVEN A DISBURSEMENT REQUEST FORM AT THE BEGINNING OF THE FISCAL YEAR TO USE IN REQUESTING FUNDS. WHEN A REQUEST IS SUBMITTED FOR PAYMENT (MONTHLY, QUARTERLY OR ANNUALLY) THE ACCOUNTANT REVIEWS AND VERIFIES EXPENSES BASED ON ACTUAL INVOICES AND/OR THE ORGANIZATION'S GENERAL LEDGER. THE ORGANIZATION'S EXPENSES ARE VERIFIED TO THE APPROVED BUDGET SUBMITTED WITH THE GRANT APPLICATION. THE PAYMENT INFORMATION IS THEN ENTERED INTO THE GRANT TRACKING SOFTWARE (GIFTS). THE PROGRAM OFFICER REVIEWS REPORTED GOALS AND OUTCOMES FOR GRANT COMPLIANCE. AFTER THE EXPENSES HAVE BEEN VERIFIED AND DOCUMENTED, IT IS SUBMITTED TO THE GRANTS ACCOUNTING MANAGER AND VP OF ACCOUNTING & CONTROLLER FOR REVIEW AND APPROVAL. IF THE PAYMENT REQUEST IS GREATER THAN OR EQUAL TO \$10,000, THE REQUEST REQUIRES CFO APPROVAL. THE PAYMENT REQUEST IS THEN FORWARDED TO THE ACCOUNTS PAYABLE DEPARTMENT FOR PAYMENT. A CHECK IS PROCESSED AND MAILED TO THE GRANTEE OR PAID VIA ACH. IN ADDITION TO THESE PROCEDURES, THE ACCOUNTANTS PERFORM SITE VISITS OR DESK AUDITS TO REVIEW PATIENT FILES OR EXPENSE BACKUP TO ENSURE THAT FUNDS ARE BEING USED APPROPRIATELY. EACH GRANTEE IS AUDITED EVERY YEAR OR EVERY OTHER YEAR BASED ON THE TYPE OF GRANT TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS.
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS 1616 E. COMMERCE ST., SAN ANTONIO, TX 78205
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNEE BLVD, CORPUS CHRISTI, TX 78404
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS: COMMUNITY COALITION PROJECT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMISTAD COMMUNITY HEALTH CENTER: INTEGRATED HEALTHCARE PROGRAM & DONATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASCENSION DEPAUL SERVICES: INTEGRATED HEALTHCARE PROGRAM AND COMMUNITY COALITION PROJECT

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.

Employer identification number

74-1287016

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. <table><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the 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. <table><tr><td>☐ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☒ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☐ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☒ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 ☒ ☒ ☒								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 ☒ ☒								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 ☒ ☒								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	☒								
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	☒								
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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JAIME WESOLOWSKI CEO & PRESIDENT	(i) 610,599	(ii) 73,280	(iii) 7,200	46,168	31,107	768,354	0
		0	0	0	0	0	0	0
2	XOCHY HURTADO CHIEF OPERATING OFFICER	(i) 341,300	(ii) 44,200	(iii) 2,400	23,000	41,601	452,501	0
		0	0	0	0	0	0	0
3	ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	(i) 363,921	(ii) 0	(iii) 19,975	27,869	26,485	438,250	0
		0	0	0	0	0	0	0
4	OANH MARONEY-OMITADE VP OF ORG. EXCELLENCE	(i) 257,849	(ii) 0	(iii) 0	25,049	50,200	333,098	0
		0	0	0	0	0	0	0
5	JENNIFER KNOULTON VP OF COMMUNITY HEALTH & WELLNESS	(i) 234,670	(ii) 0	(iii) 0	21,857	34,590	291,117	0
		0	0	0	0	0	0	0
6	CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	(i) 215,769	(ii) 0	(iii) 23,000	19,872	17,220	275,861	0
		0	0	0	0	0	0	0
7	LETICIA ORTIZ-JOHNSON VP OF CLINICAL OPERATIONS	(i) 224,951	(ii) 0	(iii) 0	16,445	33,188	274,584	0
		0	0	0	0	0	0	0
8	SANDRA MARTINEZ VP OF STRATEGY & PARTNERSHIP	(i) 222,443	(ii) 0	(iii) 0	20,121	16,182	258,746	0
		0	0	0	0	0	0	0
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Methodist Healthcare Ministries of South Texas, Inc.

Employer identification number

74-1287016

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	IN FURTHERANCE OF THE FOUNDERS' VISION OF "SERVING HUMANITY TO HONOR GOD," METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. (MHM) HAS A TWO-FOLD MISSION, BOTH EQUALLY IMPORTANT: TO IMPROVE THE PHYSICAL, MENTAL, AND SPIRITUAL HEALTH OF THOSE LEAST SERVED IN THE RIO TEXAS CONFERENCE AREA OF THE UNITED METHODIST CHURCH, WHICH CONSISTS OF 74 COUNTIES ACROSS SOUTH TEXAS; AND AS THE LOCAL HALF-OWNER OF METHODIST HEALTHCARE SYSTEM (MHS) - THE LARGEST HEALTHCARE SYSTEM IN SOUTH TEXAS - MHM IS COMMITTED TO ENSURING MHS CONTINUES TO BE A BENEFIT TO THE COMMUNITY BY PROVIDING QUALITY CARE TO ALL AND CHARITABLE CARE WHEN NEEDED.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	OTHER PROGRAM SERVICES OWNED AND OPERATED BY MHM FOR LOW-INCOME AND UNINSURED PATIENTS/CLIENTS INCLUDE: COMMUNITY COUNSELING SERVICES: COMMUNITY COUNSELORS HELP PEOPLE WHO ARE UNINSURED, WHOSE EXISTING COVERAGE DOES NOT PROVIDE MENTAL HEALTH SERVICES BENEFITS, ARE LOW-INCOME AND LACK THE MONEY TO PAY FOR COUNSELING SERVICES, OR WHO WOULD NOT RECEIVE TREATMENT ANY OTHER WAY. COUNSELING SERVICES ARE PROVIDED BY TRAINED, LICENSED, PROFESSIONAL COUNSELORS AND SOCIAL WORKERS IN LOCAL CHURCHES ACROSS THE RIO GRANDE VALLEY, LAREDO, KERRVILLE AND THE COASTAL BEND. COMMUNITY HEALTH WORKERS OR PROMOTORES DE SALUD: COMMUNITY HEALTH WORKERS HAVE THE DISTINCT ABILITY TO REACH VULNERABLE, LOW-INCOME AND UNDERSERVED MEMBERS OF THE COMMUNITY THROUGH THEIR SPECIALIZED KNOWLEDGE OF THE COMMUNITIES MHM SERVES AND THEIR UNIQUE ABILITY TO ENGAGE COMMUNITY MEMBERS AT A HANDS-ON LEVEL. COMMUNITY HEALTH WORKERS SUPPORT HEALTH EDUCATION AND PREVENTION EFFORTS AND BRIDGE ACCESS TO COMMUNITY-BASED HEALTH PROGRAMS AND ADVOCATES. THE GET FIT (FAMILIES IN TRAINING) PROGRAM IS A PREVENTION PROGRAM AIMED AT AVERTING TYPE II DIABETES, OBESITY AND SEDENTARY LIFESTYLES, FOCUSING ON CHILDREN AND FAMILIES IN RURAL COMMUNITIES. IN ADDITION TO THE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES IDENTIFIED UNDER PROGRAM SERVICE ACTIVITY #3, THE FOLLOWING PROGRAMS ARE PARENTING PROGRAMS DESIGNED TO HELP PARENTS AND GUARDIANS LEARN PARENTING SKILLS SO THEY WILL BE MORE CONFIDENT AND MORE COMPETENT LEADERS WITHIN THEIR FAMILIES. PROGRAMS INCLUDE: PEER PARENTING; PARENTS HELPING PARENTS; PARENTS AS TEACHERS; AND THE NURTURING PARENTING PROGRAMS®. RECREATION & ENRICHMENT PROGRAMS: AVAILABLE AT MHM'S WESLEY HEALTH & WELLNESS CENTER OFFERS YOUTH, ADULTS AND SENIORS FREE, SAFE AND FUN ACTIVITIES THAT PROMOTE HEALTH, WELLNESS AND LEARNING SKILLS. PROGRAMS CONSIST OF YOUTH DEVELOPMENT PROGRAMS SUCH AS CAMP WESLEY, A FREE 8-WEEK SUMMER CAMP FOR YOUTH AGES 6-18 AND 'LOS MARIACHITOS DE WESLEY,' A FREE CULTURAL ARTS PROGRAM FOR YOUTH AGES 6-18. THE YOUTH DEVELOPMENT PROGRAM AT WESLEY HEALTH & WELLNESS CENTER IS A NEIGHBORHOOD RECREATION PROGRAM AND IS NOT REGULATED BY STATE CHILDCARE LICENSING AND IS NOT A DAY CARE FACILITY. ADULT PROGRAMMING INCLUDES EXERCISE CLASSES, PARENT AND FAMILY TRAININGS AND COMMUNITY-BASED SUPPORT GROUPS SUCH AS ALCOHOLICS ANONYMOUS AND THE COMMUNITY JUSTICE PROGRAM. HEALTH EDUCATION & NUTRITION: OFFERED AT THE WESLEY HEALTH & WELLNESS CENTER (WHWC) AND THE DIXON HEALTH & WELLNESS CENTER ARE DESIGNED TO TEACH AND MODEL HEALTH AND WELLNESS THROUGH HEALTHY COOKING, DIRECT HEALTH EDUCATION WITH CLIENTS AND THROUGH THE PROVISION OF HEALTHY AND NUTRITIOUS MEALS PREPARED BY PROFESSIONAL CULINARY ARTISTS AT MHM'S WESLEY CAFE LOCATED AT WHWC. HEALTH EDUCATION IS OFFERED UNDER THE REGISTERED NURSES AND DIETICIANS AND IS PRIMARILY DESIGNED FOR DIABETIC CLIENTS IN ONE-ON-ONE AND GROUP SETTINGS AND INCLUDES DISTRIBUTION OF GLUCOMETER STRIPS TO HELP MANAGE THEIR DISEASE. THE WESLEY CAFE PREPARES HEALTHY AND NUTRITIOUS MEALS FOR THE CHILDREN AND GUESTS OF THE WHWC AND SERVES AS AN EMERGENCY FOOD PANTRY AND BREAD LINE TO THOSE IN NEED.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$16,805,193 INCLUDING GRANTS OF \$0)(REVENUE \$0) THE WESLEY NURSE PROGRAM SPANS 80 SITES THROUGHOUT SOUTH TEXAS AND IS MHM'S LARGEST GEOGRAPHIC OUTREACH PROGRAM. A KEY COMPONENT WESLEY NURSES UNDERTAKE IN THEIR COMMUNITIES IS PROVIDING HEALTH EDUCATION, HEALTH PROMOTION, AND FACILITATION OF RESOURCES. WHILE THE WESLEY NURSE PROGRAM IS A COMPONENT OF MHM'S ECUMENICAL OUTREACH, AND LOCATED WITHIN CHURCHES, IT DOES NOT TEACH A PARTICULAR SET OF DENOMINATIONAL BELIEFS. ALL WESLEY NURSE PROGRAMS ARE FREE AND ALL MEMBERS OF THE COMMUNITY ARE WELCOME. PROGRAMS ARE OFFERED TO GROUPS OR ON AN INDIVIDUAL BASIS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT REVIEWS THE FORM 990 TAX RETURN PRIOR TO FILING. THE FORM 990 TAX RETURN IS MADE AVAILABLE TO BOTH THE FINANCE COMMITTEE AND FULL BOARD.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Methodist Healthcare Ministries of South Texas, Inc.

Employer identification number

74-1287016

Return Reference - Identifier	Explanation																																																																																																				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY ARTICLE 7 OF THE BOARD'S BYLAWS REQUIRE A CONFLICTS OF INTEREST POLICY. THE BOARD ADOPTED A POLICY ON DECEMBER 10, 1997, ARTICLE VI OF WHICH REQUIRES ANNUAL STATEMENTS. THE POLICY IS ENFORCED AND THE RESULTS ARE REPORTED ANNUALLY TO THE GOVERNANCE COMMITTEE AND TO THE FULL BOARD OF DIRECTORS.																																																																																																				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	PRESIDENT & CEO - WERLING AND ASSOCIATES WAS RETAINED TO CONDUCT A TOTAL COMPENSATION STUDY IN 2020. THE COMPLETE STUDY WAS RECEIVED BY THE PERSONNEL COMMITTEE OF THE MHM BOARD.																																																																																																				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	OFFICERS AND KEY EMPLOYEES - WERLING AND ASSOCIATES WAS RETAINED TO CONDUCT A TOTAL COMPENSATION STUDY IN 2020. THE COMPLETE STUDY WAS RECEIVED BY THE PERSONNEL COMMITTEE OF THE MHM BOARD.																																																																																																				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DOCUMENTS ARE CURRENTLY PROVIDED UPON REQUEST. THE FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO AVAILABLE THROUGHOUT METHODIST HEALTHCARE MINISTRIES' WEBSITE AT: HTTPS://WWW.MHM.ORG/LIBRARY/FINANCIAL-STATEMENTS-AND-TAX-RETURNS/																																																																																																				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><thead><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr></thead><tbody><tr><td>CONTRACT LABOR</td><td>351,117</td><td>293,562</td><td>57,555</td><td></td></tr><tr><td>CONTRACT SERVICES</td><td>4,528,242</td><td>4,525,754</td><td>2,488</td><td></td></tr><tr><td>HR/PAYROLL SERVICES</td><td>206,257</td><td></td><td>206,257</td><td></td></tr><tr><td>OTHER PURCHASED SERVICES</td><td>1,332,680</td><td>912,865</td><td>419,815</td><td></td></tr><tr><td>SECURITY SERVICES</td><td>1,019,400</td><td>957,063</td><td>62,337</td><td></td></tr><tr><td>JANITORIAL</td><td>399,032</td><td>327,083</td><td>71,949</td><td></td></tr><tr><td>EQUIPMENT MAINTENANCE/CONTRACT</td><td>264,988</td><td>263,672</td><td>1,316</td><td></td></tr><tr><td>RECRUITMENT FEES</td><td>90,820</td><td></td><td>90,820</td><td></td></tr><tr><td>OTHER PROFESSIONAL FEES: ADMINISTRATIVE</td><td>1,298,841</td><td>933,397</td><td>365,444</td><td></td></tr><tr><td>XEROX COPIER SERVICES</td><td>156,038</td><td>156,038</td><td></td><td></td></tr><tr><td>GET FIT - PAYMENTS TO ISD</td><td>410,614</td><td>410,614</td><td></td><td></td></tr><tr><td>SPECIALTY REFERRAL</td><td>4,096,374</td><td>4,096,374</td><td></td><td></td></tr><tr><td>OUTSIDE LAB FEES</td><td>614,292</td><td>614,292</td><td></td><td></td></tr><tr><td>OUTSIDE RADIOLOGY FEES</td><td>933,421</td><td>933,421</td><td></td><td></td></tr><tr><td>OTHER PROFESSIONAL FEES: PATIENT RELATED</td><td>1,167,354</td><td>1,167,354</td><td></td><td></td></tr><tr><td>STRATEGIC INITIATIVES MENTAL HEALTH</td><td>250,000</td><td>250,000</td><td></td><td></td></tr><tr><td>STRATEGIC INITIATIVES BIG IDEAS</td><td>2,581,821</td><td>2,581,821</td><td></td><td></td></tr><tr><td>TEMPORARY SVCS/AGENCY FEES</td><td>97,997</td><td>97,997</td><td></td><td></td></tr><tr><td>Total</td><td>19,799,288</td><td>18,521,307</td><td>1,277,981</td><td>0</td></tr></tbody></table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONTRACT LABOR	351,117	293,562	57,555		CONTRACT SERVICES	4,528,242	4,525,754	2,488		HR/PAYROLL SERVICES	206,257		206,257		OTHER PURCHASED SERVICES	1,332,680	912,865	419,815		SECURITY SERVICES	1,019,400	957,063	62,337		JANITORIAL	399,032	327,083	71,949		EQUIPMENT MAINTENANCE/CONTRACT	264,988	263,672	1,316		RECRUITMENT FEES	90,820		90,820		OTHER PROFESSIONAL FEES: ADMINISTRATIVE	1,298,841	933,397	365,444		XEROX COPIER SERVICES	156,038	156,038			GET FIT - PAYMENTS TO ISD	410,614	410,614			SPECIALTY REFERRAL	4,096,374	4,096,374			OUTSIDE LAB FEES	614,292	614,292			OUTSIDE RADIOLOGY FEES	933,421	933,421			OTHER PROFESSIONAL FEES: PATIENT RELATED	1,167,354	1,167,354			STRATEGIC INITIATIVES MENTAL HEALTH	250,000	250,000			STRATEGIC INITIATIVES BIG IDEAS	2,581,821	2,581,821			TEMPORARY SVCS/AGENCY FEES	97,997	97,997			Total	19,799,288	18,521,307	1,277,981	0
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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><thead><tr><th>(a) Description</th><th>(b) Amount</th></tr></thead><tbody><tr><td>PARTNERSHIP EARNINGS OF THE BOOKS</td><td>248,254,820</td></tr><tr><td>TAX PARTNERSHIP OF FORM 1065</td><td>- 224,104,107</td></tr><tr><td>WPCC REVENUE</td><td>154,980</td></tr><tr><td>WPCC EXPENSES</td><td>- 5,214,524</td></tr><tr><td>MHM REAL CO EXPENSES</td><td>- 338,951</td></tr><tr><td>OTHER</td><td>- 508,840</td></tr></tbody></table>	(a) Description	(b) Amount	PARTNERSHIP EARNINGS OF THE BOOKS	248,254,820	TAX PARTNERSHIP OF FORM 1065	- 224,104,107	WPCC REVENUE	154,980	WPCC EXPENSES	- 5,214,524	MHM REAL CO EXPENSES	- 338,951	OTHER	- 508,840																																																																																						
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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) MHM REAL CO LLC (93-3813513) 4507 MEDICAL DRIVE, SAN ANTONIO, TX 78229	REAL ESTATE	TX	(338,951)	392,192	MHM
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RIO TEXAS CONFERENCE OF THE UMC (74-1326672) 16400 HUEBNER ROAD, SAN ANTONIO, TX 78248	CHURCH	TX	501(C)(3)	1	N/A		✓
(2) WESLEY PRIMARY CARE CLINIC (74-2784284) 4507 MEDICAL DRIVE, SAN ANTONIO, TX 78229	MEDICAL SERVICES	TX	501(C)(3)	12 TYPE I	MHM	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESLEY PRIMARY CARE CLINIC	R	5,083,120	CASH
(2) RIO TEXAS CONFERENCE OF THE UMC	B	546,455	CASH
(3) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO	S	127,500,000	CASH
(4) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO	Q	134,521	CASH
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO (74-2730328) 8109 FREDERICKSBURG ROAD, SAN ANTONIO, TX 78229	HOSPITAL SYSTEM	TX	N/A	RELATED	227,128,583	1,348,219,830		✓	0	✓		50.00