

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.		D Employer identification number 74-1287016
<input type="checkbox"/>	Name change	Doing Business As		E Telephone number (210) 692-0234
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4507 MEDICAL DRIVE		G Gross receipts \$ 441,493,937.
<input type="checkbox"/>	Terminated	City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78229-4401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: JAMIE WESOLOWSKI 4507 MEDICAL DRIVE, SAN ANTONIO, TX 78229-4401		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending			If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.MHM.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1955 **M** State of legal domicile: TX

H(c) Group exemption number ▶

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	479.
	6 Total number of volunteers (estimate if necessary)	6	6.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-419,481.
b Net unrelated business taxable income from Form 990-T, line 34	7b	561,135.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,445,043.	34,726.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,940,662.	186,034,367.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,739,793.	41,411,756.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,856,600.	2,073,651.
		207,982,098.	229,554,500.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,916,310.	34,484,835.
	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)	37,436,177.	38,012,773.
	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)	30,224,889.	25,059,398.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,577,376.	97,557,006.
19 Revenue less expenses. Subtract line 18 from line 12	129,404,722.	131,997,494.	
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)	1,281,813,200.	1,428,553,371.
	22 Net assets or fund balances. Subtract line 21 from line 20.	13,362,158.	12,816,899.
	1,268,451,042.	1,415,736,472.	

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
Date: 11/02/2021
Title: CFO

Paid Preparer Use Only

Print/Type preparer's name: MELVA SCOTT
Preparer's signature: _____
Date: _____
Check if self-employed
PTIN: P01207335

Firm's name: ▶ ERNST & YOUNG U.S. LLP
Firm's EIN: ▶ 34-656596
Firm's address: ▶ 425 HOUSTON ST. STE. 600 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. Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 34,221,860. including grants of \$ 34,221,860.) (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 \$ 20,883,880. including grants of \$ 0.) (Revenue \$ 32,846.)

MHM OWNS AND OPERATES TWO PRIMARY CARE CLINICS AT TWO LOCATIONS - WESLEY HEALTH & WELLNESS CENTER AND THE BISHOP ERNEST T. DIXON, JR. CLINIC - 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, 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.

4c (Code:) (Expenses \$ 11,176,798. 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.

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

(Expenses \$ 19,401,575. including grants of \$ 0.) (Revenue \$ 186,001,521.)

4e Total program service expenses 85,684,113.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

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 479		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
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.		X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (30), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its 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.
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

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

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

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

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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) JAIME WESOLOWSKI CEO & PRESIDENT	39.00 1.00			X			526,830.	0.	67,174.	
(2) XOCHY HURTADO CHIEF OPERATING OFFICER	39.00 1.00			X			303,587.	0.	47,181.	
(3) ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	39.00 1.00			X			308,359.	0.	38,378.	
(4) OANH MARONEY-OMITADE VP OF ORG. EXCELLENCE	40.00 0.					X	192,173.	0.	57,403.	
(5) JENNIFER KNOULTON VP OF REGIONAL OPERATIONS	40.00 0.					X	182,698.	0.	44,446.	
(6) DEANNA BOKINSKY VP OF STRATEGIC PLNG & GROWTH	40.00 0.					X	190,986.	0.	31,850.	
(7) CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	40.00 0.					X	191,537.	0.	30,334.	
(8) BRIDGET LAMME-KERR DIRECTOR OF HUMAN RESOURCES	40.00 0.					X	171,057.	0.	24,906.	
(9) ALICE H. GANNON (BEG 6/27/20) IMMEDIATE PAST CHAIR	4.00 0.	X		X			0.	0.	0.	
(10) MICHAEL J. LANE, M.D. CHAIR (BEG 6/27/20)	6.00 0.	X		X			0.	0.	0.	
(11) GEORGE N. RICKS IMMED PAST CHAIR (TERM 6/26/20)	4.00 0.	X		X			0.	0.	0.	
(12) MICHAEL F. PORTER, JR VICE CHAIR OF MISSION	4.00 0.	X		X			0.	0.	0.	
(13) LAVONNE GARRISON CHAIR ELECT (BEG 6/27/20)	6.00 0.	X		X			0.	0.	0.	
(14) DOUGLAS W. BECKER VC OF OPERATIONS (BEG 6/27/20)	4.00 0.	X		X			0.	0.	0.	

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)	(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			
(15) MINDI ALTERMAN SECRETARY (BEG 6/27/20)	4.00 0.	X		X				0.	0.	0.
(16) THOMAS SANDER TREASURER (BEG 6/27/20)	4.00 0.	X		X				0.	0.	0.
(17) SAM O'KRENT (BEG 6/27/20) CHAIR OF GOVERNANCE	4.00 0.	X						0.	0.	0.
(18) MARC RANEY DIRECTOR (NON-VOTING)	2.00 0.	X						0.	0.	0.
(19) R. DAN JOHNSON DIR. (NON-VOTING) (TERM 6/26/20)	2.00 0.	X						0.	0.	0.
(20) REV. JAMES AMERSON DIRECTOR (BEG 6/27/20)	2.00 0.	X						0.	0.	0.
(21) KAREN ANGELINI DIRECTOR	2.00 0.	X						0.	0.	0.
(22) BONNIE K. BERRY DIRECTOR	2.00 0.	X						0.	0.	0.
(23) RAYMOND CHACON DIRECTOR	2.00 0.	X						0.	0.	0.
(24) SAM DAWSON DIRECTOR (BEG 6/27/20)	2.00 0.	X						0.	0.	0.
(25) SUSAN HELLUMS DIRECTOR	2.00 0.	X						0.	0.	0.
1b Sub-total								2,067,227.	0.	341,672.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,067,227.	0.	341,672.

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 ► 41

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

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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 24

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)	(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			
(26) SUSAN W. HOLMES ----- DIRECTOR (TERM 6/26/20)	2.00 ----- 0.	X						0.	0.	0.
(27) JOHN HORNBEAK ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(28) JOE E. JOHNSTON ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(29) MARGARET A. KELLEY, M.D. ----- DIRECTOR (TERM 6/26/20)	2.00 ----- 0.	X						0.	0.	0.
(30) ALAN KRAMER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(31) ASHLEY LANDERS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(32) BARBARA LYONS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(33) NANCY F. MAY ----- DIRECTOR (TERM 6/26/20)	2.00 ----- 0.	X						0.	0.	0.
(34) LOTT MCILHENNY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(35) KERWIN OVERBY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(36) JIM RICE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 41

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

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

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

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)	(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			
(37) DR. JOHN STOLL ----- DIRECTOR (BEG 6/27/20)	2.00 ----- 0.	X						0.	0.	0.
(38) REV. VIRGILIO VAZQUEZ-GARZA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(39) PENDLETON WICKERSHAM ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(40) BISHOP ROBERT SCHANSE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(41) REV. CYNTHIA ENGSTROM ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(42) REV. GREG HACKETT ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(43) REV. JAVIER LEYVA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(44) REV. LAURA MERRILL ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(45) SCOTT D. BRYAN ----- DIRECTOR (NON-VOTING)	2.00 ----- 0.	X						0.	0.	0.
(46) JAMES A. GARCIA ----- DIR. (NON-VOTING) (TERM 6/26/20)	2.00 ----- 0.	X						0.	0.	0.
(47) DUDLEY HARRAL ----- DIRECTOR (NON-VOTING)	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 41

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0.				
	b	Membership dues	1b	0.				
	c	Fundraising events	1c	0.				
	d	Related organizations	1d	0.				
	e	Government grants (contributions) . .	1e	0.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	34,726.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 0.				
	h	Total. Add lines 1a-1f ▶			34,726.			
	Program Service Revenue				Business Code			
2a		ORDINARY INCOME FROM MHS		622110	185,984,291.	186,397,537.	-413,246.	
b		CLINIC REVENUE-DIRECT MHM		621498	32,846.	32,846.		
c		WESLEY KITCHEN-DIRECT MHM		900099	17,230.	17,230.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			186,034,367.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			19,371,799.		-6,235.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
					8,783,385.			
					7,495,418.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				1,287,967.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
					226,483,976.			
					204,444,019.			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶				22,039,957.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					0.	
							0.	
							0.	
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events. ▶				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a					0.	
							0.	
							0.	
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a					0.	
							0.	
							0.	
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue				Business Code				
	11a	ALL OTHER REVENUE		900099	785,684.		785,684.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶				785,684.			
12	Total revenue. See instructions ▶				229,554,500.	186,447,613.	-419,481.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

Check 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	3,177,556.	1	11,605,419.
	2 Savings and temporary cash investments.	19,943,398.	2	89,071,488.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	28,626.	4	59,606.
	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	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,030,702.	9	1,127,519.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,067,764.		
	b Less: accumulated depreciation.	10b 21,255,196.	36,505,464.	10c 34,812,568.
	11 Investments - publicly traded securities.	452,349,407.	11	482,300,818.
	12 Investments - other securities. See Part IV, line 11	107,700,547.	12	166,532,991.
	13 Investments - program-related. See Part IV, line 11.	660,854,223.	13	642,803,752.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	223,277.	15	239,210.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,281,813,200.	16	1,428,553,371.	
Liabilities	17 Accounts payable and accrued expenses.	6,609,282.	17	7,053,868.
	18 Grants payable	6,710,302.	18	5,748,397.
	19 Deferred revenue.	42,574.	19	14,634.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	13,362,158.	26	12,816,899.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	1,268,351,042.	27	1,415,636,472.
	28 Net assets with donor restrictions.	100,000.	28	100,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	1,268,451,042.	32	1,415,736,472.	
33 Total liabilities and net assets/fund balances.	1,281,813,200.	33	1,428,553,371.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,554,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,557,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	131,997,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,268,451,042.
5	Net unrealized gains (losses) on investments	5	63,089,434.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-47,801,498.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,415,736,472.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. 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 in line 12 on 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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>):	1e	
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).

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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

SCHEDULE A, PART I, LINE 3

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. HAS A DUAL PUBLIC CHARITY STATUS AS A SECTION 509(A)(1) AND A 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 of Contributors

2020

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

Name of the organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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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
1	N/A	\$ 26,143.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		107,250.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16,996.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5,645.
i Other activities?	X		53,280.
j Total. Add lines 1c through 1i			183,171.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1:

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)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two rows for donor advisement questions with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and rows for monitoring and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art, historical treasures, or other similar assets held for public exhibition, education, or research, and rows for revenue and assets included in Form 990.

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

Schedule D (Form 990) 2020

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 on 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	223,277.	207,109.	218,922.	206,142.	201,733.
b Contributions					
c Net investment earnings, gains, and losses	20,933.	23,239.	-5,324.	20,791.	7,419.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,000.	7,071.	6,489.	8,011.	3,010.
f Administrative expenses					
g End of year balance	239,210.	223,277.	207,109.	218,922.	206,142.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 58.0000 %
 - b** Permanent endowment ▶ 42.0000 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
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		3,875,759.		3,875,759.
b Buildings		41,555,998.	14,444,580.	27,111,418.
c Leasehold improvements		48,882.	26,032.	22,850.
d Equipment		7,769,138.	5,373,297.	2,395,841.
e Other		2,817,987.	1,411,287.	1,406,700.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,812,568.

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 ATTACHMENT 1		
(A) SEI STRUCTURED CREDIT FUND LP	1,297,890.	FMV
(B) SEI ENERGY DEBT FUND LP	1,387,295.	FMV
(C) SEI CORP PROPERTIES FUND, LP	1,264,293.	FMV
(D) INCUBE VENTURES II, LP	771,725.	COST
(E) TARGETED TECH. FUND II, LP	434,253.	COST
(F) TARGETED TECH. FUND I, LP	242,920.	COST
(G) SEI GLOBAL PRIVATE ASSETS IV	592,482.	FMV
(H) BALYASNY ATLAS GLOBAL INV LTD	26,883,371.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	166,532,991.	

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	642,803,752.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	642,803,752.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

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.

Part XIII Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
EVANSTON WEATHERLOW OFFSHORE	61,960,040.	FMV
ACL ALTERNATIVE FUND SAC LTD	23,240,460.	FMV
CHATHAM ASSET HIGH YIELD OFFSH	29,639,918.	FMV
SEI SPECIAL SITUATIONS FUND LP	3,070,846.	FMV
TEXAS METHODIST FOUNDATION	3,019,174.	FMV
BBT MASTER FUND LIQ TRUST	194,715.	FMV
EVANSTON CREDIT OPP. FUND	12,500,000.	FMV
SEI GPA V PRIVATE ASSET FUND	33,609.	FMV
TOTALS	<u>166,532,991.</u>	

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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 during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			76,619,819.	5,580,007.	71,039,812.	7.52
b Medicaid (from Worksheet 3, column a)			94,910,490.	176,029,192.		
c Costs of other means-tested government programs (from Worksheet 3, column b)			539,110.	723,875.		
d Total. Financial Assistance and Means-Tested Government Programs			172,069,419.	182,333,074.	71,039,812.	7.52
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			52,721,617.	211,574.	52,510,043.	5.56
f Health professions education (from Worksheet 5)			1,432,977.	24,607.	1,408,370.	.15
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			34,329,838.		34,329,838.	3.64
j Total. Other Benefits			88,484,432.	236,181.	88,248,251.	9.35
k Total. Add lines 7d and 7j			260,553,851.	182,569,255.	159,288,063.	16.87

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
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	5,812,225.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	410,552.
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	218,952,391.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	211,013,172.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	7,939,219.
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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	60.30000		39.70000
2 METH AMB SUR CTR NC	FREESTANDING ASC	62.50000		37.50000
3 CTR SPECIAL SURGERY	FREESTANDING ASC	51.00000		49.00000
4 METH AMB SUR CTR	FREESTANDING ASC	68.50000		31.50000
5 METH AMB SUR CTR	FREESTANDING ASC UNDER CONST	51.00000		49.00000
6 COMP RAD MGMT SVCS	IMAGING SERVICES	50.00000		50.00000
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 9

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 000154	X	X					X			A
2 METHODIST CHILDREN'S HOSPITAL 7700 FLOYD CURL DRIVE SAN ANTONIO TX 78229 WWW.SAHEALTH.COM 000154	X		X				X			A
3 METHODIST HOSPITAL METROPOLITAN 1310 MCCULLOUGH AVENUE SAN ANTONIO TX 78212 WWW.SAHEALTH.COM 000154	X	X					X			A
4 METHODIST HOSPITAL STONE OAK 1139 E. SONTERRA BOULEVARD SAN ANTONIO TX 78258 WWW.SAHEALTH.COM 008741	X	X					X			A
5 METHODIST HOSPITAL NORTHEAST 12412 JUDSON ROAD SAN ANTONIO TX 78223 WWW.SAHEALTH.COM 000154	X	X					X			A
6 METHODIST SPECIALTY & TRANSPLANT 8026 FLOYD CURL DRIVE SAN ANTONIO TX 78229 WWW.SAHEALTH.COM 000154	X	X					X			A
7 METHODIST HOSPITAL TEXSAN 6700 IH 10 WEST SAN ANTONIO TX 78201 WWW.SAHEALTH.COM 000154	X	X					X			A
8 METHODIST HOSPITAL SOUTH 1905 HIGHWAY 97 EAST JOURDANTON TX 78026 WWW.SAHEALTH.COM 100391	X	X					X			A
9 METHODIST HOSPITAL AMBULATORY SURGERY 9150 HUEBNER ROAD, SUITE 100 SAN ANTONIO TX 78240 WWW.SAHEALTH.COM 000681	X	X					X			A
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 A

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
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	X	
6b	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	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SEC B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN EACH HOSPITAL FACILITY'S CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION.

SCHEDULE H, PART V, SEC B, LINE 3J:

IN 2019, 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 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IN ORDER TO ASSESS THE RURAL AREAS METHODIST HEALTHCARE SERVES, MHS UTILIZED ASSESSMENT INFORMATION FROM THE REGIONAL HEALTHCARE PARTNERSHIP 6 PLAN SUBMITTED TO THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION AS PART OF THE MEDICAID 1115 WAIVER PROGRAM. UNIVERSITY HEALTHCARE SYSTEM (RHP6 ANCHOR) LEAD THIS PROCESS WHICH INCLUDED MULTIPLE MEETINGS, CONFERENCE CALLS AND PUBLIC FORUMS. PARTICIPANTS IN THIS PROCESS INCLUDED HOSPITAL CEOS, COUNTY JUDGES, COUNTY COMMISSIONERS, PHYSICIANS FROM THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO, UNIVERSITY HEALTH SYSTEM AND CHRISTUS SANTA ROSA. INPUT WAS ALSO OBTAINED FROM FEDERALLY QUALIFIED HEALTH CENTERS, HOME HEALTH AGENCIES, CITY GOVERNMENT OFFICIALS, INDIGENT CARE COORDINATORS, ADVOCACY GROUPS AND HEALTHCARE ACCESS SAN ANTONIO.

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), 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM 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.

THC ALSO INDICATED IN THE PREFACE TO THE 2019 PLAN, THAT IT WILL CONTINUE TO EXPAND THE REGIONAL FOCUS IN FUTURE PLANS, ADDING ONE OR TWO ADJOINING COUNTIES IN FUTURE ASSESSMENTS UNTIL ALL COUNTIES SURROUNDING BEXAR COUNTY ARE INCLUDED.

THC 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. UNDER THE SUPERVISION OF DR. MELISSA VALERIO-SHEWMAKER, GRADUATE STUDENTS AT THE UTHEALTH HOUSTON SCHOOL OF PUBLIC HEALTH IN SAN ANTONIO ASSISTED IN DEVELOPING THE FOCUS GROUP QUESTIONS AND CONDUCTING THE GROUPS THEMSELVES. SCHOOL OF PUBLIC HEALTH STAFF MS. KATE MARTIN AND MS. SONIA RAMOS CONDUCTED THE KEY INFORMATION INTERVIEWS. THC STAFF HANDLED ALL FOCUS GROUP AND KEY INFORMANT INTERVIEW RECRUITMENT AND SCHEDULING. ALL QUALITATIVE ANALYSIS WAS CONDUCTED BY DR. CAROLINE BERGERON, MS. JORDAN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

MCILVEEN, AND MS. JENNIFER QUACKENBUSH AT THC.

THE 2019 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 IN THE SUMMER AND FALL OF 2018. AN EXTENSIVE LIST OF CANDIDATE INDICATORS AND ISSUES WAS GENERATED USING PAST ASSESSMENTS, THE COMMUNITY HEALTH IMPROVEMENT PLAN, HEALTH PEOPLE 2020, THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY COUNTY HEALTH RANKINGS, SA2020, LOCAL SUBJECT MATTER EXPERTS, AND A NUMBER OF REFERENCES ON THE "UPSTREAM" SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT AFFECT HEALTH. TO NARROW THE LIST, THE COMMUNITY NEEDS ASSESSMENT STEERING COMMITTEE USED AN ANONYMOUS DIGITAL SURVEY TO RATE EACH INDICATOR AS HIGH, MEDIUM, OR LOW PRIORITY, SUGGESTING MODIFICATIONS TO THE INDICATOR IF DESIRED. INDICATORS RATED AS LOW PRIORITY WITH A HIGH LEVEL OF AGREEMENT (ABOUT 65% OR MORE OF RESPONDING MEMBERS) WERE DROPPED WITHOUT DISCUSSION, AND HIGH-AGREEMENT, HIGH-PRIORITY MEASURES WERE INCLUDED WITHOUT DISCUSSION. THOSE WITHOUT CLEAR CONSENSUS WERE DISCUSSED UNTIL GENERAL AGREEMENT WAS REACHED. BUDGET CONSTRAINTS PREVENTED THE INCLUSION OF SOME INDICATORS ON WHICH THERE WAS AGREEMENT BUT FOR WHICH THE DATA WAS ESPECIALLY TIME CONSUMING TO FIND, ACQUIRE AND/OR CALCULATE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THE FOLLOWING SOURCES WERE USED HEAVILY FOR THE 2019 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

- MORTALITY DATA FROM THE CDC WONDER QUERY SYSTEM

- MOTOR VEHICLE CRASH DATA FROM THE TEXAS DEPARTMENT OF TRANSPORTATION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- COMMUNICABLE DISEASE AND VITAL STATISTICS DATA FROM THE TEXAS

DEPARTMENT OF STATE HEALTH SERVICES

- THE WITTE MUSEUM

FINALLY, DATA IS COLLECTED AT THE NEIGHBORHOOD LEVEL WITH THE INTENT OF DESCRIBING THE SOCIAL CONTEXTS THAT POSSIBLY GIVE RISE TO HEALTH-RELATED BEHAVIORS DESCRIBED IN THE HEALTH PROFILES AND BRFSS SURVEY DATA.

DISCUSSION GROUPS AND INTERVIEWS WERE CONDUCTED CITY-WIDE WITH OVER 160 PARTICIPANTS, RANGING FROM COMMUNITY RESIDENTS, SERVICE PROVIDERS, GOVERNMENT STAFF AND OFFICIALS, AND ADVOCATES FOR THE HEALTH OF BEXAR COUNTY'S LOW-INCOME, MEDICALLY-UNDERSERVED AND MINORITY POPULATIONS.

THESE INTERVIEWS AND MEETINGS TOOK PLACE DURING MARCH AND MAY OF 2019. THE CONTRACTED WITH COMMUNITY INFORMATION NOW (CI:NOW), A LOCAL DATA INTERMEDIARY SERVING SOUTH CENTRAL TEXAS, FOR QUANTITATIVE DATA COLLECTION AND ANALYSIS FOR DEVELOPMENT OF THE ASSESSMENT NARRATIVE.

USING INFORMATION FROM THE 2016 COLLABORATIVE'S COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS OTHER DATA, METHODIST HEALTHCARE SYSTEM 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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.

METHODIST HEALTHCARE SYSTEM 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.

SCHEDULE H, PART V, SEC B, LINE 5:

AS NOTED ABOVE, DISCUSSIONS AND INTERVIEWS WERE HELD WITH MULTIPLE STAKEHOLDERS IN THE COMMUNITY. KEY REGIONAL GROUPS AND CITY OFFICIALS INCLUDED THE FOLLOWING: HAVEN FOR HOPE, UNIVERSITY HEALTH SYSTEM, NATIONAL ALLIANCE ON MENTAL HEALTH ILLNESS, SAN ANTONIO FOOD BANK, BEXAR COUNTY ECONOMIC DEVELOPMENT, SAN ANTONIO HOUSING AUTHORITY, COMMUNICARE, SAN ANTONIO METROPOLITAN HEALTH DISTRICT, HEALTHY FUTURES OF TEXAS, THE RIVARD REPORT, ROY MAAS YOUTH ALTERNATIVES, NELSON WOFF, J.D. - BEXAR COUNTY JUDGE, AND NORTHSIDE INDEPENDENT SCHOOL DISTRICT. OTHER DISCUSSION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

GROUPS INCLUDED INDIVIDUALS REPRESENTING FAITH ORGANIZATIONS, SOCIAL SERVICE PROVIDERS, HOSPITALS, PUBLIC HEALTH LEADERS, ACADEMIC RESEARCHERS, COMMUNITY PLANNING AGENCIES, COMMUNITY FOCUSED ORGANIZATIONS, INDIVIDUAL COMMUNITY MEMBERS, AND BUSINESS LEADERS.

SCHEDULE H, PART V, SEC B, LINE 6A:

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 SPECIALTY AND TRANSPLANT HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, METROPOLITAN METHODIST HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, NORTHEAST METHODIST HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, METHODIST TEXSAN HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, METHODIST STONE OAK HOSPITAL, METHODIST AMBULATORY SURGERY HOSPITAL - NORTHWEST, METHODIST HOSPITAL SOUTH); 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, SEC B, LINE 6B:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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.

SCHEDULE H, PART V, SEC B, LINE 7A:

[HTTPS://SAHEALTH.COM/ABOUT/COMMUNITY/INDEX.DOT](https://sahealth.com/about/community/index.dot)

SCHEDULE H, PART V, SEC B, LINE 7B:

[HTTP://HEALTHCOLLABORATIVE.NET/REPORTS/](http://healthcollaborative.net/reports/)

SCHEDULE H, PART V, SEC B, LINE 10A:

[HTTPS://SAHEALTH.COM/ABOUT/COMMUNITY/INDEX.DOT](https://sahealth.com/about/community/index.dot)

SCHEDULE H, PART V, SEC B, LINE 11:

AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM 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 2022:

METHODIST HEALTHCARE SYSTEM'S COMMUNITY HEALTH IMPROVEMENT PLAN INCLUDED THE FOLLOWING:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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:

- PROMOTE AND REFER PATIENTS LIVING WITH, OR AT RISK FOR, DIABETES TO THE LIVING WITH DIABETES PROGRAM. IN 2020, THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

- HOST AN ANNUAL FOOD DRIVE THAT BENEFITS THE SAN ANTONIO FOOD BANK. DUE TO COVID-19, METHODIST HOSTED A VIRTUAL CEREAL DRIVE. SERVING DONATIONS WERE MADE AS MONETARY DONATIONS. TOTAL COLLECTED WAS \$702,253.

- CONTINUE METHODIST HEALTHCARE'S EMPLOYER SOLUTION PROGRAM, HEALTHPOWER, IN PARTNERING WITH LOCAL BUSINESSES WHO PARTICIPATE IN METHODIST HEALTHCARE-SPONSORED WELLNESS ACTIVITIES TO INCLUDE CHALLENGE WEIGH-INS, GLUCOSE, AND BLOOD PRESSURE CHECKS. METHODIST HELD 3 EVENTS WITH 50 ATTENDEES, 5 HEALTH FAIRS WITH 2,250 ATTENDEES AND 4 SCREENING EVENTS WITH 91 ATTENDEES IN THE FIRST QUARTER OF 2020. ALL PLANNED EVENTS AFTER THE FIRST QUARTER WERE CANCELLED DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE INVOLVEMENT WITH THE HEALTHY ME PROGRAM IN PARTNERSHIP WITH THE HEALTH COLLABORATIVE. PRIOR TO COVID-19 CANCELLATIONS, METHODIST PARTICIPATED IN 126 EVENTS WITH 6,722 IN ATTENDANCE.

- 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 30 OUTREACH EVENTS WITH 450 IN ATTENDANCE EARLY IN 2020. OTHER 2020 PROGRAMS WERE CANCELLED DUE TO COVID-19.

- PARTNER WITH THE AMERICAN CANCER SOCIETY TO OFFER TOBACCO CESSATION PROGRAMS TO THE PATIENTS OF METHODIST HEALTHCARE AND COMMUNITY MEMBERS. NO EVENTS HELD IN 2020 DUE TO COVID-19.

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 HEALTH CHILD AND FAMILY DEVELOPMENT.

TACTICS: COMMUNITY HEALTH PRIORITY NO. 2:

- CONTINUE TO OFFER COMPLIMENTARY PREGNANCY TESTING THROUGH METHODIST FAMILY HEALTH CENTERS AND METHODIST WOMEN AND TEEN CENTERS. IN 2020, THERE WERE 4,257 VISITS AND 2,163 PREGNANCY TESTS PROVIDED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- 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 2020, THE CALL A NURSE LINE LOGGED 18,219 CALLS, AND PROVIDED 4,305 PHYSICIAN REFERRALS.

- CONTINUE TO OFFER THE COMMUNITY PARENTING CLASSES, CAR SEAT INSTALLATIONS, CAR SEAT DISTRIBUTIONS AND LACTATION CONSULTATIONS. NO CAR SEAT DISTRIBUTIONS IN 2020 DUE TO COVID-19. FIVE VIRTUAL INSTALLATION SESSIONS PROVIDED CAR SEAT INSTALLATION INSTRUCTION TO 112 INDIVIDUALS. METHODIST PROVIDED 38,569 LACTATION CONSULTS IN 2020. METHODIST ALSO HELD VIRTUAL CHILDBIRTH EDUCATION COURSES FOR 1,115 ATTENDEES.

- PARTNER WITH AREA SCHOOL DISTRICTS TO ESTABLISH A STUDENT/WORK PROGRAM IN METHODIST HEALTHCARE HOSPITALS. THE FIRST GROUP OF STUDENTS GRADUATED IN JUNE OF 2020. METHODIST HOPES TO EXPAND THE PROGRAM IN 2021.

- PARTNER WITH THE ARCHDIOCESE OF SAN ANTONIO AND ESTABLISH THE CATHOLIC BABY UNIVERSITY TO PROVIDE PARENTING CLASSES AND SUPPORT GROUPS FOR YOUNG PARENTS AS WELL AS CONNECT THEM WITH THE CATHOLIC RELIGION. DUE TO COVID-19, METHODIST WAS UNABLE TO IMPLEMENT THIS PROGRAM.

- CONTINUE PARTNERSHIP WITH THE SOUTH TEXAS RADIOLOGY IMAGING CENTERS (STRIC) IN PROVIDING MAMMOGRAMS TO WOMEN IN THE COMMUNITY. METHODIST COULD NOT IMPLEMENT THIS PROGRAM IN 2020 DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE TO PROVIDE ATHLETIC TRAINING IN THE METHODIST HEALTHCARE SERVICE AREA SCHOOL DISTRICTS, AS WELL AS THE VERY IMPORTANT ATHLETE (VIA) PROGRAM AND VERY IMPORTANT KID (VIK) PROGRAM. THESE PROGRAMS WERE LIMITED IN 2020 DUE TO COVID-19.

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.

- PARTNER WITH METHODIST HEALTHCARE SERVICE AREA POLICE DEPARTMENTS AND HOST AN ANNUAL SUBSTANCE TAKE-BACK DAY TO REDUCE THE PREVALENCE OF OVERPRESCRIBED PRESCRIPTIONS IN HOUSEHOLDS. METHODIST COLLECTED 65.8 POUNDS IN PRESCRIPTION DRUGS IN 2020.

- PARTNER WITH THE AMERICAN HEART ASSOCIATION TO OFFER HANDS-ONLY CPR CLASSES TO THE COMMUNITY AND CONDUCT POST EVALUTION TO MEASURE KNOWLEDGE GAINED. METHODIST AND THE AMERICAN HEART ASSOCIATION HELD 40 SESSIONS WITH 7,129 IN ATTENDANCE.

- PARTNER WITH THE SOUTH TEXAS RADIOLOGY ADVISORY COUNCIL (STRAC) TO OFFER "STOP THE BLEED" PROGRAMS TO THE COMMUNITY. METHODIST AND STRAC HOSTED THREE SESSIONS WITH 150 IN ATTENDANCE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTNER WITH MOTHERS AGAINST DRUNK DRIVING (MADD) IN PROVIDING BREATHALYZERS TO THE COMMUNITY. PROGRAM DELAYED DUE TO COVID-19; HOWEVER, THIS ACTIVITY IS PLANNED FOR 2021.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- COMMUNITY GOAL - TO IMPROVE COMPREHENSIVE BEHAVIORAL HEALTH SERVICES AND ACCESS FOR ALL.

- CONTINUE METHODIST HEALTHCARE TELE-PSYCHIATRY PROGRAM TO IMPROVE ACCESS TO PSYCHIATRISTS AS WELL AS PLACEMENT TO THE APPROPRIATE SETTING. METHODIST PROVIDED 8,678 TELE-PSYCHIATRY CONSULTATIONS IN 2020.

- PARTNER WITH THE ALZHEIMER'S ASSOCIATION TO PROVIDE CONTINUING MEDICAL EDUCATION (CME) CLASSES TO MEDICAL PROFESSIONALS ON PROPERLY IDENTIFYING, DIAGNOSING AND COMMUNICATING ON ALZHEIMER'S DISEASE. PROGRAM WAS DELAYED DUE TO COVID-19; HOWEVER, METHODIST'S CME STAFF PLANS TO ROLL OUT OFFERING IN 2021.

- CONTINUE TO PROVIDE ONGOING 24/7/365 PASTORAL CARE PRESENCE WITH PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS WITH CHAPLAIN CLINICIANS. METHODIST'S CHAPLAIN CLINICIANS PROVIDED BEREAVEMENT SUPPORT TO 8,313 INDIVIDUALS IN 2020.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO. 5: SEXUAL HEALTH

- COMMUNITY GOAL - ENSURE THAT MALES AND FEMALES HAVE ACCESS TO EDUCATION AND RESOURCES TO PROMOTE SEXUAL HEALTH.

- PROVIDE FREE HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING TESTS TO THE COMMUNITY IN METHODIST HEALTHCARE SERVICE AREAS. METHODIST'S CAMPUSES PROVIDED 8,424 HIV SCREENINGS IN 2020.

- PARTNER WITH METHODIST HEALTHCARE MINISTRIES TO PROVIDE FREE EDUCATION REGARDING THE HUMAN PAPILLOMA VIRUS (HPV) VACCINATION TO THE COMMUNITY. THIS PROGRAM WAS NOT OFFERED IN 2020 DUE TO COVID-19.

THE INFORMATION ABOVE REFLECTS THE PLAN FOR MHS SYSTEM. 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. 1,970 DIABETES EDUCATION VISITS WERE PROVIDED IN 2020.

- PARTNER WITH THE HEALTH COLLABORATIVE TO PROMOTE THE "IS YOUR DRINK SUGAR PACKED" CAMPAIGN TO PATIENTS AND THEIR FAMILIES WHO ARE IN THE SURGICAL WAITING ROOMS OF METHODIST HOSPITAL. THIS PROGRAM WAS PLACED ON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

HOLD IN 2020 DUE TO COVID-19.

- PROVIDE A HEALTHY RECIPE BOOKLET THAT TARGETS SPECIFIC ACUTE AND CHRONIC DISEASES. THIS PROGRAM WAS ALSO PLACED ON HOLD IN 2020 DUE TO COVID-19.

- CONDUCT AN ANNUAL HEALTH FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK AND PROVIDE VOLUNTEER SUPPORT BY METHODIST HOSPITAL STAFF. METHODIST HEALTHCARE SYSTEM HELD A VIRTUAL CEREAL DRIVE IN 2020 AND COLLECTED 491,575 VIRUTAL SERVINGS THROUGH MONETARY DONATIONS.

- PARTNER WITH THE AMERICAN HEART ASSOCIATION TO HOST AN ANNUAL CARDIAC EDUCATION EVENT WITH FOCUS ON HYPERTENSION, DIABETES AND HYPERLIPIDIMIA. THESE EVENTS WERE CANCELLED IN 2020 DUE TO COVID-19.

- METHODIST HOSPITAL ALSO HOSTED A VIRTUAL HEALTH LITERACY CONFERENCE IN THE FOURTH QUARTER OF 2020. 714 INDIVIDUALS REGISTERED FOR THIS CONFERENCE.

- METHODIST HOSPITAL PARTNERED WITH SOUTH TEXAS RADIOLOGY IMAGING CENTERS TO SPONSOR A BREAST CANCER SCREENING EVENT WHICH ENCOURAGED WOMEN TO HAVE THEIR ANNUAL MAMMOGRAMS. 8,408 SCREENINGS WERE PROVIDED.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- OFFER THE COMMUNITY PARENTING CLASSES INCLUDING "BUCKLE UP BABY, GETTING READY FOR CHILDBIRTH, PEEK-A-BOO TOURS AND INFANT AND CHILD CPR". METHODIST HOSTED 156 EVENTS, MANY OF THEM VIRTUAL, DURING 2020. 1,115 ATTENDED THESE EVENTS.

- 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. DUE TO COVID-19, ONLY ONE DRIVE WAS HELD IN 2020. 724 ITEMS WERE COLLECTED FOR STUDENTS ATTENDING GLEN OAKS.

- PROVIDE THE COMMUNITY WITH FREE LACTATION CONSULTATION IN-PERSON AND OVER THE PHONE. METHODIST HEALTHCARE SYSTEM PROVIDED 38,569 CONSULTS IN 2020.

- IMPLEMENT PERINATAL NURSE NAVIGATORS TO ENSURE CONTINUITY OF CARE FOR CHILDREN AND CHILD-BEARING WOMEN. THIS PROGRAM WAS PLACED ON HOLD IN 2020 DUE TO COVID-19.

- DISTRIBUTE CALL-A-NURSE MAGNETS TO RAISE AWARENESS OF THE FREE OFFERING TO THE COMMUNITY FOR PEDIATRIC MEDICAL ADVISE TO PARENTS OF SICK/INJURED CHILDREN. THE METHODIST CALL-A-NURSES SERVICE PROVIDED MEDICAL ADVICE TO 38,569 CALLERS DURING 2020.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTNER WITH KRAV MAGA TRAINING CENTER TO PROVIDE FREE SELF-DEFENSE CLASSES FOR WOMEN BIANNUALLY. METHODIST WAS NOT ABLE TO HOLD THESE SESSIONS IN 2020 DUE TO COVID-19.

- PARTNER WITH BEXAR COUNTY SHERIFF'S OFFICE AND IMPLEMENT BI-ANNUAL SEMINARS TO EMPLOYEES ON PROVIDING SAFER COMMUNITIES AND EDUCATION ON IDENTIFYING VIOLENCE. DUE TO COVID-19 RESTRICTIONS, METHODIST WAS NOT ABLE TO HOST THESE FORUMS IN 2020.

- COLLABORATE WITH THE SOUTH TEXAS MEDICAL FOUNDATION TO IMPLEMENT THE "LIVESAFE" PROGRAM TO ALL SOUTH TEXAS MEDICAL CENTER HOSPITALS. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

- PARTNER WITH THE TEXAS POISON CONTROL CENTER NETWORK TO PROVIDE LITERATURE IN METHODIST HOSPITAL WAITING ROOMS. LITERATURE DISTRIBUTION IN WAITING ROOMS WAS SUSPENDED IN 2020 DUE TO COVID-19.

- PARTNER WITH BEACON HEALTH TO PROVIDE DOMESTIC VIOLENCE AND ABUSE CLASSES TO EMPLOYEES AND DISTRIBUTE LITERATURE IN THE HOSPITAL. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

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 SECTION ABOVE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PARTNER WITH NORTHSIDE INDEPENDENT SCHOOL DISTRICT TO PROVIDE "ASK AN RN" SESSION TO CREATE A SAFE ENVIRONMENT FOR STUDENTS TO ASK QUESTIONS REGARDING SEXUAL HEALTH. THIS PROGRAM WAS NOT HELD IN 2020 DUE TO COVID-19.

- PARTNER WITH JOHN MARSHALL HIGH SCHOOL DURING STD AWARENESS MONTH (APRIL) TO PROVIDE EDUCATION TO STUDENTS ON STD PREVENTION. THIS PROGRAM WAS ALSO PRE-EMPTED BY COVID-19.

- PROMOTE TEEN PREGNANCY AWARENESS AND PROVIDE RESOURCES TO CARE THROUGH METHODIST WOMEN AND TEEN CENTERS. THE CENTER WAS CLOSED IN 2020 DUE TO COVID-19 RESTRICTIONS.

RESULTS FROM METHODIST CHILDREN'S HOSPITAL ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- HOST THE ROWAN WINDHAM MEMORIAL CEREAL DRIVE FOR THE SAN ANTONIO FOOD BANK. DUE TO COVID-19, A VIRTUAL DRIVE WAS HELD IN 2020 WITH MONETARY DONATIONS EQUALING 491,575 SERVINGS COLLECTED.

- PROVIDE WOMEN INFANT AND CHILDREN (WIC) COOKING CLASSES AT THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

METHODIST WOMEN AND TEEN CENTER. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

- PARTNER WITH SAN ANTONIO BOTANICAL GARDENS CHEF PROGRAM TO PROVIDE HEALTHY EATING EVENTS FOR PATIENTS. THIS PROGRAM WAS PLACED ON HOLD IN 2020 DUE TO COVID-19.

- PROVIDE WEEKLY YOGA CLASSES FOR PATIENTS. BEFORE COVID-19 RESTRICTIONS PLACED THE PROGRAM ON HOLD, 5 CLASSES WERE HELD WITH 12 IN ATTENDANCE. ESTABLISH A FOOD PANTRY TO BE AVAILABLE TO PATIENTS. THIS PROGRAM WAS PLACED ON HOLD IN 2020 DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- EVOLVE THE METHODIST WOMEN AND TEEN CENTERS TO PROVIDE SAN ANTONIO COMMUNITIES WITH ACCESS TO FREE PREGNANCY TESTS AND PRENATAL CARE. IN 2020, THERE WERE 2,971 VISITS AND 1,090 PREGNANCY TESTS.

- PROVIDE IMPROVED ACCESS TO MATERNAL AND FETAL MEDICINE THROUGH TELEMEDICINE CLINICS. THERE WERE NO CALLS LOGGED IN 2020.

- CONTINUE TO IMPLEMENT THE WELL WALDO'S WHEELS PROGRAM BY OFFERING FREE TRANSPORTATION FOR CHILDREN AND FAMILIES TO DOCTORS OFFICES AND/OR THE HOSPITAL. THE SYSTEM PROVIDED 6,660 RIDES DURING 2020. THESE NUMBERS DECREASED DUE TO COVID-19 RESTRICTIONS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE TO PROVIDE PRENATAL CLASSES AND MOTHER/CHILD CLASSES. VIRTUAL TOURS AND CLASSES WERE HELD FOR THE SYSTEM IN 2020. THERE WERE 156 EVENTS WITH 1,115 ATTENDEES.

- PROVIDE FREE GRANDPARENTS AS PARENTS CLASSES MONTHLY AT THE METHODIST WOMEN AND TEEN CENTER. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- CONTINUE TO PROVIDE METHODIST CHILDREN'S HOSPITAL BUCKLE-UP-BABY PROGRAM, WHICH OFFERS CAR SEAT INSPECTIONS, CAR SEAT INSTALLATIONS, AND CAR SEAT SAFETY CLASSES. INSTRUCTIONAL SESSIONS WERE HELD VIRTUALLY DUE TO COVID-19. METHODIST CHILDREN'S OFFERED 5 SESSIONS FOR 112 VIRTUAL ATTENDEES.

- DISTRIBUTE INJURY PREVENTION LITERATURE, SUCH AS SAFE TRICK-OR-TREATING, SAFE SWIMMING AND HELMET SAFETY. NO LITERATURE WAS DISTRIBUTED IN THE COMMUNITY DUE TO COVID-19 RESTRICTIONS.

- PROVIDE CHILD ABUSE RESOURCE EDUCATION (CARE) ABUSE AND NEGLECT ASSESSMENTS. THIRTY-THREE ASSESSMENTS WERE PERFORMED IN 2020.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE TO PROVIDE FREE COUNSELING SERVICES FOR MOTHERS, COUPLES AND FAMILIES AT THE METHODIST WOMEN'S CENTER. DUE TO COVID-19 RESTRICTIONS NO SESSIONS WERE HELD IN 2020.

- CONTINUE TO PROVIDE MONTHLY BEYOND BABY BLUES SUPPORT GROUP SESSIONS FOR WOMEN EXPERIENCING SYMPTOMS OF POST-PARTUM DEPRESSION. METHODIST OFFERED TELEPHONE COUNSELING SERVICES DUE TO COVID-19 RESTRICTIONS, WITH 409 TELEPHONE CONSULTS.

- ESTABLISH THE SENSORY FRIENDLY HOSPITAL PROGRAM THAT PROVIDES PEDIATRIC PATIENTS IN THE METHODIST CHILDREN'S HOSPITAL EMERGENCY DEPARTMENT ACCESS TO CUSTOMIZABLE SENSORY-SENSITIVE PLANS OF CARE. THIS PROGRAM WAS POSTPONED IN 2020 DUE TO COVID-19.

- CONTINUE TO PROVIDE EMOTIONAL SUPPORT TO PATIENTS WITH METHODIST CHILDREN'S HOSPITAL FACILITY DOGS. METHODIST FACILITY DOGS VISITED 5,820 PATIENTS IN 2020.

- CONTINUE TO IMPLEMENT THE THERAPEUTIC ART PROGRAM AND THE THERAPEUTIC VIDEO GAME PROGRAM. THESE EVENTS WERE CANCELLED IN 2020 DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- CONTINUE TO PROVIDE SEXUALLY TRANSMITTED DISEASE AND INFECTION CARE FOR WOMEN AND TEENS REFERRED FROM THE METHODIST WOMEN AND TEEN CENTER. THIS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

CENTER WAS CLOSED IN 2020 DUE TO COVID-19.

- PARTNER WITH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT TO PARTICIPATE IN COMMUNITY HEALTH FAIRS AND PROVIDE TEEN PREGNANCY PREVENTION CLASSES AT THE METHODIST WOMEN AND TEEN CENTER. THE CENTER WAS CLOSED IN 2020 DUE TO COVID-19.

- RE-LAUNCH ADOLESCENTS AND YOUNG ADULTS (AYA) CANCER SUPPORT GROUPS, WHICH EDUCATES CANCER PATIENTS ABOUT SEXUAL HEALTH. THESE EVENTS WERE POSTPONED IN 2020 DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | METROPOLITAN ("METROPOLITAN") ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- CONTINUE TO PROVIDE FREE HEALTH SCREENINGS AT REOCCURRING COMMUNITY EVENTS. SCREENINGS INCLUDE VISION EXAMS, BLOOD PRESSURE SCREENINGS, GLUCOSE READINGS AND BODY MASS INDEX SCREENINGS. THESE EVENTS WERE CANCELLED IN 2020 DUE TO COVID-19.

- PARTNER WITH THE YMCA LIVING CENTER TO REGISTER BARIATRIC PATIENTS IN THE HEALTHY LIVING PROGRAM. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

- CONTINUE TO IMPROVE ACCESS TO PRIMARY CARE WITH METHODIST FAMILY HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

CENTERS THAT PROVIDE FREE SERVICES FOR, AND HEALTH EDUCATION ON,
DIABETES, BODY MASS INDEX AND HIGH BLOOD PRESSURE. THIS EDUCATION WAS
PLACED ON HOLD DUE TO COVID-19.

- PROMOTE THE WALK WITH A DOC SERIES WHICH WILL ENCOURAGE OUR COMMUNITY
TO ENGAGE IN PHYSICAL ACTIVITY WHILE PROVIDING A FREE LECTURE ON
DIFFERENT TOPICS EACH MONTH FROM A METHODIST HOSPITAL | METROPOLITAN
PHYSICIAN. THESE EVENTS WERE CANCELLED DUE TO COVID-19.

- CONTINUE TO PROMOTE BREAST CANCER AWARENESS THROUGH THE DISTRIBUTION OF
EDUCATIONAL LITERATURE AS WELL AS PARTICIPATING IN A NUMBER OF COMMUNITY
EVENTS. THESE EVENTS WERE CANCELLED DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- CONTINUE TO PROVIDE FREE INFLUENZA VACCINES TO UNINSURED WALK-IN
PATIENTS AT THE METROPOLITAN METHODIST EMERGENCY CENTER AT THE QUARRY,
ANNUALLY, OCTOBER THROUGH DECEMBER. THIS WAS CANCELLED IN 2020 DUE TO
COVID-19.

- PROVIDE A FREE TEDDY BEAR CLINIC EACH YEAR, FOR CHILDREN TO LEARN ABOUT
THE IMPORTANCE OF CHECKUPS AND TO ENCOURAGE FAMILIES TO INCLUDE CHILDREN
IN THE HEALTHCARE PROVIDING PROCESS. THIS EVENT WAS CANCELLED DUE TO
COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE PARTNERSHIP WITH THE BOOKER T. WASHINGTON ELEMENTARY SCHOOL TO PROVIDE SCHOOL SUPPLIES, FOOD FOR SCHOOL CELEBRATIONS, PARTICIPATE IN CAREER DAY EVENTS AND PROVIDE HEALTH EDUCATION CLASSES ON HEALTHY EATING TO STUDENTS AND THEIR PARENTS. THESE EVENTS WERE NOT HELD DUE TO COVID-19.

- CONTINUE TO PROVIDE FREE PREGNANCY TESTS, PHYSICIAN REFERRAL PROGRAMS, AFFORDABLE HEALTHCARE PLAN REGISTRATION, AND FREE PARENTING CLASSES AT THE METHODIST FAMILY HEALTH CENTERS. IN 2020 THE CENTER PROVIDED 4,248 VISITS, 2,154 PREGNANCY TESTS AND 1,147 PHYSICIAN REFERRALS.

- IMPLEMENT THE BABY CLOSET TO PROVIDE BABY ESSENTIALS TO COMMUNITY MEMBERS IN NEED. THIS WAS CANCELLED DUE TO COVID-19 RESTRICTIONS.

- IMPLEMENT THE CENTERING PREGNANCY APPROACH AT METHODIST FAMILY HEALTH CENTERS. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PROVIDE INFORMATIONAL LITERATURE AND MAGNETS TO RESIDENTS OF THE PEARL AND TOBIN HILL AREAS TO INCREASE AWARENESS OF THE EMERGENCY DEPARTMENTS AVAILABLE IN THE COMMUNITY. THIS WAS POSTPONED DUE TO COVID-19.

- PARTNER WITH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT TO FACILITATE FREE STOP THE BLEED COURSES. BEFORE COVID-19 RESTRICTIONS WERE IMPOSED, 3

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COURSES WITH 150 IN ATTENDANCE WERE CONDUCTED.

- PARTICIPATE IN TOBIN HILL NATIONAL NIGHT OUT AND PROVIDE FLASHLIGHTS TO ATTENDEES. THIS EVENT WAS CANCELLED DUE TO COVID-19.

- PARTICIPATE IN TOBIN HILL COMMUNITY CLEANUP. THIS EVENT WAS CANCELLED DUE TO COVID-19.

- CONTINUE TO PROVIDE TRANSPORTATION THROUGH METHODIST HOSPITAL METROPOLITAN HEALTH BUS. THE METROPOLITAN HEALTH BUS PROVIDED 3,186 RIDES IN 2020.

- PARTICIPATE IN THE ANNUAL CRUSH THE CRISIS CAMPAIGN TO ROUND UP UNUSED PRESCRIPTION DRUGS. 65.8 POUNDS OF UNUSED DRUGS WERE COLLECTED IN 2020.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- PROVIDE A COMMUNITY BASED SUPPORT SYSTEM FOR MOTHERS WHO EXPERIENCE POSTPARTUM DEPRESSION THROUGH THE METHODIST FAMILY HEALTH CENTER'S CENTERING PREGNANCY APPROACH. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

- PROVIDE EMOTIONAL SUPPORT THROUGH THERAPY DOG ENCOUNTERS. DURING 2020, THE METHODIST THERAPY DOG VISITED 5,820 PATIENTS IN 2020.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE TO PROVIDE FREE PREGNANCY TESTS AND FREE SEXUALLY TRANSMITTED DISEASE (STD) TEST REFERRALS AT METHODIST FAMILY HEALTH CENTERS. METHODIST FAMILY HEALTH CENTERS PROVIDED 2,154 TESTS IN 2020.

- PARTNER WITH THE SAN ANTONIO INDEPENDENT SCHOOL DISTRICT TO PROVIDE ASK A NURSE SESSIONS TO CREATE A SAFE ENVIRONMENT FOR STUDENTS TO ASK QUESTIONS ABOUT SEXUAL HEALTH. THESE SESSIONS WERE CANCELLED DUE TO COVID-19.

- PROVIDE FREE HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING TEST IN METHODIST HOSPITAL | METROPOLITAN EMERGENCY DEPARTMENT. METROPOLITAN'S EMERGENCY DEPARTMENT AND FAMILY HEALTH CENTERS PROVIDED 8,424 SCREENINGS IN 2020.

RESULTS FROM METHODIST HOSPITAL | STONE OAK ("MSOH") ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- PROVIDE FREE HAND-ONLY CPR EDUCATION AND MATERIALS TO THE COMMUNITY. METHODIST HOSPITAL | STONE OAK HELD 2 SESSIONS WITH 130 ATTENDING IN 2020.

- CONTINUE TO HOST A HEALTHY FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK. SEE REPORTING AT THE SYSTEM LEVEL. MHS HELD A VIRTUAL FOOD DRIVE IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

2020, AND MONETARY DONATIONS EQUATED TO 491,575 SERVINGS.

- PROVIDE ONE HEALTHY COOKING DEMONSTRATION HOSTED BY THE METHODIST HOSPITAL | STONE OAK HEAD CHEF FOR PATIENTS AND FAMILIES. THE HOSPITAL HELD ONE DEMONSTRATION WITH 25 ATTENDEES IN THE FIRST QUARTER OF 2020.

-PROMOTE METHODIST HOSPITAL | STONE OAK ONSITE GYM FOR EMPLOYEES AND HOST "BIGGEST LOSER" EMPLOYEE CHALLENGE. THIS DID NOT OCCUR IN 2020 DUE TO COVID-19 RESTRICTIONS.

COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- PROVIDE AT LEAST ONE SCHOLARSHIP PER YEAR TO A HIGH SCHOOL STUDENT IN THE GREATER SAN ANTONIO AREA SEEKING TO FURTHER THEIR EDUCATION IN HEALTH CARE DEGREES. SCHOLARSHIP NOT AWARDED IN 2020.

- PROVIDE PARENTING CLASSES AND PRENATAL HOSPITAL TOURS AND REFER PATIENTS FOR LACTATION CONSULTATIONS. DUE TO COVID-19 RESTRICTIONS, CLASSES AND TOURS FOR THE SYSTEM WERE HELD VIRTUALLY. 1,115 ATTENDED 156 VIRTUAL SYSTEM EVENTS.

- IMPLEMENT THE PERIOD OF PURPLE CRYING PROGRAM DEVELOPED BY THE NATIONAL CENTER ON SHAKEN BABY SYNDROME BY HOSTING CLASSES AND PROVIDING EDUCATIONAL MATERIALS. THIS PROGRAM WAS POSTPONED DUE TO COVID-19 RESTRICTIONS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PROMOTE METHODIST HOSPITAL | STONE OAK PARTICIPATION IN THE BABY SAFE HAVEN PROGRAM. THIS PROGRAM WAS POSTPONED IN 2020 DUE TO COVID-19 RESTRICTIONS.

- CONDUCT DOMESTIC VIOLENCE SCREENINGS ON ALL PATIENTS WHO COME THROUGH THE METHODIST HOSPITAL | STONE OAK EMERGENCY DEPARTMENT. THIS PROGRAM WAS POSTPONED IN 2020 DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- UTILIZE THE METHODIST HOSPITAL | STONE OAK FACILITY DOG TO DECREASE STRESS LEVELS AND RATES OF SUICIDES AND SUICIDE ATTEMPTS, AMONG EMERGENCY MEDICAL STAFF FIRST RESPONDERS, HOSPITAL STAFF, PATIENTS, AND THEIR FAMILIES. METHODIST HEALTHCARE SYSTEM'S THREE FACILITY DOGS LOGGED 5,820 ENCOUNTERS IN 2020.

- CONDUCT SCREENING FOR POSTPARTUM DEPRESSION ON MOTHERS AT DISCHARGE AND ON MOTHERS OF INFANTS IN THE NICU. THIS PROGRAM WAS POSTPONED IN 2020 DUE TO COVID-19.

- IN 2020, METHODIST HOSPITAL | STONE OAK HOSTED A PARK AND PRAY EVENT TO SHOW SUPPORT FOR COVID-19 PATIENTS AT APPROPRIATE SOCIAL DISTANCE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PARTNER WITH NORTHEAST INDEPENDENT SCHOOL DISTRICT TO PROVIDE HEALTH EDUCATION PRESENTATIONS AND LITERATURE ON SEXUAL HEALTH, INCLUDING TEEN PREGNANCY PREVENTION AND SEXUALLY TRANSMITTED DISEASES (STD). THIS INITIATIVE WAS PLACED ON HOLD DURING COVID-19.

- PROVIDE SEXUAL HEALTH LITERATURE TO PATIENTS DIAGNOSED WITH SEXUALLY TRANSMITTED DISEASE ON HOW TO AVOID REOCCURENCE OF THE STD. NO LITERATURE DISTRIBUTED IN 2020.

- PROVIDE NEW EMPLOYEE TRAININGS ON DETECTING SIGNS OF HUMAN TRAFFICKING VICTIMS. THIS TRAINING WAS POSTPONED DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | NORTHEAST "NEMH" ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- PARTICIPATE ANNUALLY IN THE CHAMBER HEALTH AND WHOLENESS FAIR PROMOTING HEALTHY EATING AND ACTIVE LIVING. THE TWO EVENTS WERE HELD IN THE FIRST QUARTER WITH 600 IN ATTENDANCE.

- REFER PATIENTS TO THE LIVING WITH DIABETES PROGRAM. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTICIPATE IN ONE "HAVE A HEALTHY HEART SEMINAR". METHODIST HEALTHCARE SYSTEM HOSTED 12 CARDIAC CONNECTIONS EVENTS IN 2020 WITH 309 IN ATTENDANCE.

- CONTINUE SODEXHO'S "MINDFUL EATING" PROGRAM IN THE HOSPITAL CAFETERIA. THIS ACTIVITY WAS NOT DISRUPTED BY COVID-19. HEALTHY FOOD OPTIONS ARE DESIGNATED IN THE CAFETERIA ALONG WITH THE APPLICABLE NUTRITION INFORMATION.

- CONTINUE TO PARTICIPATE IN THE ANNUAL ROWAN WINDHAM MEMORAL CEREAL DRIVE TO BENEFIT THE SAN ANTONIO FOOD BANK. MHS HELD A VIRTUAL FOOD DRIVE IN 2020, AND MONETARY DONATIONS EQUATED TO 491,575 SERVINGS.

- CONTINUE TO PROVIDE DIABETES EDUCATION. 309 DIABETES EDUCATION CONSULTS WERE PROVIDED IN 2020.

COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- PARTNER WITH METHODIST HOSPITAL | NORTHEAST SERVICE AREA SCHOOL DISTRICTS TO EDUCATE STUDENTS ON HEALTHY SNACK OPTIONS IN THE FALL AND SPRING ACADEMIC SEMESTERS. THIS WAS PLACED ON HOLD DUE TO COVID-19.

- REFER ALL PATIENTS WITHIN THE PEDIATRIC AND OB POPULATION TO A PRIMARY CARE PHYSICIAN. THIS PROCESS WAS PLACED ON HOLD DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- FULLY IMPLEMENT THE MEDS-TO-BEDS PROGRAM TO OFFER ALL PATIENTS THEIR MEDICINE, INCLUDING PRENATAL VITAMINS, BEFORE DISCHARGE FROM THE HOSPITAL. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

- METHODIST HOSPITAL | NORTHEAST COLLECTED PERSONAL HYGIENE ITEMS FOR A LOCAL NON-PROFIT IN 2020. 500 ITEMS WERE COLLECTED.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- INCREASE PROMOTION OF HEALTH BUS TRANSPORTATION IN SURROUNDING ZIP CODES BY LEVERAGING METHODIST HOSPITAL | NORTHEAST PHYSICIAN AND PROVIDER RELATIONS DEPARTMENT AND NURSING STAFF TO EDUCATE PHYSICIANS AND PATIENTS ON THIS BENEFIT. METHODIST HEALTHCARE SYSTEM'S HEALTH BUSES PROVIDED 6,660 TRANSPORTS IN 2020.

- PROVIDE INTERACTIVE EDUCATION ON PROPER USE OF CAR SEAT INSTALLATION AND BEST SAFETY PRACTICES. THIS EVENT WAS CANCELLED IN 2020 DUE TO COVID-19. OTHER FACILITIES IN THE SYSTEM HOSTED VIRTUAL TRAININGS.

- INCORPORATE PROPER SAFETY CAUTION SIGNAGE FOR ON-CAMPUS CONSTRUCTION SITES. EFFORT PLACED ON HOLD DUE TO COVID-19.

- METHODIST HOSPITAL | NORTHEAST CEO MICHAEL BEAVER PRESENTED 5 COVID-19 UPDATE SESSIONS TO THE CHAMBER OF COMMERCE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTICIPATE IN THE ANNUAL CRUSH THE CRISIS CAMPAIGN TO ROUND UP UNUSED PRESCRIPTION DRUGS. 65.8 POUNDS OF UNUSED DRUGS WERE COLLECTED IN 2020.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- UTILIZE THE METHODIST HOSPITAL | NORTHEAST FACILITY DOG TO DECREASE STRESS LEVELS AND RATE OF SUICIDES AND SUICIDE ATTEMPTS, AMONG EMERGENCY MEDICAL SERVICES FIRST RESPONDERS, HOSPITAL STAFF, PATIENTS, AND THEIR FAMILIES. METHODIST HEALTHCARE SYSTEM'S THREE FACILITY DOGS LOGGED 5,820 ENCOUNTERS IN 2020.

- REDUCE STRESS FOR STAFF BY PROVIDING MASSAGE THERAPY SERVICE ON THE HOSPITAL'S CAMPUS. THIS WAS PLACED ON HOLD DUE TO COVID-19.

- PROVIDE OUTREACH EDUCATION TO EMS STUDENTS ON RESILIENCY AND MENTAL HEALTH. ONE SESSION WITH 29 ATTENDEES WAS HELD EARLY IN 2020.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PARTNER WITH METHODIST HOSPITAL | NORTHEAST SERVICE AREA HIGH SCHOOLS TO SPEAK IN CLASSES AND PROVIDE EDUCATIONAL MATERIAL ON SEXUAL HEALTH IN THE FALL AND SPRING ACADEMIC SEMESTERS. EVENTS PLACED ON HOLD DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- HOLD ANNUAL STAFF EDUCATION SESSIONS ON IDENTIFICATION OF HUMAN TRAFFICKING VICTIMS. THIS WAS POSTPONED DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT ("MSTH") ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- THROUGHOUT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT WEIGHT LOSS CENTER TAKES PATIENTS, EMPLOYEES AND COMMUNITY MEMBERS ON A GUIDED TOUR OF A GROCERY STORE LED BY THE PROGRAM'S NUTRITIONIST. THIS PROGRAM WAS PLACED ON HOLD IN 2020 DUE TO COVID-19.

- HOLD A MONTHLY FARMER'S MARKET IN THE CAFÉ OPEN TO EMPLOYEES, PATIENTS, AND FAMILIES TO SEE SEASONAL FRESH PRODUCE AND PROVIDE HEALTHY RECIPES. THIS PROGRAM WAS PLACED ON HOLD IN 2020 DUE TO COVID-19.

- HOLD A HEALTHY FOOD DRIVE TO BENEFIT THE SAN ANTONIO FOOD BANK. MHS HELD A VIRTUAL FOOD DRIVE IN 2020, AND MONETARY DONATIONS EQUATED TO 491,575 SERVINGS.

- PROVIDE EDUCATION CLASSES, HOSTED BY A REGISTERED DIETICIAN NUTRITIONIST ON SUCH TOPICS AS HEART HEALTHY NUTRITION, COOKING TIPS, WEIGHT LOSS EDUCATION AND DIABETES EDUCATION. THESE CLASSES WERE POSTPONED IN 2020 DUE TO COVID-19 RESTRICTIONS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CONTINUE TO PROVIDE DIABETES EDUCATION. 2,692 DIABETES EDUCATION CONSULTS WERE PROVIDED IN 2020.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- PROVIDE NUTRITION EDUCATION TO STUDENTS AT HEALTH CAREERS HIGH SCHOOL AND BROOKS ACADEMY CHARTER SCHOOL ON ITEMS GROWN IN THEIR COMMUNITY GARDENS. A DIETICIAN SPOKE WITH 60 STUDENTS AT BROOKS ACADEMY PRIOR TO THE IMPOSITION OF COVID-19 RESTRICTIONS. ALL FURTHER PROGRAMS WERE POSTPONED DUE TO COVID-19.

- HOST A SCHOOL SUPPLY DRIVE FOR CHILDREN AT THE BATTERED WOMEN'S SHELTER. THE HOSPITAL HOSTED ONE DRIVE AND PROVIDED SUPPLIES FOR 85 CHILDREN.

- PARTNER WITH DRESS FOR SUCCESS TO HOST AN ANNUAL PROFESSIONAL CLOTHING DRIVE FOR MEN AND WOMEN AND PROVIDE A PRESENTATION ON JOB INTERVIEW TIPS. ONE CLOTHING DRIVE WAS HELD IN 2020.

- PARTNER WITH HEALTH CAREERS HIGH SCHOOL TO HOST ANNUAL EXECUTIVE MENTORSHIP PROGRAM FOR THE TOP 12 HIGH SCHOOL SENIORS FOR NATIONAL JOB SHADOW DAY. TWELVE STUDENTS SHADOWED A SENIOR LEADER IN JANUARY 2020, BUT REMAINING SESSIONS WERE POSTPONED DUE TO COVID-19 RESTRICTIONS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- HOST AN ANNUAL EVENT FOR CITY'S NATIONAL NIGHT OUT AND INVITE EMPLOYEES, PATIENTS AND THEIR FAMILIES AS WELL AS STUDENTS AND STAFF FROM BROOKS CHARTER ACADEMY AND HEALTH CAREERS HIGH SCHOOL. COLLABORATE WITH HOSPITAL SECURITY TO CREATE A SAFETY MESSAGING FOR STAFF AND COMMUNITY, AND DISPLAY SAFETY POSTERS FROM HEALTH CAREERS STUDENTS. THE 2020 EVENT WAS CANCELLED DUE TO COVID-19.

- CONTINUE FUNDING THE SEXUAL ASSAULT RESPONSE TEAM (SART) AT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT EMPLOYEES, WHICH PROVIDES A COMPASSIONATE ENVIRONMENT FOR SEXUAL ASSAULT SURVIVORS AND AN INTEGRATED COMMUNITY EFFORT TO TREAT SEXUAL ASSAULT SURVIVORS WITH A SPECIALTY TRAINED SEXUAL ASSAULT NURSE EXAMINER (SANE). THE SART TEAM CONSULTED ON 852 CASES IN 2020.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- PROVIDE BIENNIAL FREE BEHAVIORAL HEALTH CONTINUING EDUCATION THAT IS OPEN TO METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT EMPLOYEES, METHODIST HEALTHCARE SYSTEM EMPLOYEES AND MEMBERS OF THE COMMUNITY. THIRTY-NINE EVENTS WITH 430 ATTENDEES OCCURRED IN 2020. IN ADDITION, 15 PHYSICIANS ATTENDED ONE BEHAVIORAL HEALTH CONTINUING MEDICAL EDUCATION SESSION.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTICIPATE IN BEXAR COUNTY'S MENTAL HEALTH CONSORTIUM AT THE ANNUAL BEHAVIORAL HEALTH AWARENESS AND WELLNESS CONFERENCE BY HOSTING AN INFORMATION BOOTH PROVIDING EDUCATION ON OUTPATIENT PROGRAMS AND AVAILABLE BEHAVIORAL HEALTH SUPPORT GROUPS. THIS EVENT WAS POSTPONED DUE TO COVID-19.

- HOST A SUICIDE PREVENTION SYMPOSIUM. ONE VIRTUAL EVENT WITH 250 PARTICIPANTS WAS HELD IN 2020.

_ ADMINISTER DEPRESSION SCREENINGS AT THE TIME OF INPATIENT SERVICES. THIS PROGRAM WAS PLACED ON HOLD FOR 2020.

- HOST NARCOTICS ANONYMOUS AND ALCOHOLICS ANONYMOUS COMMUNITY GROUP MEETINGS ON THE METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT DUAL DIAGNOSIS UNIT. THESE GROUP MEETINGS WERE PLACED ON HOLD DUE TO COVID-19 RESTRICTIONS.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PARTNER WITH THE SAN ANTONIO POLICE DEPARTMENT AND RAPE CRISIS CENTER TO PRESENT A PROGRAM AT HEALTH CAREERS HIGH SCHOOL AIMED AT RAISING AWARENESS ABOUT INTERNET PREDATORS AND LEGAL AGE OF CONSENT. THIS EVENT WAS PLACED ON HOLD DUE TO COVID-19.

- PROVIDE ONE PRESENTATION AT HEALTH CAREERS HIGH SCHOOL ON IDENTIFYING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SEXUAL ASSAULT AND PROVIDE SEXUAL ASSAULT RESOURCES. THIS EVENT WAS PLACED ON HOLD DUE TO COVID-19.

- PROVIDE HUMAN TRAFFICKING EDUCATION TO STAFF AT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT. THIS EVENT WAS PLACED ON HOLD DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | TEXSAN "TEXSAN" ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- METHODIST HOSPITAL | TEXSAN CHEFS WILL PROVIDE ONE HEALTHY COOKING DEMONSTRATION ANNUALLY. THIS EVENT WAS CANCELLED DUE TO COVID-19 RESTRICTIONS.

- ENCOURAGE HEALTHY EATING BEHAVIORS BY PROMOTING HEALTHY OPTIONS AT THE METHODIST HOSPITAL | TEXSAN CAFÉ. THIS PROGRAM WAS NOT DISRUPTED BY COVID-19. HEALTHY FOOD OPTIONS ARE DESIGNATED IN THE CAFÉ ALONG WITH THE APPLICABLE NUTRITION INFORMATION.

- HOLD A HEALTHY FOOD DRIVE FOR THE SAN ANTONIO FOOD BANK. MHS HELD A VIRTUAL FOOD DRIVE IN 2020, AND MONETARY DONATIONS EQUATED TO 491,575 SERVINGS.

- HOST THE "HER HEART LUNCHEON" TALKING TO COMMUNITY MEMBERS ABOUT HEALTHY LIVING AND CARDIAC HEALTH. METHODIST HEALTHCARE SYSTEM HOSTED 12

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

CARDIAC CONNECTIONS EVENTS IN 2020 WITH 309 IN ATTENDANCE. THE LUNCHEON NOTED ABOVE WAS ONE OF THE TWELVE EVENTS.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- PARTNER WITH SCHOOLS IN BALCONES HEIGHTS TO PROVIDE HEALTH PRESENTATION ON HEALTHY EATING HABITS. THIS PRESENTATION WAS CANCELLED DUE TO COVID-19.

- PROVIDE HEALTH EDUCATION COLLATERAL ON HEAT STROKE AT THE UNIVERSITY OF TEXAS AT SAN ANTONIO FAN FEST. THIS EVENT WAS CANCELLED DUE TO COVID-19.

- HOST A SCHOOL SUPPLY DRIVE FOR SCHOOLS IN BALCONES HEIGHTS. THIS DRIVE WAS CANCELLED DUE TO COVID-19.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PARTNER WITH THE CITY OF BALCONES HEIGHTS TO SEND SAFETY MESSAGES FOR THEIR NEWSLETTER AND SOCIAL MEDIA. TEXSAN PROVIDED INFORMATION FOR 2 NEWSLETTERS IN 2020.

- WORK WITH THE BALCONES HEIGHTS POLICE DEPARTMENT ON DAILY CAMPUS ROUNDING AND COMMUNICATION. BALCONES HEIGHTS POLICE ROUND DAILY ON THE CAMPUS AND PROVIDE SAFETY UPDATES AS NEEDED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- CONTINUE BEHAVIORAL HEALTH TELEMEDICINE PROGRAM TO PROVIDE SERVICES FOR THE COMMUNITY. MHS'S BEHAVIORAL HEALTH TELEMEDICINE PROGRAM LOGGED 8,678 CONSULTS IN 2020.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PROVIDE SEXUAL HEALTH EDUCATION LITERATURE TO PATIENTS DIAGNOSED WITH A SEXUALLY TRANSMITTED DISEASE (STD) ON HOW TO AVOID SPREADING THE STD AND HOW TO AVOID REOCCURENCES. THIS WAS POSTPONED DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | SOUTH (MH SOUTH) ARE AS FOLLOWS:

COMMUNITY HEALTH PRIORITY NO. 1: HEALTHY EATING AND ACTIVE LIVING

- PROVIDE MONTHLY HEALTH EDUCATION LECTURE SERIES. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

- PROVIDE FEE BIOMETRIC SCREENINGS ONCE A YEAR AND PROVIDE EDUCATION TO ENCOURAGE HEALTHY LIFESTYLES. THIS PROGRAM WAS PLACED ON HOLD DUE TO COVID-19.

- HOLD AN ANNUAL CEREAL AND OATMEAL DRIVE TO BENEFIT THE FOOD BANK AT JOURDANTON BAPTIST CHURCH. MH SOUTH DID NOT HOLD A COMMUNITY DRIVE BUT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

DID PARTICIPATE IN THE MHS DRIVE TO BENEFIT THE SAN ANTONIO FOOD BANK.

MHS HELD A VIRTUAL FOOD DRIVE IN 2020, AND MONETARY DONATIONS EQUATED TO 491,575 SERVINGS.

- PROVIDE EXERCISE ACTIVITIES TO SENIOR CITIZENS OF THE COMMUNITY ONCE A WEEK. THIS PROGRAM WAS CANCELLED IN APRIL 2020.

- PROVIDE MATTER OF BALANCE PROGRAM TO THE COMMUNITY. PRIOR TO COVID-19 RESTRICTIONS, 7 SESSIONS WERE HELD WITH 98 IN ATTENDANCE.

COMMUNITY HEALTH PRIORITY NO. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- DISTRIBUTE CALL-A-NURSE MAGNETS TO THE COMMUNITY. DISTRIBUTION PLACED ON HOLD IN 2020 DUE TO COVID-19.

- HOLD A BACK TO SCHOOL DRIVE FOR ATASCOSA COUNTY INDEPENDENT SCHOOL DISTRICTS. THE 2020 DRIVE WAS CANCELLED DUE TO COVID-19.

- PROVIDE STUDENT SCHOLARSHIPS TO PLEASANTON YOUNG FARMERS AND ATASCOSA LIVESTOCK EXCHANGE TO PROMOTE EDUCATIONAL DEVELOPMENT. 277 SCHOLARSHIPS WERE PROVIDED IN 2020.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PARTICIPATE IN NATIONAL NIGHT OUT AND PROVIDE EDUCATIONAL SAFETY TIPS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

AND FLASHLIGHTS. THIS EVENT WAS CANCELLED IN 2020 DUE TO COVID-19.

- PROVIDE LITERATURE ON SAFER PATH THROUGH METHODIST HOSPITAL | SOUTH. BROCHURES WERE PROVIDED TO EMERGENCY DEPARTMENT STAFF, AND ALSO POSTED TO MH SOUTH EMPLOYEE FACEBOOK PAGE.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL WELL-BEING

- PROVIDE SENIOR CITIZENS SOCIAL EVENTS ONCE A WEEK. THIS PROGRAM WAS CANCELLED IN APRIL OF 2020.

- HOST ONE-EIGHTY PROGRAM OFFERING HELP TO INPATIENTS SUFFERING FROM ALCOHOL OR NARCOTIC WITHDRAWALS WHO CHOOSE TO ENROLL. IN 2020 THE SERVICE COORDINATOR FOR THIS PROGRAM MET VIRTUALLY WITH 82 ENROLLEES IN THE COMMUNITY.

- EXPAND ACCESS TO CARE BY PROVIDING TELEMEDICINE SERVICES FOR BEHAVIORAL AND MENTAL WELL-BEING. MHS'S BEHAVIORAL HEALTH TELEMEDICINE PROGRAM LOGGED 8,768 CONSULTS IN 2020.

COMMUNITY HEALTH PRIORITY NO. 5: SEXUAL HEALTH

- PROVIDE HEALTH EDUCATION LECTURES ON SEXUAL HEALTH. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PARTNER WITH METHODIST HOSPITAL | SOUTH SERVICE AREA SCHOOL DISTRICTS
TO PROVIDE HUMAN PAPILOMA VIRUS (HPV) VACCINATION EDUCATIONAL MATERIALS
FOR PARENTS AND STUDENTS. THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

- PARTNER WITH METHODIST HOSPITAL | SOUTH SERVICE AREA SENIOR LIVING
FACILITIES TO PRESENT HEALTH EDUCATION LECTURE SERIES ON SEXUALLY
TRANSMITTED DISEASES (STD). THIS PROGRAM WAS POSTPONED DUE TO COVID-19.

RESULTS FROM METHODIST HOSPITAL | AMBULATORY SURGERY ("MASH") ARE AS
FOLLOWS:

- THIS FACILITY CLOSED NORMAL OPERATIONS IN MARCH OF 2020, TO FOCUS ON
THE CARE OF COVID-19 PATIENTS. AS THE FIRST WAVE OF COVID-19 INFECTIONS
SUBSIDED, THE COVID-19 UNIT WAS CLOSED AND THE FACILITY HAS REMAINED
CLOSED SINCE APRIL OF 2020.

SCHEDULE H, PART V, SEC B, LINES 13B, 13H AND 15E:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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, 2020, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$265.3 MILLION (\$330.6 MILLION IN 2019).

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.

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SEC B, LINES 16A:

[HTTPS://SAHEALTH.COM/ABOUT/MISSION-VALUES/FINANCIAL-ASSISTANCE-POLICY.DOT](https://sahealth.com/about/mission-values/financial-assistance-policy.dot)

SCHEDULE H, PART V, SEC B, LINES 16B - C:

[HTTPS://SAHEALTH.COM/ABOUT/MISSION-VALUES/FINANCIAL-ASSISTANCE-POLICY-AND-APPLICATION.DOT](https://sahealth.com/about/mission-values/financial-assistance-policy-and-application.dot)

SCHEDULE H, PART V, SEC B, LINES 16J AND 20E:

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INFORMATION ABOUT THE AVAILABILITY OF CHARITY CARE 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? 29

Name and address	Type of Facility (describe)
1 METHODIST AMBULATORY SURGERY CENTER - MC 4411 MEDICAL DRIVE, SUITE 200 SAN ANTONIO TX 78229	FREESTANDING ASC SURGERY CENTER
2 METHODIST AMBULATORY SURG. CTR-N CENTRAL 19010 STONE OAK PARKWAY SAN ANTONIO TX 78258	FREESTANDING ASC SURGERY CENTER
3 CTR FOR SPECIAL SURGERY @ TX CTR ATHL 21 SPURS LANE, SL-100 SAN ANTONIO TX 78240	FREESTANDING ASC SURGERY CENTER
4 METHODIST ER - BOERNE 134 MENDER SPRINGS BOERNE TX 78006	EMERGENCY DEPARTMENT
5 METHODIST ER CONVERSE 6402 MALLARD MEADOW SAN ANTONIO TX 78244	EMERGENCY DEPARTMENT
6 METHODIST STONE OAK REHABILITATION CTR 19126 STONEHUE SAN ANTONIO TX 78258	FREESTANDING REHABILITATION CENTER
7 METHODIST ER WESTOVER HILLS 5538 W 1604 N SAN ANTONIO TX 78251	EMERGENCY DEPARTMENT
8 METHODIST ER- ALAMO HEIGHTS 250 EAST BASSE ROAD, #101 SAN ANTONIO TX 78209	EMERGENCY DEPARTMENT
9 METHODIST CARDIOLOGY PHYSICIANS 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	TX CERTIFIED NONPROFIT HEALTHCARE CORP
10 TEXAS INSTITUTE OF MEDICINE AND SURGERY 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	TX CERTIFIED NONPROFIT HEALTHCARE CORP

Schedule H (Form 990) 2020

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 METHODIST PHYSICIAN PRACTICE SVC, LLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	MSO
2 METHODIST PHYSICIAN PRACTICES, PLLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE
3 CARDIOLOGY CLINIC OF SAN ANTONIO, PLLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE
4 METHODIST CARENOW PHYSICIAN ASSOCIATES 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	MSO
5 CARENOW SAN ANTONIO - STONE OAK 20780 HIGHWAY US 281 N SAN ANTONIO TX 78259	URGENT CARE CLINIC
6 CARENOW SAN ANTONIO - LEON VALLEY 5755 NW LOOP 410, SUITE 102 SAN ANTONIO TX 78238	URGENT CARE CLINIC
7 CARENOW SAN ANTONIO - DEZAVALA 12840 IH 10 WEST, SUITE 101 SAN ANTONIO TX 78249	URGENT CARE CLINIC
8 METHODIST AMB SURGERY CTR OF BOERNE 110 MENDER SPRINGS SAN ANTONIO TX 78006	FREESTANDING ASC
9 METHODIST ER - DEZAVALA 12805 W IH-10 SAN ANTONIO TX 78249	EMERGENCY DEPARTMENT
10 METHODIST ER - LEGACY TRAILS 9211 POTRANCO ROAD SAN ANTONIO TX 78251	EMERGENCY DEPARTMENT

Schedule H (Form 990) 2020

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 CARENOW SAN ANTONIO - POTRANCO 10538 POTRANCO, BLDG 1 SAN ANTONIO TX 78251	URGENT CARE CLINIC
2 CARENOW SAN ANTONIO - BULVERDE 17122 BULVERDE RD, SUITE 104 SAN ANTONIO TX 78247	URGENT CARE CLINIC
3 CARENOW SAN ANTONIO - ALAMO HEIGHTS 5410 BROADWAY ALAMO HEIGHTS TX 78209	URGENT CARE CLINIC
4 METHODIST WOMEN AND TEEN CENTER 1739 SW LOOP 410, SUITE 402 SAN ANTONIO TX 78227	FAMILY HEALTH CENTER
5 METHODIST FAMILTY HLTH CTR -E SOUTHCROSS 2338 E SOUTHCROSS SAN ANTONIO TX 78223	FAMILY HEALTH CENTER
6 METHODIST FAMILY HLT CTR - LAS PALMAS 803 CASTROVILLE RD, SUITE 131 SAN ANTONIO TX 78237	FAMILY HEALTH CENTER
7 METHODIST COMMUNITY HEALTH CENTER 507 ST. JAMES SAN ANTONIO TX 78202	PRIMARY CARE CLINIC
8 PEDIATRIC ANESTHESIA CONS OF SA, PLLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE
9 METHODIST AMBULATORY SURG. CTR LANDMARK 5510 PRESIDIO PARKWAY, SUITE 100 SAN ANTONIO TX 78249	FREESTANDING ASC
10 	

Schedule H (Form 990) 2020

Part VI Supplemental Information

Provide the following information.

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

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:

COSTING METHODOLOGY - COST TO CHARGE RATIOS FROM WORKSHEET 2 USED.

PART I, LINE 7A EXPLANATION -

IN THE STATE OF TEXAS 86TH LEGISLATIVE REGULAR SESSION, A BILL WAS PASSED WHICH AMENDED THE HEALTH AND SAFETY CODE, AUTHORIZING THE BEXAR COUNTY HOSPITAL DISTRICT TO CREATE A NONPUBLIC HOSPITAL PROVIDER PARTICIPATION PROGRAM. THE PARTICIPATION PROGRAM ALLOWS THE COLLECTION OF MANDATORY PAYMENTS FROM NONPUBLIC HOSPITALS. THESE PAYMENTS WILL BE DEPOSITED IN A

Part VI Supplemental Information

Provide the following information.

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

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 UNIFORM HOSPITAL RATE INCREASE PROGRAM (UHRIP). THE BILL WAS EFFECTIVE JUNE 10, 2019, HOWEVER THE LPPF PROGRAM COMMENCED ON JANUARY 1, 2020. THE PARTNERSHIP MADE PAYMENTS UNDER THIS LPPF OF \$56.5 MILLION FOR THE YEAR ENDED DECEMBER 31, 2020. THE LPPF EXPENSE IS RECORDED WITHIN THE OTHER OPERATING EXPENSES IN THE PARTNERSHIP'S CONSOLIDATED INCOME STATEMENT.

SCHEDULE H, PART III, LINES 2 & 3:

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

Part VI Supplemental Information

Provide the following information.

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

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 4:

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

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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. REVENUE IS 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

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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 RENEGOTIATIONS 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

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AGREEMENTS. REVENUE 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, 2020, THE BAD DEBT INCLUDED IN REVENUE DEDUCTIONS WAS \$112,592,217. 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:

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, 2020. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST REPORT YEAR END, THE COST REPORT

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THAT WAS FILED FOR THE COST REPORT YEAR END THAT ENDED DURING 2020 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:

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

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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.

SCHEDULE H, PART VI, LINE 2:

IN ADDITION TO THE ITEMS SPECIFICALLY NOTED TO ADDRESS THE COMMUNITY HEALTH PRIORITIES, OTHER HIGHLIGHTS FROM 2020 INCLUDE THE FOLLOWING:

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IN LATE 2011, THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION FILED AN APPLICATION FOR A WAIVER OF CERTAIN FEDERAL MEDICAID REQUIREMENTS UNDER SECTION 1115 OF THE SOCIAL SECURITY ACT. AS A RESULT OF THE GRANTING OF THIS APPLICATION THE TEXAS HEALTH CARE TRANSFORMATION AND QUALITY IMPROVEMENT PROGRAM WAS DEVELOPED TO PROVIDE PAYMENTS (DELIVERY REFORM INCENTIVE PAYMENTS, OR DSRIP) TO HOSPITAL AND OTHER PROVIDERS UPON THEIR ACHIEVING CERTAIN GOALS THAT ARE INTENDED TO IMPROVE THE QUALITY AND LOWER THE COST OF CARE. THIS INITIATIVE DIVIDES THE STATE INTO TWENTY DIFFERENT REGIONS, EACH REGION DEVELOPED A COMMUNITY HEALTH NEEDS ASSESSMENT, AND PROVIDERS IN THE REGION WILL SUBMIT PROJECTS FOR FUNDING CONSIDERATION TO ADDRESS THOSE NEEDS. METHODIST HEALTHCARE SYSTEM RECEIVED APPROVAL FOR THE FOLLOWING PROJECTS:

INTRODUCE, EXPAND OR ENHANCE TELEMEDICINE/TELEHEALTH - METHODIST WILL IMPLEMENT A TELEHEALTH PROGRAM THAT WILL PROVIDE TELEHEALTH CONSULTATIONS WITH TRAINED SPECIALISTS IN SELECTED SERVICES. BY THE END OF 2017, THE TELE-STROKE PROGRAM EXPANDED TO INCLUDE TWELVE LOCATIONS. THROUGH THIS

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PROGRAM, PHYSICIANS CAN DRAMATICALLY INCREASE RESPONSE TIME, TRANSFERS CAN BE MINIMIZED, AND PATIENTS CAN OFTEN RECEIVE LIFESAVING CARE MORE RAPIDLY, OFTEN TIMES AT THEIR HOME HOSPITAL. THE BEHAVIORAL HEALTH TELEMEDICINE PROGRAM'S OPERATIONS STARTED IN JANUARY 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 IN MEDICAL ACUTE UNITS THROUGHOUT METHODIST. 4,200 BEHAVIORAL HEALTH AND 575 TELE-STROKE CONSULTATIONS WERE PROVIDED FOR THE DSRIP REPORTING PERIOD ENDED SEPTEMBER 30, 2020. OVER 50% OF THE CONSULTATIONS PROVIDED WERE TO MEDICAID OR LOW-INCOME UNINSURED PATIENTS.

ENHANCE BEHAVIORAL HEALTH SERVICES - PATIENTS REQUIRING PSYCHIATRIC SERVICES ARE OFTEN ONE OF THE MOST UNDERSERVED POPULATIONS IN THE COMMUNITY, AND METHODIST STRIVES TO ENSURE THAT THESE PATIENTS HAVE ACCESS TO APPROPRIATE CARE. METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT IS ONE OF THE THREE SAN ANTONIO HOSPITALS THAT PROVIDE PSYCHIATRIC EMERGENCY SERVICES (PES) THROUGH THE SOUTHWEST TEXAS CRISIS

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COLLABORATIVE OF THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL. METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT PROVIDES SIX PES BEDS PROVIDING IMMEDIATE PSYCHIATRIC EVALUATIONS, CLINICAL ASSESSMENTS, AND LINKAGE TO THE NEXT APPROPRIATE LEVEL OF CARE TO ADULT MENTAL HEALTH PATIENTS.

ESTABLISH MORE PRIMARY CARE CLINICS - METHODIST OPENED THE METHODIST COMMUNITY HEALTH CENTER IN 2014. THE CENTER IS AN URGENT CARE CENTER LOCATED IN EAST SAN ANTONIO. THE METHODIST COMMUNITY HEALTH CENTER PROVIDES SERVICES TO ALL PATIENTS AT NO COST. THE CENTER PROVIDED 1,608 ENCOUNTERS FOR THE DSRIP REPORTING PERIOD ENDING SEPTEMBER 30, 2020. OF THESE ENCOUNTERS, 80% WERE PROVIDED TO MEDICAID OR LOW-INCOME UNINSURED PATIENTS. THIS LOCATION NOTED AN OVERALL DECREASE IN VOLUME IN 2020 AS A RESULT OF COVID-19.

REDESIGN TO IMPROVE THE PATIENT EXPERIENCE - THE FOCUS FOR THIS PROJECT IS TO IMPROVE HOW PATIENTS EXPERIENCE CLINICAL AREA AS WELL AS THE PATIENT'S SATISFACTION WITH THEIR CARE. IN 2016, METHODIST IMPLEMENTED STANDARDIZED GOAL ALIGNMENT BOARDS AT ALL LOCATIONS. THESE DISPLAYS,

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LOCATED IN PUBLIC AREAS, PROVIDE AN OVERVIEW OF PILLAR GOALS, AS WELL AS
PROGRESS TOWARDS MEETING THESE GOALS. METHODIST CONTINUES TO USE THESE
BOARDS TO TRACK PROGRESS, AND ALSO STANDARDIZED REPORTING, ADDING PATIENT
SAFETY AS A KEY FOCUS. METHODIST ROLLED OUT A NEW ONLINE REPORTING
RESOURCE IN THE FOURTH QUARTER OF 2019 THAT PROVIDES MULTIPLE SCORECARDS
AND REPORTS THAT ALLOW UNITS TO PRIORITIZE OPPORTUNITIES FOR IMPROVEMENT.

APPLY PROCESS IMPROVEMENT METHODOLOGY TO IMPROVE QUALITY/EFFICIENCIES
SPECIFIC TO SEPSIS - IMPROVEMENT OF SEPSIS MANAGEMENT IS A KEY INITIATIVE
IN METHODIST'S CLINICAL EXCELLENCE PLAN. METHODIST HAS DEVELOPED AND
CONTINUES TO REFINE THE SEPSIS EARLY RECOGNITION SCREENING TOOL, WHICH
WILL ALLOW CLINICAL STAFF TO BETTER IDENTIFY PATIENTS IN EARLY SEPSIS AND
TO PROVIDE RAPID INTERVENTION AND REDUCTION OF PATIENTS DEVELOPING SEVERE
SEPSIS AND/OR SEPTIC SHOCK. SEPSIS BUNDLE ELEMENTS ARE NOT INCLUDED IN
THE ELECTRONIC TRIAGE SCREENING FOR ED, ICU, IN-HOSPITAL NURSING, AND
RAPID RESPONSE TEAMS. EVIDENCE BASED ORDER SETS FOR CPOE CONTINUE TO BE
REFINED BASED UPON INPUT FROM THE MEDICAL AND NURSING STAFF. A NEW TOOL,
THE SEPSIS PREVENTION & OPTIMIZATION OF THERAPY (SPOT) IS BEING USED AT

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ALL CAMPUSES. SPOT IS AN APPLICATION THAT MONITORS ALL PATIENT LABS AND VITALS IN REAL TIME AND USES THE INFORMATION TO IDENTIFY PATIENTS WHO ARE AT RISK FOR SEPSIS. TWO METHODIST CAMPUSES HAVE ALSO RECEIVED EITHER SEPSIS CERTIFICATION OR RE-CERTIFICATION FROM THE JOINT COMMISSION.

WHEN FACED WITH A THREAT TO PUBLIC HEALTH AND SAFETY, LIKE THAT OF A PANDEMIC, METHODIST HEALTHCARE IS COMMITTED TO DOING WHAT IS RIGHT FOR OUR PEOPLE, OUR PATIENTS, AND OUR COMMUNITIES. SINCE CONFIRMING THE FIRST PATIENT CASE IN FEBRUARY 2020 (THE FIRST CASE IN TEXAS), METHODIST TREATED 8,968 COVID-19 PATIENTS THROUGH DECEMBER 31, 2020.

A RESPONSE OF THIS MAGNITUDE WAS POSSIBLE DUE TO THE UNWAVERING COMMITMENT AND TREMENDOUS SACRIFICE OF METHODIST'S EMPLOYEES, WHO HAVE BEEN GUIDED THROUGHOUT THE SYSTEM'S RESPONSE TO COVID-19 BY THESE FOUR CORE PRINCIPLES:

1. BE THERE FOR OUR PATIENTS.
2. PROTECT OUR EMPLOYEES AND CAREGIVERS, BOTH PHYSICALLY AND

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FINANCIALLY.

3. PARTNER WITH OTHERS TO IMPROVE CARE BEYOND OUR OWN ORGANIZATION.
4. BE A RESOURCE FOR OUR COMMUNITIES AND GOVERNMENTS.

BE THERE FOR OUR PATIENTS

EARLY ON, METHODIST IMPLEMENTED PROTOCOLS TO ENSURE IT'S FACILITIES WERE SAFE PLACES TO CARE FOR OUR PATIENTS. METHODIST ENHANCED CLEANING PROCEDURES, ENHANCED SCREENING PROTOCOLS, LIMITED VISITORS AND SEPARATED COVID-19 PATIENTS FROM OTHER PATIENTS.

METHODIST HEALTHCARE SYSTEM WAS ONE OF THE FIRST HEALTH SYSTEMS IN SOUTH TEXAS TO IMPLEMENT A UNIVERSAL MASKING POLICY FOR ALL STAFF AND PROVIDERS TO HELP REDUCE THE SPREAD OF THE VIRUS - EVEN BEFORE THE U.S. CENTERS FOR DISEASE CONTROL RECOMMENDED SUCH A POLICY.

DURING 2020, METHODIST HOSPITALS PERFORMED 127,181 COVID-19 TESTS FOR THE SAN ANTONIO AND CENTRAL AND WEST TEXAS DIVISIONS OF HCA.

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METHODIST ALSO SHIPPED COVID-19 TESTING INSTRUMENTS AND TEST KITS TO THE HCA GULF COAST AND CONTINENTAL DIVISIONS TO AID WITH THEIR COVID-19 TESTING.

METHODIST HOSPITAL WAS THE 2ND HOSPITAL IN TEXAS AND THE FIRST IN HCA TO RECEIVE AND PERFORM THE ABBOTT COVID-19 RAPID TEST.

99.5% OF ALL COVID-19 TESTS PERFORMED IN THE SAN ANTONIO DIVISION WERE COMPLETED IN LESS THAN 24 HOURS FROM COLLECTION TIME.

COVID-19 POSITIVE PATIENTS DID NOT HAVE TO PAY FOR THEIR TREATMENT IN MHS'S HOSPITALS.

METHODIST, THROUGH ITS PARTNERSHIP WITH HCA, OFFERED A FREE DEDICATED HOTLINE FOR PATIENTS WHO LOST JOBS AND/OR HEALTH INSURANCE TO GUIDE THEM THROUGH THEIR COVERAGE OPTIONS. AS OF DECEMBER 2020, 7,200 PATIENTS WERE ASSISTED THROUGH THE HOTLINE, WHICH ADDRESSED MORE THAN 20,300 CALLS.

Part VI Supplemental Information

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PROTECT OUR EMPLOYEES AND CAREGIVERS, BOTH PHYSICALLY AND FINANCIALLY

IN 2020, OUR SUPPLY CHAIN DISTRIBUTED 374,092 N95 MASKS, 62,869,606 EXAM GLOVES, 2,697,154 LEVEL I MASKS, 43,692 FACE SHIELDS AND 2,433,138 ISOLATION GOWNS. AS THE PANDEMIC CONTINUES, WE CONTINUE TO WORK TIRELESSLY TO ENSURE WE HAVE ENOUGH PERSONAL PROTECTIVE EQUIPMENT TO PROTECT OUR CAREGIVERS.

METHODIST COLLABORATED WITH MAJOR HOTEL CHAINS TO PROVIDE HOUSING FOR PROVIDERS WHO WORK DIRECTLY WITH COVID-19 PATIENTS AND OFFERED SCRUB LAUNDERING FOR THOSE CARING FOR COVID-19 PATIENTS.

AT A TIME WHEN HUNDREDS OF HOSPITALS AND HEALTHCARE SYSTEMS WERE LAYING OFF OR FURLOUGHING EMPLOYEES, METHODIST INTRODUCED A PANDEMIC PAY PROGRAM THAT HELPED PROVIDE PAYCHECKS TO EMPLOYEES UNABLE TO WORK AS GOVERNMENT MANDATES HALTED MANY ELECTIVE PROCEDURES. METHODIST ALSO OFFERED QUARANTINE PAY FOR PATIENT CARE STAFF WHO MET CRITERIA FOR EXPOSURE TO COVID-19.

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METHODIST PROVIDED MULTIPLE RESOURCES TO STAFF WHO WORKED ENDLESS HOURS AND SHIFTS SUCH AS: VIRUTAL MENTAL WELLNESS SEMINARS, COUNSELING, 24/7 ADVICE LINES AND COPING TOOLS, FINANCIAL ASSISTANCE IN THE FORM OF TOOL KITS, WEBINARS AND ADVICE LINES; EMERGENCY CHILDCARE OPTIONS; ON-SITE MINI MARTS AND FREE "DOCTOR ON DEMAND" TELEHEALTH VISITS.

TOP MHS EXECUTIVES TOOK A 30% PAY CUT AND HOSPITAL CEO'S DONATED 30% OF THEIR PAY FOR THE MONTHS OF APRIL AND MAY TO THE HCA HOPE FUND TO HELP STAFF IN NEED DURING THE PANDEMIC.

MHS OFFERED STAFF EASY ACCESS TO COVID-19 TESTING AT THE CARENOW URGENT CARE AND A DRIVE-THROUGH SITE AT METHODIST HOSPITAL AMUBLATORY SURGERY.

PARTNER WITH OTHERS TO IMPROVE CARE BEYOND OUR OWN ORGANIZATION

THROUGH HCA, METHODIST JOINED A COALITION OF THE NATION'S LEADING MENTAL HEALTH ORGANIZATIONS TO SUPPORT PSYCH HUB'S COVID-19 MENTAL RESOURCE HUB,

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WHICH PROVIDES EMPLOYEES AND PROVIDERS WITH MENTAL HEALTH RESOURCES
DURING THE PANDEMIC.

METHODIST'S LONGSTANDING PARTNERSHIPS WITH NONPROFIT ORGANIZATIONS LIKE
THE AMERICAN CANCER SOCIETY, UNITED WAY, MARCH OF DIMES, AND MORE, HELPED
US QUICKLY ADAPT TO THE RAPIDLY CHANGING LANDSCAPE CREATED BY THE
PANDEMIC.

METHODIST IMPLEMENTED FIVE COVID-19 CLINICAL TRIALS DURING 2020.
THIRTY-SIX PATIENTS HAVE BEEN ENROLLED IN AN ECMO RESEARCH TRIAL WHICH
TRENDS DATA AND OUTCOMES. METHODIST ALSO OPENED A CLINIC TRIAL IN
THERAPEUTIC PLASMA EXCHANGE, EMERGENCY USE REMDESIVIR, IN INDIVIDUAL
PATIENTS, AND EXPANDED ACCESS REMDESIVIR (ENROLLED 15 SUBJECTS BEFORE
EMERGENCY APPROVAL), EMERGENCY USE MESENCHYMAL CELLS AND CONVALESCENT
PLASMA EXPANDED ACCESS PROGRAM (1,427 PATIENTS ENROLLED).

METHODIST COLLABORATED WITH SOUTHWEST TEXAS REGIONAL ADVISORY COMMITTEE
(STRAC), THE CITY OF SAN ANTONIO AND OTHER COMMUNITY ORGANIZATIONS AND

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SHARED DATA AND BEST PRACTICES TO IMPROVE EMERGENCY OPERATIONS PLANS

THROUGHOUT THE REGION.

BE A RESOURCE FOR OUR COMMUNITIES AND GOVERNMENTS

METHODIST CONTINUES TO WORK ON EXPANDING RELATIONSHIPS WITH COMMUNITY PARTNERS, SUCH AS THE AMERICAN CANCER SOCIETY, MARCH OF DIMES, AND THE AMERICAN HEART ASSOCIATION TO ADDRESS KEY ISSUES TIED TO EDUCATION, WORKFORCE DEVELOPMENT, CIVIC/ECONOMIC ADVANCEMENT, HEALTH EQUITY AND WELL BEING.

THROUGH HCA COVID-19 FUNDING, METHODIST WAS ABLE TO GIVE A TOTAL OF \$100,000 TO LOCAL GROUPS SUCH AS THE SAN ANTONIO FOOD BANK, COMMUNITIES IN SCHOOLS, ENROLL SA AND A DIGITAL DIVIDE EDUCATION PROJECT.

THROUGH HCA COVID-19 FUNDING, METHODIST IS OFFERING A FREE MENTAL HEALTH PROGRAM TO OUR MIDDLE AND HIGH SCHOOLS THROUGH EVERFI, A LEADING EDUCATION TECHNOLOGY PROVIDER. TO DATE, THE PROGRAM IS BEING OFFERED TO

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OVER 200 STUDENTS AND FOUR SCHOOLS.

DUE TO THE CANCELLATION OF IN-PERSON EVENTS, MHS CREATED A SERIES OF HEALTH MATTERS VIDEOS, FOCUSING ON: MENTAL HEALTH, HEALTHY EATING, AND HANDS-ONLY CPR. THE VIDEOS WERE PUSHED OUT VIA SOCIAL MEDIA, EMPLOYER ONLINE FORUMS AND TARGETED GROUPS. COVID-19 SAFETY VIDEOS WERE ALSO PRODUCED. THE VIDEO SERIES GARNERED 27,000 VIEWS. SELECT SAFETY VIDEOS WERE ALSO AIRED BY KENS-TV AND KSAT-TV.

METHODIST HEALTHCARE PARTNERED WITH METHODIST HEALTHCARE MINISTRIES, HCA HEALTHTRUST AND THE HEALTH COLLABORATIVE TO DISTRIBUTE NEARLY 40,000 POUNDS OF FOOD TO RESIDENTS OF ATASCOSA COUNTY. OVER 1,200 FAMILIES WERE GIVEN FOOD BOXES THAT CONTAINED FRUITS AND VEGETABLES, MEATS AND MILK PRODUCTS.

METHODIST HEALTHCARE SYSTEM WORKED HAND-IN-HAND WITH THE SOUTH TEXAS BLOOD AND TISSUE CENTER TO HOLD MUCH-NEEDED CONVALESCENT PLASMA DONOR DRIVES TO HELP IN THE CARE OF COVID-19 PATIENTS.

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HOSPITAL SERVICE GROWTH

THE METHODIST HOSPITAL CAMPUS ADDED THE FOLLOWING SERVICES IN 2020:

METHODIST ESTABLISHED THE METHODIST VASCULAR CENTER, OFFERING MULTIDISCIPLINARY, COMPREHENSIVE VASCULAR CARE WITH THE ADDITION OF A NEW VASCULAR HYBRID OR TO CARE FOR THE TOTALITY OF PATIENT NEEDS. METHODIST OPENED A COMPREHENSIVE BURN AND RECONSTRUCTIVE CENTER FOR ADULT AND PEDIATRIC PATIENTS OFFERING TREATMENT FOR ALL BURN TYPES AND COMPLEX WOUNDS. MORE THAN THREE HUNDRED ADULT AND PEDIATRIC PATIENTS HAVE BEEN TREATED IN THE CENTER'S FIRST EIGHT MONTHS OF OPERATION. METHODIST ALSO OPENED A 24-BED INPATIENT REHABILITATION UNIT OFFERING COMPREHENSIVE, INDIVIDUALIZED SERVICES FOR PATIENTS RECOVERING FROM SERIOUS ILLNESSES OR INJURIES. METHODIST HOSPITAL OPENED 2 FREE STANDING EMERGENCY ROOMS (DE ZAVALA AND LEGACY TRAILS) AND ANNOUNCED PLANS TO OPEN AN ADDITIONAL FREE-STANDING EMERGENCY ROOM IN HELOTES IN EARLY 2021. METHODIST HOSPITAL IS THE FIRST IN SOUTHWEST TEXAS, AND SECOND IN THE STATE, TO PERFORM ITS FIRST IMPLANT OF THE NEXT-GENERATION WATCHMAN FLX DEVICE, DESIGNED TO

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ALLEVIATE STROKE RISK FOR PATIENTS DIAGNOSED WITH ATRIAL FIBRILLATION (AF). METHODIST HOSPITAL ALSO INTRODUCED A NURSE MIDWIFERY GROUP TO SUPPORT ITS GROWING LABOR AND DELIVERY PROGRAM.

METHODIST CHILDREN'S HOSPITAL ADDED AN ADDITIONAL PEDIATRIC CARDIOTHORACIC SURGEON TO EXPAND THEIR PEDIATRIC CV PROGRAM. METHODIST CHILDREN'S HOSPITAL WAS THE FIRST IN SOUTH TEXAS TO IMPLANT A JUVENILE TUMOR SYSTEM (JTS) IN A PEDIATRIC PATIENT BATTLING BONE CANCER. METHODIST CHILDREN'S HOSPITAL PERFORMED ITS FIRST HALO-GRAVITY PROCEDURE ON A PATIENT SUFFERING FROM SEVERE SCOLIOSIS.

METHODIST HOSPITAL | NORTHEAST COMPLETED PHASE ONE OF THE 60-BED INPATIENT TOWER EXPANSION DURING 2020. THE HOSPITAL ALSO OPENED ITS NEW STATE-OF-THE ART ORTHOPEDIC AND NEUROSCIENCES UNIT. THIS UNIT CONSISTS OF 30 ALL-PRIVATE PATIENT ROOMS AND ALSO HOUSES THE BRAND-NEW METHODIST HOSPITAL | NORTHEAST BRAIN AND SPINE CENTER, AS WELL AS THE HOSPITAL'S HIGHLY REGARDED JOINT REPLACEMENT CENTER. THE HOSPITAL OPENED A NEW HELIPAD ON THE FIFTH FLOOR THAT ALLOWS FOR A SEAMLESS TRANSITION OF CARE

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FOR PATIENTS FROM OUTLYING AREAS.

METHODIST HOSPITAL | STONE OAK OPENED THE METHODIST STONE OAK
REHABILITATION CENTER IN JULY OF 2020. THE 42-BED CENTER OFFERS
COMPREHENSIVE PHYSICAL REHABILITATION SERVICES.

METHODIST HOSPITAL | TEXSAN COMPLETED THE RENOVATION AND EXPANSION OF ITS
EMERGENCY DEPARTMENT WHICH ADDED 7,700 SQUARE FEET OF TREATMENT SPACE, 11
PRIVATE ROOMS (INCLUDING AN ISOLATION ROOM), A TRAUMA ROOM, AND MULTIPLE
TRIAGE ROOMS. METHODIST HOSPITAL | TEXSAN WAS THE FIRST HOSPITAL IN SAN
ANTONIO SELECTED TO RECEIVE A PATIENT WHO WAS AN EVACUEE FROM CHINA,
WHICH WOULD BE THE FIRST COVID-19 POSITIVE PATIENT IN TEXAS.

THE CATH LAB AT METHODIST HOSPITAL | METROPOLITAN RECEIVED \$6 MILLION IN
UPGRADES DURING 2020. THE HOSPITAL ALSO INVESTED \$2 MILLION TO PURCHASE
A SECOND XI SURGICAL ROBOT. THE FIRST COVID-19 SURGERY CASE IN SAN
ANTONIO WAS PERFORMED AT METHODIST HOSPITAL | METROPOLITAN.

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IN 2020, THE KIDNEY TRANSPLANT PROGRAM AT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT LEAD THE NATION IN PERFORMING THE MOST LIVING DONOR KIDNEY TRANSPLANTS (208). THE KIDNEY PROGRAM CONTINUES TO BE AN INTERNATIONALLY RECOGNIZED LEADER IN PAIRED KIDNEY DONOR EXCHANGE TRANSPLANTS WITH 2020 MARKING THE TENTH TIME IN TWELVE YEARS THAT THE LIVING KIDNEY DONOR PROGRAM HAS REACHED THIS ESTEEMED NATIONALLY RECOGNIZED MILESTONE. THE HOSPITAL ALSO LAUNCHED A HEARTBURN AND REFLUX PROGRAM IN 2020 TO PROVIDE COMPREHENSIVE CARE FOR INDIVIDUALS SUFFERING FROM GASTROESOPHOGEAL REFLUX DISEASE (GERD).

METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT HAS ENHANCED BEHAVIORAL HEALTH SERVICES BY OPERATING AN PSYCHIATRIC EMERGENCY SERVICE (PES) UNIT AND A SUBOXONE CLINIC TO TREAT PATIENTS WITH OPIOID ADDICTION.

IMPORTANT DESIGNATIONS

METHODIST HOSPITAL/METHODIST CHILDREN'S HOSPITAL

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- METHODIST HOSPITAL EXPANDED THE LEVEL OF MATERNAL FETAL CARE SERVICES BY RECEIVING A LEVEL IV MATERNAL DESIGNATION, AND A LEVEL IV RE-DESIGNATION FOR NEONATAL INTENSIVE CARE.

- METHODIST HOSPITAL RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY GRADE IN 5 OF THE LAST 6 REPORTING PERIODS.

- METHODIST HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES - STROKE GOLD PLUS WITH HONOR ROLL ELITE AND TARGET: TYPE 2 DIABETES HONOR ROLL ACHIEVEMENT AWARD.

- METHODIST HOSPITAL RECEIVED THE FIVE HEALTHGRADES EXCELLENCE IN WOMEN'S CARE AWARDS.

- METHODIST HOSPITAL RECEIVED TWO TRANSPORTATION GRANTS FROM THE AMERICAN CANCER SOCIETY TO ADDRESS THE TRANSPORTATION NEEDS OF BREAST CANCER AND PEDIATRIC CANCER PATIENTS IN SAN ANTONIO.

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- METHODIST HOSPITAL RECEIVED THE FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY (FACT) AND CHILDREN'S ONCOLOGY GROUP (COG) ACCREDITATION FOR ITS DEDICATION TO IMPROVING THE CARE AND SERVICES PROVIDED TO ONCOLOGY PATIENTS.

- METHODIST CHILDREN'S HOSPITAL EARNED AN "A" LEAPFROG HOSPITAL SAFETY GRADE.

- METHODIST CHILDREN'S RECEIVED A \$35,000 DONATION FROM HOPE HITS HARDER CANCER FOUNDATION TO BUILD AN IMMERSIVE, FANTASY FOREST-THEMED EXPERIENCE TO THE HOSPITAL.

- CHILD LIFE SPECIALISTS AT METHODIST CHILDREN'S HOSPITAL DEVELOPED HELPFUL EDUCATIONAL MATERIALS AND VIDEOS FOR PARENTS AND CHILDREN TO EXPLAIN THE COVID-19 PANDEMIC IN WAYS THAT CERTAIN PEDIATRIC AGE GROUPS COULD UNDERSTAND. THESE VIDEOS WERE WELL RECEIVED BY THE COMMUNITY AND REACHED NEARLY 18,000 PEOPLE.

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METHODIST HOSPITAL | NORTHEAST

- METHODIST HOSPITAL | NORTHEAST RECEIVED JOINT COMMISSION CERTIFICATIONS
IN SEPSIS, PRIMARY STROKE CENTER, HIPS AND KNEES, AND STROKE
REHABILITATION.

- METHODIST HOSPITAL | NORTHEAST RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY
GRADE.

- METHODIST HOSPITAL | NORTHEAST WAS DESIGNATED AS THE CORPORATE PARTNER
OF THE YEAR BY THE LIVE OAK ECONOMIC DEVELOPMENT CORPORATION.

- METHODIST HOSPITAL | NORTHEAST RECEIVED AMERICAN HEART
ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES TARGET:
STROKE AWARD.

METHODIST HOSPITAL | STONE OAK

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- 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.

- METHODIST HOSPITAL | STONE OAK WAS DESIGNATED AS A LEVEL 3 TRAUMA CENTER IN DECEMBER OF 2020.

- METHODIST HOSPITAL | STONE OAK RECEIVED A 4-STAR CMS RATING FOR OVERALL QUALITY AND PATIENT SAFETY MEASURES.

- METHODIST HOSPITAL | STONE OAK WAS THE RECIPIENT OF THE ACTION REGISTRY/NCDR PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR CARDIAC EXCELLENCE.

- METHODIST HOSPITAL | STONE OAK RECEIVED THE GET WITH THE GUIDELINES - STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION.

- METHODIST HOSPITAL | STONE OAK RECEIVED 5-STARS FROM HEALTHGRADES FOR VAGINAL DELIVERY FOR THE SIXTH CONSECUTIVE YEAR AND C-SECTION DELIVERY FOR THE THIRD CONSECUTIVE YEAR.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

METHODIST | TEXSAN

- METHODIST | TEXSAN EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR REHABILITATION STROKE ACCREDITATION.

- METHODIST | TEXSAN WAS RECOGNIZED FOR ITS DEMONSTRATED EXPERTISE AND COMMITMENT IN TREATING PATIENTS WHO COME TO AN ELECTROPHYSIOLOGY (EP) LAB AND CARDIAC CATH LAB FOR CARE, INCLUDING DIAGNOSTIC CATHETERIZATIONS AND PRECUTANEOUS CORONARY INTERVENTION (PCI) PROCEDURES BY THE AMERICAN COLLEGE OF CARDIOLOGY (ACC).

- METHODIST | 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.

- METHODIST | TEXSAN RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY GRADE.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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METHODIST HOSPITAL | METROPOLITAN

- METHODIST HOSPITAL | METROPOLITAN RECEIVED AN "A" LEAPFROG SAFETY

HOSPITAL SAFETY GRADE (MOST CONSECUTIVE "A'S" IN THE METHODIST HEALTHCARE SYSTEM).

- METHODIST HOSPITAL | METROPOLITAN RECEIVED AN AMERICAN HEART

ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES - STROKE GOLD PLUS WITH HONOR ROLL ELITE AND TARGET: TYPE 2 DIABETES HONOR ROLL ACHIEVEMENT AWARD.

- METHODIST HOSPITAL | METROPOLITAN ACHIEVED RE-DESIGNATION OF "PATHWAY TO EXCELLENCE" BY THE AMERICAN NURSES CREDENTIALING CENTER.

METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT

- METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT (MSTH) IS THE ONLY HOSPITAL WITHIN THE METHODIST HEALTHCARE SYSTEM TO HAVE THE SEXUAL

Part VI Supplemental Information

Provide the following information.

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ASSAULT RESPONSE TEAM, WHICH WORKS WITH VICTIMS AGE 13 YEARS AND OLDER IN MORE THAN 60 SOUTH TEXAS COUNTIES. THIS PROGRAM PROVIDES SEXUAL ASSAULT NURSE EXAMINERS (SANE) TRAINED BY THE STATE ATTORNEY GENERAL'S OFFICE. MSTH'S PROGRAM WORKS CLOSELY WITH LOCAL LAW ENFORCEMENT OFFICIALS AND RAPE CRISIS CENTER REPRESENTATIVES.

- THE LIVER TRANSPLANT PROGRAM AT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT CONTINUES TO SHOW EXCEPTIONAL RESULTS WITH 95.61% THREE-YEAR PATIENT SURVIVAL RATES, WHICH IS THE BEST IN THE NATION.

- METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY GRADE.

- METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR REHABILITATION STROKE ACCREDITATION.

METHODIST HOSPITAL | SOUTH

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

- METHODIST HOSPITAL | SOUTH IS THE ONLY HOSPITAL IN THE METHODIST HEALTHCARE SYSTEM TO EARN FIVE STARS ON THE MOST RECENT CMS REPORT.

- METHODIST HOSPITAL | SOUTH RECEIVED AN "A" LEAPFROG HOSPITAL SAFETY GRADE.

- METHODIST HOSPITAL | SOUTH RECEIVED A TRAUMA LEVEL IV DESIGNATION IN 2020.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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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 AWARENESS OF METHODIST HEALTHCARE'S CHARITABLE MISSION.

SCHEDULE H, PART VI, LINE 3:

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

Part VI Supplemental Information

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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:

THE SAN ANTONIO METROPOLITAN STATISTICAL AREA (MSA) OF 2.5 MILLION PEOPLE
 INCLUDES THE SEVENTH LARGEST PERCENTAGE OF HISPANICS IN THE UNITED
 STATES. 60% OF THE LOCAL POPULATION IS HISPANIC, 28% IS WHITE

Part VI Supplemental Information

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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 \$57,379, COMPARED TO \$60,629 FOR TEXAS AND \$61,937 FOR THE NATION. SAN ANTONIO HAS A LARGE POPULATION LIVING IN POVERTY WHEN COMPARED TO OTHER PARTS OF TEXAS. 18.6% OF SAN ANTONIO RESIDENTS LIVE AT OR BELOW THE POVERTY LEVEL, AND BEXAR COUNTY IS AT 16.4%, COMPARED TO 15.5% FOR TEXAS, AND 14.1% FOR THE U.S. SAN ANTONIO'S PERCENT OF HOUSEHOLDS RECEIVING FOOD STAMPS IS 15.6%, WITH TEXAS AT 13.1%, AND THE U.S. AT 13.3%.

METHODIST HEALTHCARE SERVES AN ESTIMATED POPULATION OF NEARLY 2.9 MILLION IN BEXAR AND 26 SOUTH AND CENTRAL TEXAS COUNTIES: ATASCOSA, BANDERA,

Part VI Supplemental Information

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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.

SCHEDULE H, PART VI, LINE 5:

SEE RESPONSES FOR SCHEDULE H, PART VI, LINE 2.

SCHEDULE H, PART VI, LINE 6:

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
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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.

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 DECREASED IN 2020 BY 20%. THE ACCEPTANCE RATE IN 2020 WAS 82% COMPARED TO 98.7% IN 2019. SELF-PAY PATIENTS ACCOUNTED FOR 15.7% OF ALL TRANSFERS IN 2020 AS COMPARED TO 14.9% IN 2019. PEDIATRIC AND HIGH-RISK MATERNAL TRANSFERS ARE ALSO NOW HANDLED THROUGH THESE CONSOLIDATED PLACEMENT SERVICES. THE ACCEPTANCE RATE FOR THESE TRANSFERS WAS 99.4% IN 2020 (99.6% IN 2019). MHS SELF-PAY AND CHARITY PATIENTS ACCOUNTED FOR 8.3% OF ALL PEDIATRIC (AGES 0-17) AND MATERNAL TRANSFERS AS COMPARED TO 6.6% IN 2019.

METHODIST AIRCARE, IN PARTNERSHIP WITH REACH AIR MEDICAL SERVICES, HAS THREE RURAL HELICOPTERS IN THE REGION.

Part VI Supplemental Information

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SPECIALIZED SERVICES AVAILABLE AT MHS FACILITIES INCLUDE THE FOLLOWING:

NEONATOLOGY SERVICES, PEDIATRIC SUBSPECIALTY SERVICES, BONE MARROW
TRANSPLANT, KIDNEY TRANSPLANTS, HEART TRANSPLANTS, LIVER TRANSPLANTS,
PANCREAS TRANSPLANTS, HYPERBARIC OXYGEN TREATMENT, STROKE CARE, MEDICAL
AIR TRANSPORT, GAMMA KNIFE RADIOSURGERY, AND BARIATRIC SURGERY.

SEE RESPONSES FOR LINE 2 ABOVE REGARDING EXPANSION OF SERVICES IN 2020.

THE MAJORITY OF CHARITY CARE PROVIDED BY THE HOSPITALS IS FROM PATIENTS
RECEIVING EMERGENCY SERVICES. EMERGENCY DEPARTMENT (ED) VISITS TO
METHODIST FACILITIES TOTALED 277,951 IN 2020 (346,435 IN 2019), DOWN
ALMOST 20% FROM 2019 DUE TO COVID-19. 20.21% OF TOTAL ED VISITS RESULTED
IN INPATIENT ADMISSIONS WITH A 3.21% INCREASE IN ED ADMISSIONS OVER 2019.
IN ADDITION, 24.24% OF ALL VISITS TO METHODIST EMERGENCY DEPARTMENTS IN
2020 WERE MADE BY CHARITY OR SELF-PAY PATIENTS.

METHODIST CONTINUES TO FOCUS ON IMPROVING ACCESS TO CARE FOR THE

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COMMUNITY BY IMPROVING EMERGENCY DEPARTMENT ACCESS. WHEN COMPARING 2020 TO 2019, METHODIST SAW AN 8% DECREASE IN THE PATIENT-ARRIVAL-TO-BED (ATB) METRIC AND A 15% IMPROVEMENT IN ARRIVAL-TO-GREET (ATG) METRIC. THE AVERAGE LENGTH OF STAY FOR ALL PATIENTS INCREASED FROM 235.5 MINUTES IN 2019 TO 270.7 MINUTES IN 2020.

TEXAS TRANSPLANT INSTITUTE (TTI), AT METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT, 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. THERE WERE 6,660 TRANSPORTS IN 2020, WITH THE DECREASE IN TRANSPORTS DUE TO COVID-19.

METHODIST HOSPITAL | METROPOLITAN IN CONJUNCTION WITH METHODIST HOSPITAL WOMEN'S SERVICES AND COMMUNICARE, OPERATES FOUR FAMILY HEALTH CENTERS

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THAT PROVIDE COMPLIMENTARY PREGNANCY TESTING (2,163 TESTS IN 2020),
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 2020 WERE 38,569.

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 2020,
METHODIST REFERRED PHYSICIANS TO 4,305 DOCTORSOURCE CALLERS (UP TO THREE
PHYSICIANS MAY BE REFERRED TO EACH CALLER). IN ONE OTHER COMMUNITY
BENEFITS CATEGORY, METHODIST PROVIDED OVER \$202,895 IN CHARITABLE
CONTRIBUTIONS TO NON-PROFIT HEALTH AND HUMAN SERVICE AGENCIES SERVING THE

Part VI Supplemental Information

Provide the following information.

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

COMMUNITY.

METHODIST HEALTHCARE ONCE AGAIN CONTRIBUTED ANNUAL FUNDING TO STRAC'S CRISIS COLLABORATIVE (STCC) IN THE AMOUNT OF \$1,620,450. 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 COMMITMENT GOES BEYOND ITS FINANCIAL CONTRIBUTION. FOR EXAMPLE, WHEN THE NIX HEALTHCARE SYSTEM SHUT DOWN IT PSYCHIATRIC EMERGENCY SERVICE (PES), MHS ESTABLISHED A SIX-BED PED AS METHODIST HOSPITAL | SPECIALTY AND TRANSPLANT TO HELP FILL THE VOID. MOREOVER, THE LOCAL MENTAL HEALTH AUTHORITY, CHCS, HAS EMBEDDED STAFF IN THE PES UNITS TO ASSURE CARE COORDINATION FOR THE OUTPATIENT SERVICES THAT CHCS WILL PROVIDE FOR PATIENTS THAT ARE TREATED AND RELEASED.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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. IT IS SAFE TO SAY THAT, ABSENT THIS CAPABILITY, THE CLOSURE OF ALL PSYCHIATRIC BEDS AT THE NIX WOULD HAVE PRODUCED SEVERE "BOARDING" PROBLEMS IN THE EMERGENCY ROOMS OF HOSPITALS WITH NO PSYCHIATRIC UNITS.

ACUTE CARE STATION AT HAVEN FOR HOPE, WHICH PROVIDES AN ONSITE PARAMEDIC TO SCREEN 911 CALLS, AND HAS RESULTED IN AN ALMOST 50% REDUCTIONS 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.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

CROSSPOINT, A 35-BED BEHAVIORAL HEALTH DIVERSION PROGRAM.

SIGNIFY, A CLOUD-BASED CARE COORDINATION PLATFORM, STILL IN DEVELOPMENT.

METHODIST PLAYS A LEADING ROLE IN THE SUPPORT OF THE HEALTH

COLLABORATIVE, INCLUDING THE UTILIZATION OF THEIR COMMUNITY HEALTH NEEDS

ASSESSMENT TO ASSIST IN THE DETERMINATION OF WHERE MHS SHOULD CONCENTRATE

COMMUNITY ACTIVITIES (SEE ADDITIONAL INFORMATION IN LINE 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:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

MHS FILES AN ANNUAL STATEMENT OF COMMUNITY BENEFITS WITH THE STATE OF TX.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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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? **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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 911 PARK PLACE 911 PARK AVE. CORPUS CHRISTI TX 78401	74-2996340	501(C)(3)	62,800.				COVID SUPPORT
(2) ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE TX 78163	90-0401594	501(C)(3)	41,122.				COVID SUPPORT
(3) ALAMO COLLEGES 201 W. SHERIDAN SAN ANTONIO TX 78204	74-6002173	GOVT	62,894.				NURSING PROGRAM
(4) ALBERTO ESCO FOUNDATION, INC. 804 RINGGOLD ST. RGC TX 78582	47-5658150	501(C)(3)	12,500.				COVID SUPPORT
(5) ALZHEIMERS ASSOCIATION 10223 MCCALLISTER FWY SA TX 78216	13-3039601	501(C)(3)	25,000.				DONATION
(6) AMERICAN CANCER SOCIETY 7800 WEST IH-10 SAN ANTONIO TX 78230	13-1788491	501(C)(3)	335,977.				DONATION
(7) AMERICAN HEART ASSOCIATION 8415 WURZBACH SAN ANTONIO TX 78229	13-5613797	501(C)(3)	45,000.				DONATION
(8) AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE BLVD C.C. TX 78404	20-3008507	501(C)(3)	585,303.				HEALTHCARE PROGRAM MEDICAL SVCS.
(9) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET BANDERA TX 78003	77-0697361	501(C)(3)	128,771.				PRIMARY CARE SVCS. BEHAVIAROL HEALTH
(10) ASCENSION DEPAUL SERVICES 7607 SOMERSET ROAD SAN ANTONIO TX 78211	74-6106876	501(C)(3)	585,614.				HEALTHCARE PROGRAM
(11) ATASCOSA HEALTH CENTER 310 W. OAKLAWN RD. PLEASANTON TX 78064	74-2089103	501(C)(3)	139,656.				HEALTHCARE PROGRAM
(12) AYA FOUNDATION 8823 CALLAGHAN RD SAN ANTONIO TX 78230	83-2929650	501(C)(3)	10,000.				DONATION

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Employer identification number
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BARNETT CHAPEL UNITED METHODIST CHURCH 710 PASHAL AVENUE KERVILLE TX 78028	84-4165533	501(C)(3)	19,000.				COVID SUPPORT
(2) BARRIO COMP FAMILY HEALTH CARE CENTER, INC. 3066 E. COMMERCE STREET SA TX 78220	74-1724391	501(C)(3)	1,848,604.				HEALTHCARE PROGRAM DENTAL PROGRAM
(3) BEHAVIORAL HEALTH SOLUTIONS OF SOUTH TEXAS 5510 N. CAGE BLVD. PHARR TX 78577	74-2648885	501(C)(3)	562,800.				HEALTHCARE PROGRAM
(4) BEXAR COUNTY HEALTH COLLABORATIVE 1002 N. FLORES SAN ANTONIO TX 78212	74-2953076	501(C)(3)	30,000.				OPERATIONAL SUP.
(5) BOYS AND GIRLS CLUB OF PHARR 1026 S. FIR STREET PHARR TX 78577	75-2258513	501(C)(3)	168,380.				YOUTH DEVELOPMENT COVID SUPPORT
(6) BUDA UNITED METHODIST CHURCH 302 ELM STREET BUDA TX 78610	80-0600617	501(C)(3)	15,540.				COVID SUPPORT
(7) CAMP PHOENIX 3340 WEST SH71 HORSEHOE BAY TX 78657	26-0310507	501(C)(3)	63,000.				COVID SUPPORT
(8) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR. AUSTIN TX 78744	74-2217350	501(C)(3)	50,000.				COVID SUPPORT
(9) CHILDREN'S ASSOC FOR MAXIMUM POTENTIAL, INC 2525 LADD STREET LACKLAND AFB TX 78236	74-2095766	501(C)(3)	100,150.				FAMILY RETREATS
(10) CHILDREN'S BEREAVEMENT CENTER OF SOUTH TX 205 W. OLMOS DRIVE SAN ANTONIO TX 78212	74-2828178	501(C)(3)	237,469.				HEALING PROGRAMS
(11) CHILDSAFE 7130 US HWY 90 SAN ANTONIO TX 78227	74-2633697	501(C)(3)	90,000.				COUNSELING SVCS.
(12) CHOW TRAIN 217 CEDAR STREET SAN ANTONIO TX 78210	45-1223294	501(C)(3)	16,800.				COVID SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
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Schedule I (Form 990) 2020

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE. SAN ANTONIO TX 78215	74-1947967	501(C)(3)	35,500.				COVID SUPPORT
(2) CHRIST'S KITCHEN 609 E. WARREN VICTORIA TX 77901	74-2387543	501(C)(3)	27,750.				COVID SUPPORT
(3) CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK DR SAN ANTONIO TX 78229	74-1153067	501(C)(3)	475,000.				BEHAVIORAL HLTH COVID19 DONATION
(4) COASTAL BEND FOOD BANK 826 KRILL ST. CORPUS CHRISTI TX 78408	74-2234089	501(C)(3)	250,000.				COVID SUPPORT
(5) COASTAL PLAINS COMMUNITY CENTER 200 MARRIOT PORTLAND TX 78374	74-2919178	GOVT	397,966.				HEALTHCARE PROGRAM
(6) COKER UNITED METHODIST CHURCH 231 EAST NORTH LOOP ROAD SA TX 78216	74-1367519	501(C)(3)	67,500.				COVID SUPPORT
(7) COMAL HABITAT FOR HUMANITY 1269 INDUSTRIAL NB TX 78130	74-2667761	501(C)(3)	90,000.				COVID SUPPORT
(8) COMMUNITIES IN SCHOOLS OF SAN ANTONIO INC 1616 E. COMMERCE ST. SA TX 78205	74-2393714	501(C)(3)	212,633.				MENTAL SUPPORT
(9) COMMUNITY HEALTH CENTERS OF S. CENTRAL TX 228 ST. GEORGE STREET GONZALEZ TX 78629	74-1548089	501(C)(3)	249,596.				HEALTHCARE PROGRAM
(10) COMMUNITY HEALTH DEVELOPMENT 908 S. EVANS UVALDE TX 78801	74-2269739	501(C)(3)	318,846.				DENTAL PROGRAM COVID SUPPORT
(11) COMM HOPE PROJECTS, INC.-DBA HOPE FAM H CTR 2332 JORDAN ROAD MCALLEN TX 78503	74-2742024	501(C)(3)	433,840.				COUNSELING SVCS. COVID SUPPORT
(12) CONCHO VALLEY CENTER FOR HUMAN ADVANCEMENT 1501 WEST BEAUREGARD SAN ANGELO TX 76901	75-1251523	501(C)(3)	110,734.				OPERATIONAL SUP.

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1) CONCHO VALLEY REGIONAL FOOD BANK 1313 S. HILL ST. SAN ANGELO TX 76903	75-1897032	501(C)(3)	105,000.				COVID SUPPORT
(2) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET C.C. TX 78408	74-2247261	501(C)(3)	125,230.				MEDICAL SVCS.
(3) COURAGE RANCH 3292 HWY 97 WEST FLORESVILLE TX 78114	83-2819350	501(C)(3)	38,239.				EQUINE PROGRAM
(4) COVENANT UNITED METHODIST CHURCH 4410 DUVALL ROAD AUSTIN TX 78727	74-2213549	501(C)(3)	5,355.				COVID SUPPORT
(5) CULTURE OF LIFE MINISTRIES 205 S. 4TH ST. HARLINGEN TX 78550	90-0978971	501(C)(3)	16,000.				COVID SUPPORT
(6) DENTISTS WHO CARE 307 E. RAILROAD WESLACO TX 78596	74-2802622	501(C)(3)	20,000.				COVID SUPPORT
(7) ECUMENICAL CENTER FOR RELIGION AND HEALTH 8310 EWING HALSELL DR. SA TX 78229	74-1587388	501(C)(3)	753,277.				MEDICAL PROGRAM PASTORAL CARE
(8) EL CAMPO UNITED METHODIST CHURCH 202 OLIVE STREET EL CAMPO TX 77437	80-0925242	501(C)(3)	10,000.				COVID SUPPORT
(9) EL CENTRO D FAMILY HEALTH CARE CENTER, INC. 3750 COMMERCIAL AVE SAN ANTONIO TX 78221	74-1787031	501(C)(3)	1,867,373.				HEALTHCARE PROGRAM
(10) EL DIVINO REDENTOR UNITED METHODIST CHURCH 2421 WEST MAPLE AVENUE MCALLEN TX 78501	74-1364727	501(C)(3)	28,375.				COVID SUPPORT
(11) FAMILY COUNSELING SERVICE 3833 S. STAPLES CORPUS CHRISTI TX 78411	74-1321308	501(C)(3)	130,866.				COUNSELING SVCS.
(12) FAMILY SVC ASSOCIATION OF SAN ANTONIO, INC. 702 SAN PEDRO SAN ANTONIO TX 78212	74-1117341	501(C)(3)	710,304.				CHILD COUNSELING

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

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Schedule I (Form 990) 2020

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAMILY VIOLENCE PREVENTION SERVICES, INC. 7911 BROADWAY SAN ANTONIO TX 78209	74-1994151	501(C)(3)	74,293.				COUNSELING SVCS.
(2) FII NATIONAL 663 13TH ST. OAKLAND CA 94612	02-0784790	501(C)(3)	200,000.				FINANCIAL PROGRAM
(3) FIRST UNITED METHODIST CHURCH BASTROP 1201 MAIN STREET BASTROP TX 78602	74-6221803	501(C)(3)	17,399.				DONATION COVID SUPPORT
(4) FIRST UNITED METHODIST CHURCH CARRIZO 602 WEST NOPAL STREET CZT TX 78834	74-2907468	501(C)(3)	48,570.				COVID SUPPORT
(5) FIRST UNITED METHODIST CHURCH CORPUS CHRIST 900 SOUTH SHORELINE BLVD C.C. TX 78401	74-1166910	501(C)(3)	12,000.				COVID SUPPORT
(6) FIRST UNITED METHODIST CHURCH ELGIN 216 WEST 3RD STREET ELGIN TX 78621	74-1595512	501(C)(3)	45,000.				COVID SUPPORT
(7) FIRST UNITED METHODIST CHURCH HARLINGEN 321 EAST HARRISON HARLINGEN TX 78550	74-1193449	501(C)(3)	11,300.				DONATION COVID SUPPORT
(8) FIRST UNITED METHODIST CHURCH LA FERIA 318 SOUTHEAST STREET LA FERIA TX 78559	74-2415587	501(C)(3)	35,539.				DONATION COVID SUPPORT
(9) FIRST UNITED METHODIST CHURCH MCALLEN 4200 NORTH MCCOLL ROAD MCALLEN TX 78504	74-1222280	501(C)(3)	8,300.				COVID SUPPORT
(10) FIRST UNITED METHODIST CHURCH RAYMONDVILLE 192 SOUTH 3RD ST. RAYMONDVILLE TX 78580	74-1272386	501(C)(3)	10,200.				COVID SUPPORT
(11) FIRST UNITED METHODIST CHURCH TAFT 302 MCINTYRE AVENUE TAFT TX 78390	74-2524820	501(C)(3)	67,000.				DONATION COVID SUPPORT
(12) FIRST UNITED METHODIST CHURCH VICTORIA 407 NORTH BRIDGE ST. VICTORIA TX 77901	74-1222281	501(C)(3)	57,000.				COVID SUPPORT

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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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? **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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FLORESVILLE FOOD PANTRY 5TH ST. AND A ST. FLORESVILLE TX 78114	47-2060636	501(C)(3)	20,500.				COVID SUPPORT
(2) FOOD BANK OF THE GOLDEN CRESCENT 3809 E. RIO GRANDE ST. VICTORIA TX 77901	74-2534561	501(C)(3)	100,000.				COVID SUPPORT
(3) FOOD BANK OF THE RIO GRANDE VALLEY 724 N. CAGE BLVD. PHARR TX 78577	74-2421560	501(C)(3)	240,000.				COVID SUPPORT
(4) FRONTERA HEALTHCARE NETWORK 604 EAKER STREET EDEN TX 76837	75-2854259	501(C)(3)	121,379.				DENTAL SVCS.
(5) FUERZA UNIDA, INC. 710 NEW LAREDO HWY SAN ANTONIO TX 78211	74-2615917	501(C)(3)	7,425.				COVID SUPPORT
(6) GATEWAY COMMUNITY FAMILY HEALTH CARE CTR 1515 PAPPAS ST. LAREDO TX 78041	74-2553409	501(C)(3)	1,216,662.				HEALTHCARE PROGRAM DENTAL PROGRAM
(7) GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO SAN ANTONIO TX 78207	74-1117340	501(C)(3)	27,600.				RELIEF SUPPORT
(8) GRACE UNITED METHODIST CHURCH 14521 NORTHWEST BLVD C.C. TX 78410	74-2329986	501(C)(3)	11,055.				COVID SUPPORT
(9) GRAPE CREEK UNITED METHODIST CHURCH 8045 US HWY 87 NTH SAN ANGELO TX 76901	75-2644099	501(C)(3)	10,350.				COVID SUPPORT
(10) GULF BEND MENTAL HEALTH MENTAL RETARDATION 6502 NURSERY DRIVE VICTORIA TX 77904	74-1659064	501(C)(3)	193,961.				HEALTHCARE PROGRAM
(11) HEALTHCARE ACCESS SAN ANTONIO 5535 FREDERICKSBURG SAN ANTONIO TX 78229	20-3752122	501(C)(3)	198,224.				OPERATIONAL SUP.
(12) HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO TX 78202	74-1667875	501(C)(3)	66,432.				HEALTH SVCS. COVID SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
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(1) HIGHLAND LAKE CRISIS NETWORK 1000 RIDGE POINT DR. MARBLE FLS TX 78654	83-2515465	501(C)(3)	21,250.				COVID SUPPORT
(2) HILL COUNTRY CHRISTIAN COUNSELING CTR, INC. 1127 EAST MAIN STREET KERVILLE TX 78028	74-2897680	501(C)(3)	175,464.				HEALTH PROGRAM COVID SUPPORT
(3) HILL COUNTRY COMMUNITY NEEDS COUNCIL 1904 N. LLANO FREDERICKSBURG TX 78624	74-2276776	501(C)(3)	60,000.				COVID SUPPORT
(4) HILL COUNTRY DAILY BREAD MINISTRIES 234 WEST BANDERA ROAD BOERNE TX 78006	30-0148195	501(C)(3)	82,840.				FAMILY PROGRAM
(5) HILL COUNTRY FAMILY SERVICES 114 WEST ADVOGT BOERNE TX 78006	74-2425029	501(C)(3)	54,564.				DIABETES SUPPORT
(6) HILL COUNTRY MISSION HEALTH 122 COMMERCE AVENUE BOERNE TX 78006	48-1262832	501(C)(3)	111,000.				PRIMARY CARE SVCS. COVID SUPPORT
(7) HOLDING INSTITUTE, INC. 1102 SANTA MARIA AVENUE LAREDO TX 78040	74-0687050	501(C)(3)	10,000.				COVID SUPPORT
(8) HOME OF LIVING FAITH 1523 JFK CRYSTAL CITY TX 78839	84-3312047	501(C)(3)	20,000.				COVID SUPPORT
(9) HORSES HELPING THE HANDICAPPED INC. 791 BACKHAUS ROAD PIPE CREEK TX 78063	74-2746369	501(C)(3)	222,499.				EQUINE SUPPORT
(10) HOSANA FOOD PANTRY 237 SCHOOL DRIVE POTEET TX 78065	83-0723856	501(C)(3)	14,625.				COVID SUPPORT
(11) HOUSE OF NEIGHBORLY SERVICES 407 NORTH CALAVERAS SA TX 78207	74-1153442	501(C)(3)	30,780.				COVID SUPPORT
(12) HUNT UNITED METHODIST CHURCH 120 MERITT ROAD HUNT TX 78024	74-2521350	501(C)(3)	6,000.				COVID SUPPORT

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(1) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SA TX 78207	74-2690192	501(C)(3)	171,350.				VISION CARE COVID SUPPORT
(2) IGLESIA METHODISTA UNIDA EL PRINCIPE DE PAZ 404 WEST CHAPOY STREET DEL RIO TX 78840	74-2821214	501(C)(3)	24,000.				COVID SUPPORT
(3) INFANT & FAMILY NUTRITION AGENCY 1225 BOCA CHICA BLVD BSV TX 78520	74-3005860	501(C)(3)	20,000.				OPERATIONAL SUP.
(4) JEWISH FAMILY SERVICE OF SAN ANTONIO, INC. 12500 N.W. MILITARY HWY SA TX 78231	74-1759254	501(C)(3)	278,115.				HEATH SVCS. COVID SUPPORT
(5) LA UNION DEL PUEBLO ENTERO 1601 US 83 BUSINESS SAN JUAN TX 78589	93-1029197	501(C)(3)	259,482.				HEALTHCARE SVCS.
(6) LAKE TRAVIS CRISIS MINISTRIES 107 RR 620 SOUTH LAKEWAY TX 78734	74-2612401	501(C)(3)	15,000.				COVID SUPPORT
(7) LAUREL HEIGHTS UNITED METHODIST CHURCH 227 W. WOODLAWN AVENUE SA TX 78212	74-1272395	501(C)(3)	10,000.				DONATION
(8) LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN DRIVE SA TX 78238	74-2809910	501(C)(3)	97,114.				WOMEN'S HEALTHCARE
(9) LIGHT ON THE HILL AT MOUNT WESLEY 610 METH ENCAMPMENT RD KERVILLE TX 78028	83-3263624	501(C)(3)	133,000.				COVID SUPPORT
(10) LOWER RIO GRANDE VALLEY COMM H MGMT. CORP, 901 E. VERMONT AVE. MCALLEN TX 78503	74-2784427	501(C)(3)	469,000.				HEALTH PROGRAM
(11) MAGDELENA HOUSE 6257 BABCOCK ROAD SAN ANTONIO TX 78240	80-0251526	501(C)(3)	53,000.				FAMILY PROGRAM
(12) MARTINEZ STREET WOMEN'S CENTER 801 NORTH OLIVE STREET SA TX 78202	74-2934053	501(C)(3)	78,095.				COVID SUPPORT

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(1) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 101 AVE F NORTH BAY CITY TX 77414	20-0537948	501(C)(3)	177,051.				HEALTH PROGRAM
(2) MERCY MINISTRIES OF LAREDO 2500 ZACATECAS STREET LAREDO TX 78046	20-0198462	501(C)(3)	599,255.				HEALTH PROGRAM
(3) METROPOLITAN COMMUNITY CHURCH OF SA 611 EAST MYRTLE SAN ANTONIO TX 78212	74-2741216	501(C)(3)	6,520.				COVID SUPPORT
(4) MISSION BORDER HOPE 811 NORTH BIBB AVE. EAGLE PASS TX 78852	45-5327586	501(C)(3)	41,500.				DONATION COVID SUPPORT
(5) NATIONAL CENTER FOR BEHAVIORAL HEALTH SOLUT 3130 IH 10 WEST SAN ANTONIO TX 78201	47-0857847	501(C)(3)	401,104.				MEDICAL SVCS. COVID SUPPORT
(6) NEW BRAUNFELS CHRISTIAN MINISTRIES 1659 STATE HWY 46W NB TX 78132	26-2221231	501(C)(3)	259,000.				DENTAL SVCS. COVID SUPPORT
(7) NORTHERN HILLS UNITED METHODIST CHURCH 3703 NORTH LOOP 1604 EAST SA TX 78247	74-1904431	501(C)(3)	15,000.				DONATION COVID SUPPORT
(8) NUESTRA CLINICA DEL VALLE 801 W. 1ST STREET SAN JUAN TX 78577	74-1721807	501(C)(3)	135,890.				DENTAL PROGRAM HEALTH PROGRAM
(9) PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN TX 78752	23-7087608	501(C)(3)	136,512.				INTEGRATED PROGRAM
(10) PILLAR 1403 NORTH SEYMOUR AVE. LAREDO TX 78040	27-3656127	501(C)(3)	50,000.				COUNSELING SVCS.
(11) PLANNED LIVING ASSISTANCE NETWORK OF CENTRA 4110 GUADALUPE AUSTIN TX 78751	74-2861614	501(C)(3)	38,632.				HEALTH SERVICES
(12) PLANNED PARENTHOOD OF SAN ANTONIO 2140 BABCOCK ROAD SAN ANTONIO TX 78229	74-1297211	501(C)(3)	432,900.				HEALTH SERVICES

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(1) PROJECT TRANSFORMATION 1902 VANCE JACKSON ROAD SA TX 78123	84-2069964	501(C)(3)	110,435.				LITERACY PROGRAM
(2) PROMISE POINTE 8550 US59 VICTORIA TX 77905	81-2532681	501(C)(3)	10,732.				COVID SUPPORT
(3) PROYECTO DESARROLLO HUMANO INC. 17617 SABAL PALM DRIVE PENITAS TX 78576	20-5709276	501(C)(3)	26,941.				WELLNESS PROGRAM
(4) PROYECTO JUAN DIEGO, INC. 2216 EDUARDO AVENUE BROWNSVILLE TX 78526	81-0606967	501(C)(3)	399,299.				DIABETES PROGRAMS
(5) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE TX 78028	74-2819628	501(C)(3)	203,042.				HEALTH SERVICES
(6) RESPITE CARE OF SAN ANTONIO 605 BELKNAP PLACE SAN ANTONIO TX 78212	74-2467770	501(C)(3)	215,000.				MEDICAL SVCS. COVID SUPPORT
(7) RGVHIE 1816 E. HARRISON ST. HARLINGEN TX 78550	36-4697880	501(C)(3)	298,792.				OPERATIONAL SUP.
(8) RIO TEXAS CONF. OF THE UNITED MC 16400 HUEBNER ROAD SAN ANTONIO TX 78248	74-1326672	501(C)(3)	480,106.				PASTORAL HEALTH CHAPLAINCY PROGRAM
(9) ROY MAAS YOUTH ALTERNATIVES INC 3103 WEST AVENUE SAN ANTONIO TX 78213	74-1914638	501(C)(3)	100,528.				EMERGENCY SVCS. PSYCHIATRIC SVCS.
(10) RURAL ECONOMIC ASSISTANCE LEAGUE INC. 301 LUCERO STREET ALICE TX 78332	74-1784537	501(C)(3)	130,275.				COVID SUPPORT
(11) RUST STREET MINISTRIES 803 RUST STREET SAN ANGELO TX 76903	75-2950303	501(C)(3)	27,500.				COVID SUPPORT
(12) SALVATION ARMY - DEVINE SERVICE UNIT 212 WEST BENTON AVENUE DEVINE TX 78016	58-0660607	501(C)(3)	28,500.				COVID SUPPORT

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(1) SAN ANTONIO CHRISTIAN DENTAL CLINIC 1 HAVEN FOR HOPE WAY SA TX 78207	74-2428161	501(C)(3)	429,219.				DENTAL SVCS. COVID SUPPORT
(2) SAN ANTONIO CLUBHOUSE, INC. 6851 CITIZENS PARKWAY SA TX 78229	82-0559940	501(C)(3)	200,000.				OPERATIONAL SUP.
(3) SAN ANTONIO FOOD BANK 5200 ENRIQUE BARRERA PARKWAY SA TX 78227	74-2122979	501(C)(3)	559,745.				SOCIAL SVCS. COVID SUPPORT
(4) SAN ANTONIO LIFETIME RECOVERY 10290 SOUTHTON ROAD SAN ANTONIO TX 78223	74-1540097	501(C)(3)	76,500.				COUNSELING SVCS.
(5) SAN ANTONIO METROPOLITAN MINISTRY 5254 BLANCO ROAD SAN ANTONIO TX 78216	74-2285793	501(C)(3)	119,545.				HEALTH & WELLNESS
(6) SLEW, INC. (SUP. LENDING FOR EMO WELL-BEING) 12521 NACOGDOCHES ROAD SA TX 78217	42-1580967	501(C)(3)	62,500.				MENTAL AND CANCER SUPPORT
(7) SMITHVILLE 300 LYNCH STREET SMITHVILLE TX 78957	20-4515999	501(C)(3)	115,653.				MEDICAL SERVICES
(8) SOCIETY OF ST. VINCENT DE PAUL DIOCESAN 500 EAST TRAVIS STREET LULING TX 78648	74-2763690	501(C)(3)	18,315.				COVID SUPPORT
(9) SOUTH TEXAS FOOD BANK 2121 JEFFERSON LAREDO TX 78041	74-2574983	501(C)(3)	225,000.				COVID SUPPORT
(10) SOUTH TEXAS RURAL HEALTH SERVICE 611 THORNTON COTULLA TX 78014	74-1905196	501(C)(3)	490,872.				DENTAL PROGRAM HEALTH PROGRAM
(11) SOUTHWEST T FAMILY HEALTH CARE CENTER, INC. 7500 US HWY 90 WEST SA TX 78227	74-2896432	501(C)(3)	4,339,842.				TRANSITIONAL HOUSING
(12) SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HRL TX 78550	74-2357970	501(C)(3)	136,080.				HEALTHCARE PROGRAM

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(1) TEJAS HEALTH CARE 753 EAST TRAVIS ST. LA GRANGE TX 78945	75-3260266	501(C)(3)	256,078.				HEALTHCARE PROGRAM
(2) TEXAS A&M HEALTH SCIENCE CENTER 209 NORTH WATER STREET C.C. TX 78401	74-2907553	NOT FOUND	281,735.				DIABETES PROGRAMS
(3) TEXAS A&M INTERNATIONAL UNIVERSITY 5201 UNIVERSITY BLVD LAREDO TX 78041	74-1761398	501(C)(3)	266,836.				NURSING PROGRAM
(4) TEXAS DIAPER BANK 5415 BANDERA ROAD SAN ANTONIO TX 78238	74-2886380	501(C)(3)	330,621.				ASSISTANCE COVID SUPPORT
(5) TEXAS KIDNEY FOUNDATION 45 NORTHEAST LOOP 410 SUITE 255 TX 78216	27-4237653	501(C)(3)	34,679.				DIABETES PROGRAM
(6) TEXAS LUTHERAN UNIVERSITY 1000 WEST COURT STREET SEGUIN TX 78155	74-1109748	501(C)(3)	174,996.				NURSING PROGRAM
(7) THE ARC OF SAN ANTONIO, INC. 13430 WEST AVENUE SAN ANTONIO TX 78216	74-1200110	501(C)(3)	127,914.				NURSING PROGRAM COVID SUPPORT
(8) THE CHILDREN'S SHELTER 2939 WEST WOODLAWN AVENUE SA TX 78228	74-1109660	501(C)(3)	411,988.				MEDICAL SVCS. COVID SUPPORT
(9) THE GOOD SAMARITAN CENTER 140 IND. LOOP FREDERICKSBURG TX 78624	91-2129853	501(C)(3)	60,000.				COMMUNITY PROGRAM
(10) THE PROSTHETIC FOUNDATION 5047 SHERRL ANN SAN ANTONIO TX 78233	01-0949598	501(C)(3)	93,127.				OPERATIONAL SUPPORT
(11) THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DRIVE SAN ANTONIO TX 78229	26-0371270	501(C)(3)	107,000.				CANCER SUPPORT COVID SUPPORT
(12) TIMONS MINISTRIES 10501 STH PADRE ISL. DRIVE C.C. TX 78418	31-1638327	501(C)(3)	89,424.				MEDICAL CAPITAL

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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? **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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRAVIS PARK UNITED METHODIST CHURCH 230 EAST TRAVIS STREET SA TX 78205	74-1152600	501(C)(3)	18,000.				COVID SUPPORT
(2) UNITED MEDICAL CENTERS 2525 NTH VETERANS BLVD EG PASS TX 78852	74-1993570	501(C)(3)	390,777.				HEALTHCARE PROGRAM COVID SUPPORT
(3) UNITED WAY OF SAN ANTONIO 700 SOUTH ALAMO STREET SA TX 78205	74-1272381	501(C)(3)	9,000.				DONATION
(4) UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE AUSTIN TX 78712	74-6000203	GOVT	210,030.				CENSUS PROGRAM
(5) UNIV. OF TX H SCIENCE CENTER AT HOUSTON 7000 FANNIN ST, UCT 1006 HOU TX 77030	74-1761309	GOVT	474,591.				DIABETES PREVENTION
(6) UNIV. OF TX H SCIENCE CENTER SAN ANTONIO 7703 FLOYD CURL DRIVE SA TX 78229	74-1586031	GOVT	1,159,281.				MEDICAL SVCS. COVID SUPPORT
(7) UNIVERSITY OF TEXAS RIO GRANDE VALLEY 1201 WEST UNIV. DRIVE EDINBURG TX 78539	46-5292740	GOVT	328,453.				MEDICAL CARE PROGRAMS
(8) VIDA Y SALUD HEALTH SYSTEMS INC. 308 CESAR CHAVEZ AVE. CY CITY TX 78839	74-1715419	501(C)(3)	236,740.				HEALTH PROGRAM COVID SUPPORT
(9) WESLEY COMMUNITY CENTER 4015 MACARTHUR CORPUS CHRISTI TX 78416	74-1185657	501(C)(3)	220,531.				HOMELESS PROGRAM COVID SUPPORT
(10) WESLEY UNITED METHODIST CHURCH 3915 GOLLIHAR ROAD C.C. TX 78415	74-2131868	501(C)(3)	20,850.				COVID SUPPORT
(11) WEST AVENUE COMPASSION 10715 WEST AVENUE SAN ANTONIO TX 78213	80-0623205	501(C)(3)	19,595.				COVID SUPPORT
(12) WEST TEXAS COUNSELING & GUIDANCE INC 242 NORTH MAGDALEN SAN ANGELO TX 76903	75-1561599	501(C)(3)	593,407.				COUNSELING SVCS.

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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? **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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTLAWN UNITED METHODIST CHURCH 122 SOUTH SAN MANUEL SA TX 78237	74-2769878	501(C)(3)	25,933.				DONATION SUPPORT
(2) WILLIAM TAYLOR UNITED METHODIST CHURCH 321 EAST JONES STREET LULING TX 78648	94-3490519	501(C)(3)	13,000.				COVID SUPPORT
(3) WOMEN INVOLVED IN NURTURING, GIVING, SHARIN 7500 US HWY 90 W. SAN ANTONIO TX 78227	74-2920912	501(C)(3)	302,986.				CANCER SUPPORT
(4) YORKTOWN ASSISTANCE MINISTRIES 123 NORTH CHURCH YORKTOWN TX 78164	74-2689299	501(C)(3)	7,290.				COVID SUPPORT
(5) YWCA CORPUS CHRISTI 4601 CORONA DRIVE C.C. TX 78411	74-1157366	501(C)(3)	23,817.				COVID SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 161.

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

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

Schedule I (Form 990) 2020

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ELECTRICITY ASSISTANCE	170.	50,375.			
2 WATER ASSISTANCE	47.	9,059.			
3 RENT/MORTGAGE ASSISTANCE	82.	48,098.			
4 HEALTHCARE PROGRAM ASSISTANCE	3.	445.			
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.

SCHEDULE I, PART I, LINE 2:

DESCRIPTION OF ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANTS

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).

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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. 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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

APPROPRIATELY. EACH GRANTEE IS AUDITED EVERY YEAR OR EVERY OTHER YEAR

BASED ON THE TYPE OF GRANT TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS.

IN JUNE 2018, THE FASB ISSUED ASU NO. 2018-08, NOT-FOR-PROFIT ENTITIES (TOPIC 958): CLARIFYING THE SCOPE AND THE ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE. THE ASU CLARIFIES AND IMPROVES THE SCOPE AND THE ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE. THE AMENDMENTS IN THE UPDATE SHOULD ASSIST ENTITIES IN (1) EVALUATING WHETHER TRANSACTIONS SHOULD BE ACCOUNTED FOR AS CONTRIBUTIONS (NONRECIPROCAL TRANSACTIONS) WITHIN THE SCOPE OF ASC

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TOPIC 958, NOT-FOR-PROFIT ENTITIES, OR AS EXCHANGE (RECIPROCAL)

TRANSACTIONS SUBJECT TO OTHER GUIDANCE AND (2) DETERMINING WHETHER A CONTRIBUTION IS CONDITIONAL. ASU NO. 2018-08 SHOULD BE APPLIED ON A MODIFIED-PROSPECTIVE BASIS. RETROSPECTIVE APPLICATIONS ARE PERMITTED. MHM ADOPTED THE MODIFIED-PROSPECTIVE BASIS BEGINNING JANUARY 1, 2019.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - 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.

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.

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.

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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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 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)	526,830.	0.	0.	38,362.	28,812.	594,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 XOCHY HURTADO CHIEF OPERATING OFFICER	(i)	303,587.	0.	0.	19,500.	27,681.	350,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	(i)	308,359.	0.	0.	19,950.	18,428.	346,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 OANH MARONEY-OMITADE VP OF ORG. EXCELLENCE	(i)	192,173.	0.	0.	19,072.	38,331.	249,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DEANNA BOKINSKY VP OF STRATEGIC PLNG & GROWTH	(i)	190,986.	0.	0.	11,848.	20,002.	222,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	(i)	191,537.	0.	0.	17,405.	12,929.	221,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JENNIFER KNOULTON VP OF REGIONAL OPERATIONS	(i)	182,698.	0.	0.	17,348.	27,098.	227,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BRIDGET LAMME-KERR DIRECTOR OF HUMAN RESOURCES	(i)	171,057.	0.	0.	12,170.	12,736.	195,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.

Employer identification number
74-1287016

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES

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.

Name of the organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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IN ADDITION TO THE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES IDENTIFIED UNDER PROGRAM SERVICE ACTIVITY #2, 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: MELD; 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 BISHOP ERNEST T. DIXON, JR. CLINIC 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

Name of the organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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WESLEY CAFÉ 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 CAFÉ 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 VI, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS

JOE JOHNSTON (10% OWNERSHIP) AND PENDLETON WICKERSHAM (51% OWNERSHIP) ARE PARTNERS IN A MEDICAL DEVICE COMPANY.

FORM 990, PART VI, LINE 11B

PROCESS TO REVIEW THE FORM 990

THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE FORM 990 TAX RETURN AND MAKES RECOMMENDATION TO THE FULL BOARD. AFTER THIS REVIEW, THE TAX RETURN IS FORWARDED TO THE FULL BOARD FOR REVIEW AND ACCEPTANCE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

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.

Name of the organization METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
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FORM 990, PART VI, LINES 15A AND 15B:

PROCESS FOR DETERMINING COMPENSATION

LINE 15A: 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.

LINE 15B: 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:

PROCESS FOR MAKING 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: MHM.ORG>LIBRARY>FINANCIAL STATEMENTS AND TAX RETURNS.

FORM 990, PART XI, LINE 9

PARTNERSHIP EARNINGS OF THE BOOKS	\$156,949,529
TAX PARTNERSHIP OF FORM 1065	(\$199,770,726)
WPCC REVENUE	\$55,116
WPCC EXPENSES	(\$4,956,057)
OTHER	(\$79,360)
TOTAL	(\$47,801,498)

Name of the organization METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.

Employer identification number
74-1287016

ATTACHMENT 1

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.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHATHAM ASSET MANAGEMENT 26 MAIN ST, STE 204 CHATHAM, NJ 07928	INVESTMENT MANAGER	1,632,936.
BALYASNY ASSET MANAGEMENT 444 W. LAKE STREET, 50TH FLOOR CHICAGO, IL 60606	INVESTMENT MANAGER	1,602,562.
EVANSTON CAPITAL MANAGEMENT 1560 SHERMAN AVENUE, STE 960 EVANSTON, IL 60201	INVESTMENT MANAGER	1,403,532.
SENDERO WEALTH MANAGEMENT 250 W. NOTTINGHAM, SUITE 300 SAN ANTONIO, TX 78209	INVESTMENT MANAGER	737,590.
ABBAY CAPITAL LIMITED 1-2 CAVENDISH ROW DUBLIN IRELAND	INVESTMENT MANAGER	502,265.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**

Employer identification number
74-1287016

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)					
(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 16400 HUEBNER ROAD SAN ANTONIO, TX 78248 74-1326672	CHURCH	TX	501(C)(3)	1	N/A		X
(2) WESLEY PRIMARY CARE CLINIC 4507 MEDICAL DRIVE SAN ANTONIO, TX 78229 74-2784284	MEDICAL SERVI	TX	501(C)(3)	12A-TYPE 1	MHM	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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) METHODIST HEALTHCARE SYSTEM OF 8109 FREDERICKSBURG ROAD SAN A	HOSPITAL SYSTEM	TX	N/A	RELATED	201,597,493.	1,225,762,409.		X	0.	X		50.0000
(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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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	5,100,884.	CASH
(2) RIO TEXAS CONFERENCE OF THE UMC	B	480,106.	CASH
(3) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO	S	175,000,000.	CASH
(4) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO	J	87,516.	CASH
(5) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO	Q	54,231.	CASH
(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 VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III, LINE 1:

NAME: METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO

EIN: 74-2730328

ADDRESS: 8109 FREDERICKSBURG ROAD

SAN ANTONIO, TX 78229

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2021 Estimated Tax			A	
B. Enter 100 % of Line A	B			
C. Enter 100 % of tax on 2020 FORM 990-T	C	117,838.		
D. Required Annual Payment (Smaller of lines B or C)			D	117,838.
E. Income tax withheld (if applicable)			E	
F. Balance (As rounded to the nearest multiple of)			F	117,840.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2019 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	04/15/2020			
2	06/15/2020			
3	09/15/2020			
4	12/15/2020	117,840.		117,840.
Total		117,840.		117,840.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.