

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018**Open to Public
Inspection****A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

4507 MEDICAL DRIVE

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

SAN ANTONIO, TX 78229-4401

F Name and address of principal officer: **JAMIE WESOLOWSKI**
SAME AS C ABOVE**D** Employer identification number

74-1287016

E Telephone number

(210) 692-0234

G Gross receipts \$ 278,681,162.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MHM.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1955 **M** State of legal domicile: TX**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: "SERVING HUMANITY TO HONOR GOD" BY IMPROVING THE PHYSICAL, MENTAL AND SPIRITUAL HEALTH OF THOSE LEAST SERVED IN THE RIO TEXAS CONFERENCE AREA OF THE UNITED METHODIST CHURCH		
	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	26.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	507.
	6 Total number of volunteers (estimate if necessary)	6	160.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,409,081.
b Net unrelated business taxable income from Form 990-T, line 34	7b	3,408,861.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,358,206.	5,235,104.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,145,612.	119,764,456.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,456,858.	46,650,707.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,335,269.	1,656,559.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	186,295,945.	173,306,826.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	31,791,053.	34,883,247.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	32,044,131.	34,162,353.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,745,690.	29,280,481.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,580,874.	98,326,081.
19 Revenue less expenses. Subtract line 18 from line 12	91,715,071.	74,980,745.	
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)	1,127,090,572.	1,141,912,595.
	22 Net assets or fund balances. Subtract line 21 from line 20.	38,827,144.	39,290,521.
		1,088,263,428.	1,102,622,074.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	TONY LOBASSO		CFO	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	
	MELVA SCOTT			
	Firm's name ▶ ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 34-6565596	
	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** (2018)

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

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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 34,663,715. including grants of \$ 34,663,715.) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 18,717,744. including grants of \$ 219,532.) (Revenue \$ 77,041.)

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 SIBILINGS UP TO THE AGE OF 21 IN TWO SCHOOL DISTRICTS.

4c (Code:) (Expenses \$ 10,437,381. including grants of \$) (Revenue \$)

THE WESLEY NURSE PROGRAM SPANS 86 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 in Schedule O.)

(Expenses \$ 22,239,317. including grants of \$) (Revenue \$ 119,687,415.)

4e Total program service expenses ▶ 86,058,157.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	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? If "Yes," complete Schedule C, Part II.	4 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? If "Yes," complete Schedule C, Part III.	5	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? If "Yes," complete Schedule D, Part I.	6	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? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	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? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 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? If "Yes," complete Schedule D, Part VI.	11a 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? If "Yes," complete Schedule D, Part VII.	11b 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? If "Yes," complete Schedule D, Part VIII.	11c 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? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV.	14b	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? If "Yes," complete Schedule F, Parts II and IV.	15	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? If "Yes," complete Schedule F, Parts III and IV.	16	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? If "Yes," complete Schedule G, Part I (see instructions).	17	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? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

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

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 507		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b 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)?	4a	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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	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.	16	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 in 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**

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

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

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

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 TONY LOBASSO, CFO 4507 MEDICAL DRIVE SAN ANTONIO, TX 78229 210-692-0234

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) MICHAEL J. LANE, M.D. V CHAIR (CHAIR ELECT BEG 6/27)	4.00 0.	X		X				0.	0.	0.
(2) MINDI ALTERMAN V CHAIR (DIRECTOR BEG 6/27)	4.00 0.	X		X				0.	0.	0.
(3) ALICE H. GANNON CHAIR ELECT (CHAIR BEG. 6/27)	4.00 0.	X		X				0.	0.	0.
(4) JAMES A. GARCIA DIRECTOR NON-VOTING (BEG 6/27)	2.00 0.	X						0.	0.	0.
(5) LAVONNE GARRISON TREASURER (V CHAIR BEG 6/27)	4.00 0.	X		X				0.	0.	0.
(6) JOE E. JOHNSTON, M.D. DIRECTOR	2.00 0.	X						0.	0.	0.
(7) LOTT MCILHENNY SECRETARY (DIRECTOR BEG 6/27)	4.00 0.	X		X				0.	0.	0.
(8) MICHAEL F. PORTER, JR. V CHAIR (DIRECTOR BEG 6/27)	4.00 0.	X		X				0.	0.	0.
(9) GEORGE N. RICKS CHAIR (IMM PAST CHAIR BEG 6/27)	6.00 0.	X		X				0.	0.	0.
(10) POLIN C. BARRAZA DIRECTOR (TERM 6/27)	2.00 0.	X						0.	0.	0.
(11) DOUGLAS W. BECKER DIRECTOR (TREASURER BEG 6/27)	2.00 0.	X		X				0.	0.	0.
(12) BONNIE K. BERRY DIRECTOR	2.00 0.	X						0.	0.	0.
(13) SCOTT D. BRYAN DIRECTOR NON-VOTING	2.00 0.	X						0.	0.	0.
(14) BLAS S. CATALANI II DIRECTOR NON-VOTING	2.00 0.	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) SAM DAWSON DIRECTOR (SECRETARY BEG 6/27)	2.00 0.	X		X				0.	0.	0.
(16) RINALDO J. GONZALEZ DIRECTOR	2.00 0.	X						0.	0.	0.
(17) RICHARD T. GILBY DIRECTOR NON-VOTING	2.00 0.	X						0.	0.	0.
(18) REV. GREG HACKETT DIRECTOR	2.00 0.	X						0.	0.	0.
(19) DUDLEY HARRAL DIRECTOR NON-VOTING	2.00 0.	X						0.	0.	0.
(20) SUSAN W. HOLMES DIRECTOR	2.00 0.	X						0.	0.	0.
(21) SUSAN HELLUMS DIRECTOR (BEG 6/27)	2.00 0.	X						0.	0.	0.
(22) ALAN KRAMER DIRECTOR (NEW BEG 6/27)	2.00 0.	X						0.	0.	0.
(23) R. DAN JOHNSON DIRECTOR NON-VOTING	2.00 0.	X						0.	0.	0.
(24) MARGARET A. KELLEY, M.D. DIRECTOR	2.00 0.	X						0.	0.	0.
(25) REV. JAVIER LEYVA DIRECTOR	2.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,085,287.	0.	357,643.
d Total (add lines 1b and 1c)								2,085,287.	0.	357,643.

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 **31**

	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 3		

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 **23**

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) NANCY MAY ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(27) REV. LAURA MERRILL ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(28) SAM O'KRENT ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(29) KERWIN L. OVERBY ----- DIRECTOR (TERM 6/27)	2.00 0.	X						0.	0.	0.
(30) THOMAS SANDER ----- DIRECTOR (BEG 6/27)	2.00 0.	X						0.	0.	0.
(31) BISHOP ROBERT SCHNASE ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(32) DARRELL FRANK SMITH ----- IMM PAST CHAIR (TERM 6/27)	2.00 0.	X						0.	0.	0.
(33) REV. CHARLES STEPHENS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(34) JOHN F. STOLL, M.D. ----- DIRECTOR NON-VOTING	2.00 0.	X						0.	0.	0.
(35) REV. VIRGILIO VAZQUEZ-GARZA ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(36) SHIRLEY S. WATKINS ----- DIRECTOR (TERM 6/27)	2.00 0.	X						0.	0.	0.
1b Sub-total										
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 ► 31

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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) PENDLETON WICKERSHAM, M.D. DIRECTOR	2.00 0.	X						0.	0.	0.
(38) KEVIN MORIARTY PRESIDENT & CEO (TERM 6/30)	40.00 0.	X		X				332,241.	0.	28,939.
(39) JAIME WESOLOWSKI PRESIDENT & CEO (BEG. 10/1)	40.00 0.	X		X				116,061.	0.	17,787.
(40) MARCUS C. RANEY PRES. & INTERIM CEO (7/1-9/30)	40.00 0.	X		X				295,054.	0.	35,527.
(41) BILL BALTHROPE DIR. NON-VOTING (TERM 6/27)	0. 2.00	X						0.	0.	0.
(42) ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	40.00 0.			X				255,355.	0.	38,799.
(43) GEORGE THOMAS CHIEF OPERATING OFFICER	40.00 0.			X				252,862.	0.	45,884.
(44) MARK HOLIDAY DIRECTOR OF IT & SERVICES	40.00 0.					X		139,489.	0.	32,093.
(45) OANH MARONEY-OMITADE VP OF CLINICAL OPERATIONS	40.00 0.					X		192,750.	0.	55,698.
(46) JENNIFER KNOULTON VP OF REGIONAL OPERATIONS	40.00 0.					X		171,253.	0.	43,105.
(47) CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	40.00 0.					X		175,722.	0.	37,429.

1b Sub-total ▶**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 ▶ 31**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person**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 <i>(continued)</i>
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(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			
(48) BRIDGET LAMME-KERR DIRECTOR OF HUMAN RESOURCES	40.00 0.					X		154,500.	0.	22,382.
1b Sub-total										
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 ► 31

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	5,044,107.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	190,997.			
	g	Noncash contributions included in lines 1a-1f: \$		0.			
	h	Total. Add lines 1a-1f		5,235,104.			
Program Service Revenue	2a	ORDINARY INCOME FROM MHS	Business Code	622110	119,641,735.	119,310,319.	331,416.
	b	CLINIC REVENUE-DIRECT MHM		621498	77,041.	77,041.	
	c	WESLEY KITCHEN-DIRECT MHM		900099	45,680.	45,680.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		119,764,456.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			16,046,196.	
4		Income from investment of tax-exempt bond proceeds .			0.		
5		Royalties			0.		
			(i) Real	(ii) Personal			
6a		Gross rents		1,591,711.			
b		Less: rental expenses		0.			
c		Rental income or (loss)		1,591,711.			
d		Net rental income or (loss)			1,591,711.		1,591,711.
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
					135,978,847.		
b		Less: cost or other basis and sales expenses			105,374,336.		
c		Gain or (loss)			30,604,511.		
d		Net gain or (loss)			30,604,511.		30,604,511.
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.		
b		Less: direct expenses	b		0.		
c	Net income or (loss) from fundraising events			0.			
9a	Gross income from gaming activities. See Part IV, line 19	a		0.			
b	Less: direct expenses	b		0.			
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances	a		0.			
b	Less: cost of goods sold	b		0.			
c	Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a	ALL OTHER REVENUE		900099	64,848.			64,848.
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			64,848.			
12	Total revenue. See instructions.			173,306,826.	119,433,040.	3,409,081.	45,229,601.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,663,715.	34,663,715.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	219,532.	219,532.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,418,509.		1,418,509.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	24,920,588.	22,156,730.	2,763,858.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,521,838.	1,254,128.	267,710.	
9 Other employee benefits	4,438,159.	3,457,531.	980,628.	
10 Payroll taxes	1,863,259.	1,600,206.	263,053.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	66,219.		66,219.	
c Accounting	66,500.	14,000.	52,500.	
d Lobbying	132,500.	132,500.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	1,904,542.		1,904,542.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,424,817.	8,583,064.	841,753.	
12 Advertising and promotion	76,289.		76,289.	
13 Office expenses	1,559,966.	1,364,912.	195,054.	
14 Information technology	1,812,278.	1,265,908.	546,370.	
15 Royalties	0.			
16 Occupancy	1,078,389.	845,295.	233,094.	
17 Travel	1,144,791.	985,384.	159,407.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	314,838.	255,666.	59,172.	
20 Interest	49,462.		49,462.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,040,239.	1,717,127.	323,112.	
23 Insurance	264,626.	183,485.	81,141.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a K-1 EXPENSES	2,230,759.	2,230,759.		
b PHARMACY & DELIVERY	2,012,109.	2,012,109.		
c DENTAL SUPPLIES	950,715.	950,715.		
d FEDERAL INCOME TAX	720,376.		720,376.	
e All other expenses	3,431,066.	2,165,391.	1,265,675.	
25 Total functional expenses. Add lines 1 through 24e	98,326,081.	86,058,157.	12,267,924.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,999,667.	1	829,063.
	2 Savings and temporary cash investments	7,745,531.	2	11,759,850.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	36,719.	4	50,752.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	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	793,648.	9	1,040,030.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,940,461.		
	b Less: accumulated depreciation	10b 17,517,961.		
		33,355,983.	10c	37,422,500.
	11 Investments - publicly traded securities	390,167,926.	11	338,436,854.
	12 Investments - other securities. See Part IV, line 11	161,147,750.	12	145,068,936.
	13 Investments - program-related. See Part IV, line 11	531,556,220.	13	607,097,501.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	287,128.	15	207,109.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,127,090,572.	16	1,141,912,595.	
Liabilities	17 Accounts payable and accrued expenses	7,667,253.	17	6,956,251.
	18 Grants payable	31,159,891.	18	32,309,810.
	19 Deferred revenue	0.	19	24,460.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	38,827,144.	26	39,290,521.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,088,163,428.	27	1,102,522,074.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,088,263,428.	33	1,102,622,074.
	34 Total liabilities and net assets/fund balances	1,127,090,572.	34	1,141,912,595.

Form **990** (2018)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,306,826.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,326,081.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,980,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,088,263,428.
5	Net unrealized gains (losses) on investments	5	-59,579,995.
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 in Schedule O)	9	-1,042,104.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,102,622,074.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES**
OF SOUTH TEXAS, INC.Employer identification number
74-1287016**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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						

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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 B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018▶ **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

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 foundationCheck 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

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		\$ 4,991,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 26,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 26,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 26,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
74-1287016

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 116,984.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 12,472.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
74-1287016

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**Open to Public
Inspection****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of organization **METHODIST HEALTHCARE MINISTRIES**
OF SOUTH TEXAS, INC.**Employer identification number**
74-1287016**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) 2018

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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		73,625.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,075.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		45,599.
j	Total. Add lines 1c through 1i			126,299.
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:

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)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 | 218,922. | 206,142. | 201,733. | 208,344. | 208,539. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -5,324. | 20,791. | 7,419. | -451. | 5,965. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 6,489. | 8,011. | 3,010. | 6,160. | 6,160. |
| f Administrative expenses | | | | | |
| g End of year balance | 207,109. | 218,922. | 206,142. | 201,733. | 208,344. |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 52.0000 %
- b** Permanent endowment ▶ 48.0000 %
- c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------------|----|
| (i) unrelated organizations | 3a(i) X | |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		41,801,277.	11,539,047.	30,262,230.
c Leasehold improvements		38,327.	21,691.	16,636.
d Equipment		7,415,616.	4,835,077.	2,580,539.
e Other		1,809,482.	1,122,146.	687,336.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,422,500.

Schedule D (Form 990) 2018

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) EVANSTON WEATHERLOW OFFSHORE	32,625,177.	FMV
(B) BLACK DIAMOND LTD.	25,624,387.	FMV
(C) BALYASNY ATLAS GLOBAL INVEST	24,705,133.	FMV
(D) CHATHAM ASSET HIGH YIELD OFF.	17,669,369.	FMV
(E) ACL ALTERNATIVE FUND SAC LTD.	17,265,509.	FMV
(F) DOUBLE BLACK DIAMOND LTD.	14,716,666.	FMV
(G) TEXAS METHODIST FOUNDATION	2,834,284.	FMV
(H) SEI SPECIAL SITUATIONS FUND LP	2,366,663.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	145,068,936.	

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 METHODIST	607,097,501.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	607,097,501.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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>
OVERSEAS CAP PARTNERS, INC.	1,668,930.	FMV
SEI ENERGY DEBT FUND LP	1,516,567.	FMV
SEI CORP PROPERTIES FUND, LP	1,155,432.	FMV
SEI STRUCTURED CREDIT FUND LP	1,108,635.	FMV
INCUBE VENTURES II, LP	730,603.	COST
TARGETED TECH. FUND II, LP	446,221.	COST
TARGETED TECH. FUND I, LP	223,380.	COST
EAGLE INCOME APPRECIATION II	217,000.	FMV
SEI GLOBAL PRIVATE ASSETS IV	194,980.	FMV
TOTALS	<u>145,068,936.</u>	

**SCHEDULE H
(Form 990)****Hospitals**

OMB No. 1545-0047

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**▶ **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 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	
1b 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			38,334,989.	1,998,837.	33,366,152.	3.84
b Medicaid (from Worksheet 3, column a)			88,623,339.	137,169,445.		
c Costs of other means-tested government programs (from Worksheet 3, column b)			933,242.	829,892.	103,350.	.01
d Total. Financial Assistance and Means-Tested Government Programs			127,891,570.	139,998,174.	33,469,502.	3.85
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			52,866,059.	571,465.	52,294,595.	6.01
f Health professions education (from Worksheet 5)			1,774,193.	45,922.	1,728,271.	.20
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			34,883,247.		34,883,247.	3.84
j Total. Other Benefits			89,523,499.	617,387.	88,906,113.	10.05
k Total. Add lines 7d and 7j			217,415,069.	140,615,561.	122,375,615.	13.90

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

Schedule H (Form 990) 2018

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	8,184,133.	
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	537,599.	
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	208,343,668.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	225,901,031.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,557,363.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system <input 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	54.40000		45.60000
2 METH AMB SUR CTR NC	FREESTANDING ASC	65.70000		34.30000
3 CTR SPECIAL SURGERY	FREESTANDING ASC	51.00000		49.00000
4 METH AMB SUR CTR	FREESTANDING ASC UNDER CONST.	76.00000		24.00000
5 COMP RAD MGMT SVCS	IMAGING SERVICES	50.00000		50.00000
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year? 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 METROPOLITAN METHODIST HOSPITAL 1310 MCCULLOUGH AVENUE SAN ANTONIO TX 78212 WWW.SAHEALTH.COM 000154	X	X					X			A
4 METHODIST SPECIALTY & TRANSPLANT 8026 FLOYD CURL DRIVE SAN ANTONIO TX 78229 WWW.SAHEALTH.COM 000154	X	X					X			A
5 METHODIST STONE OAK HOSPITAL 1139 E. SONTERRA BOULEVARD SAN ANTONIO TX 78258 WWW.SAHEALTH.COM 008741	X	X					X			A
6 NORTHEAST METHODIST HOSPITAL 12412 JUDSON ROAD SAN ANTONIO TX 78223 WWW.SAHEALTH.COM 000154	X	X					X			A
7 METHODIST TEXSAN HOSPITAL 6700 IH 10 WEST SAN ANTONIO TX 78201 WWW.SAHEALTH.COM 000154	X	X					X			A
8 METHODIST AMBULATORY SURGERY HOSPITAL 9150 HUEBNER ROAD, SUITE 100 SAN ANTONIO TX 78240 WWW.SAHEALTH.COM 000681	X	X					X			A
9 METHODIST HOSPITAL SOUTH 1905 HIGHWAY 97 EAST JOURDANTON TX 48026 WWW.SAHEALTH.COM 100391	X	X					X			B
10										

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

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

Name of hospital facility or letter of facility reporting group ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-8**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>16</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	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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>17</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)**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 METHODIST HOSPITAL SOUTHLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____		
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		
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		
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		
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):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input 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		
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a If "Yes," (list url): _____		
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)		

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

		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)		

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

Policy Relating to Emergency Medical Care

	Yes	No
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)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group METHODIST HOSPITAL SOUTH

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

Policy Relating to Emergency Medical Care

	Yes	No
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)		

Schedule H (Form 990) 2018

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.	23	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.	24	X

Schedule H (Form 990) 2018

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 METHODIST HOSPITAL SOUTH

		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.	23	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.	24	X

Schedule H (Form 990) 2018

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 2 (REPORTING GROUP B):

ON JUNE 30, 2017, METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD, LLP
ACQUIRED ALL OF THE INTERESTS IN JOURDANTON HOSPITAL CORPORATION, A TEXAS
CORPORATION D/B/A SOUTH TEXAS REGIONAL MEDICAL CENTER, JOURDANTON CLINIC
ASSET HOLDING COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY AND
TIMBERLAND MEDICAL GROUP, A TEXAS NONPROFIT CORPORATION FOR APPROXIMATELY
\$27.7 MILLION, INCLUDING ACQUISITION RELATED COSTS OF \$0.1 MILLION.
PURCHASE PRICE AMOUNTS WERE ALLOCATED TO THE RELATED ASSETS ACQUIRED AND
LIABILITIES ASSUMED BASED UPON THEIR RESPECTIVE FAIR VALUES, AS
DETERMINED BY AN INDEPENDENT THIRD-PARTY VALUATION USING A COMBINATION OF
THE COST AND MARKET APPROACHES. THE MAJORITY OF THE PURCHASE PRICE WAS
ALLOCATED TO PROPERTY, PLANT AND EQUIPMENT. AS OF DECEMBER 31, 2017, THE
AMOUNT OF THE PURCHASE PRICE PAID IN EXCESS OF THE FAIR VALUE OF
IDENTIFIABLE ASSETS ACQUIRED THAT IS RECORDED AS GOODWILL IS
APPROXIMATELY \$6.9 MILLION. THE HOSPITAL WAS RENAMED METHODIST HOSPITAL
SOUTH.

SCHEDULE H, PART V, SEC B, LINE 3E (REPORTING GROUP A):

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 (REPORTING GROUP A):

IN 2016, EACH METHODIST HOSPITAL, 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

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.

(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 2016 PLAN. IN 2016, MHS' IMPLEMENTATION STRATEGY FOR 2017 - 2019, 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 DIRECTORS.

IN ORDER TO ASSESS THE RURAL AREAS THAT METHODIST HEALTHCARE SYSTEM 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.

MHM AND MHS ARE MEMBERS OF THE HEALTH COLLABORATIVE (THC) WHICH CONSISTS OF THE FOLLOWING ADDITIONAL MEMBERS: APPDDICTION STUDIOS, BAPTIST 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.

SYSTEM/TENET HEALTHCARE, CHRISTUS SANTA ROSA HEALTH SYSTEM, BEXAR COUNTY
 DEPARTMENT OF COMMUNITY RESOURCES, COMMUNITY FIRST HEALTH PLANS, SAN
 ANTONIO METROPOLITAN HEALTH DISTRICT (METRO HEALTH), INTERLEX
 COMMUNICATIONS, OUR LADY OF THE LAKE UNIVERSITY, SAN ANTONIO CLUBHOUSE,
 UNIVERSITY HEALTH SYSTEM, THE UNIVERSITY OF THE INCARNATE WORD, THE UT
 HEALTH SCIENCE CENTER AT SAN ANTONIO DEPT. OF FAMILY AND COMMUNITY
 MEDICINE, THE YMCA OF GREATER SAN ANTONIO AND COMMUNITY MEMBERS AT LARGE.
 FUNDERS OF THE 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 METHODIST
 HEALTHCARE MINISTRIES.

AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM IS A PARTNER OF THE HEALTH
 COLLABORATIVE. THE COLLABORATIVE UNDERTAKES A COUNTY-WIDE COMMUNITY
 ASSESSMENT STUDY EVERY THREE YEARS TO GUIDE THE COMMUNITY HEALTH
 STRATEGIC PLANNING PROCESS.

FOR THE CURRENT STUDY, THE HEALTH COLLABORATIVE ENGAGED HEALTH RESOURCES
 IN ACTION AND COMMUNITY INFORMATION NOW (CI:NOW) TO COLLABORATE ON THE
 PROCESS.

THC BASES ITS COMMUNITY HEALTH ASSESSMENT ON THE SOCIAL DETERMINANT MODEL
 WHICH VIEWS OUTCOMES AS A PRODUCT OF HEALTH-RELATED BEHAVIORS AND THE
 BEHAVIORS THEMSELVES AS A LIKELY PRODUCT OF SOCIAL DYNAMICS AT THE LEVEL
 OF THE SOCIAL CONTEXT OF THE NEIGHBORHOOD. THE BCCHNA USES DATA FROM 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.

SAN ANTONIO METROPOLITAN HEALTH DISTRICT'S ANNUAL HEALTH PROFILES, A REPORT WHICH LOOKS AT HEALTH TRENDS, AREA DEMOGRAPHICS, INFORMATION ON PREVALENCE OF DISEASE, AND OTHER FINDINGS. HEALTH PROFILES LOOKS AT THE POPULATION BY AGE, BY GENDER AND BY RACE/ETHNICITY AS IT RELATES TO CURRENT POPULATION, PROJECTED POPULATION, BIRTH, EDUCATION, ZIP CODE AND CENSUS TRACT. IT ALSO PROVIDES AN IN-DEPTH LOOK AT BIRTH TRENDS, INCLUDING FERTILITY RATES, MATERNAL HEALTH, MATERNAL AGE AND ETHNICITY, TEEN BIRTHS, LOW BIRTH WEIGHT AND PREMATURE TRENDS AND MOTHER'S BMI AND WEIGHT GAIN. YOUTH INDICATORS EXAMINED INCLUDE JUVENILE PROBATION, FAMILY VIOLENCE, IMMUNIZATION RATES, AND CHILD ABUSE. DEATHS ARE EXAMINED BY INFANT MORTALITY RATE AND CAUSES, LIFE EXPECTANCY BY RACE/ETHNICITY AND GENDER, ALL CAUSES OF DEATH, AND YEARS OF POTENTIAL LIFE LOST. THE BC CHNA ALSO DRAWS FROM THE FOLLOWING DATA SOURCES: POPULATION AND HOUSING DATA FROM THE U.S. CENSUS BUREAU; POPULATION ESTIMATES AND PROJECTIONS FROM THE TEXAS STATE DEMOGRAPHIC CENTER AT THE UNIVERSITY OF TEXAS SAN ANTONIO; SOCIAL AND ECONOMIC CONDITIONS DATA FROM THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY; CRIME DATA FROM THE U.S. DEPARTMENT OF JUSTICE UNIFORM CRIME REPORT; VITAL STATISTICS; BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS); INJURY, HOSPITAL DISCHARGE, HOSPITAL BED, AND HEALTH PROFESSIONS DATA FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES; MEDICAID AND PUBLIC BENEFITS FROM THE TEXAS HEALTH AND HUMAN SERVICE COMMISSION; AND COMMUNICABLE DISEASE AND VITAL STATISTIC DATA FROM THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT.

FINALLY, DATA IS COLLECTED AT THE NEIGHBORHOOD LEVEL WITH THE INTENT OF

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.

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 APRIL OF 2016.

THE HEALTH COLLABORATIVE 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 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 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, MHS BOARD OF GOVERNORS AND THE METHODIST HEALTHCARE MINISTRIES BOARD OF DIRECTORS.

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 5 (REPORTING GROUP A):

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 WOLFF, J.D. - BEXAR
COUNTY JUDGE, AND NORTHSIDE INDEPENDENT SCHOOL DISTRICT. OTHER DISCUSSION
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 (REPORTING GROUP A):

THE COMMUNITY 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); BAPTIST HEALTH SYSTEM (BAPTIST
MEDICAL CENTER, NORTH CENTRAL BAPTIST HOSPITAL, MISSION TRAILS BAPTIST
HOSPITAL, ST. LUKE'S BAPTIST HOSPITAL, NORTHEAST BAPTIST HOSPITAL);

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.

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 (REPORTING GROUP A):

IN ADDITION TO THE HOSPITAL FACILITIES LISTED ABOVE, THE COMMUNITY HEALTH
NEEDS ASSESSMENT WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING
NON-HOSPITAL ORGANIZATIONS: APPDDICTION STUDIO, BEXAR COUNTY DEPARTMENT
OF COMMUNITY RESOURCES, COMMUNITY FIRST HEALTH PLANS, INTERLEX
COMMUNICATIONS, METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC., THE
CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT, OUR LADY OF THE LAKE
UNIVERSITY, SAN ANTONIO CLUBHOUSE, THE UNIVERSITY OF THE INCARNATE WORD,
THE UT HEALTH SCIENCE CENTER AT SAN ANTONIO DEPARTMENT OF FAMILY AND
COMMUNITY MEDICINE, THE YMCA OF GREATER SAN ANTONIO, AND COMMUNITY
MEMBERS AT LARGE.

SCHEDULE H, PART V, SEC B, LINE 7A (REPORTING GROUP A):

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

SCHEDULE H, PART V, SEC B, LINE 7B (REPORTING GROUP A):

[HTTP://WWW.HEALTHCOLLABORATIVE.NET/](http://www.healthcollaborative.net/)

SCHEDULE H, PART V, SEC B, LINE 10A (REPORTING GROUP A):

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

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 11 (REPORTING GROUP A):

AS NOTED ABOVE, METHODIST HEALTHCARE SYSTEM (MHS) HAS DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS PLAN ADDRESSED ALL ITEMS IDENTIFIED BY THE HEALTH COLLABORATIVE. PRIORITIES AND SPECIFIC TACTICS INCLUDE THE FOLLOWING, WITH THE INITIAL IMPLEMENTATION IN 2017, AND YEARLY UPDATES THROUGH 2019:

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

- COMMUNITY GOAL - TO FOSTER SOCIAL CHANGE AND STRENGTHEN POSITIVE BEHAVIORS AROUND HEALTHY EATING AND ACTIVE LIVING TO ENSURE ACCESS TO NUTRITIOUS FOODS AND BUILD ENVIRONMENTS THAT ENABLE ALL RESIDENTS TO MAKE HEALTHY CHOICES AND LEAD HEALTHY LIVES.

TACTICS - COMMUNITY HEALTH PRIORITY NO. 1:

- HOST ONE HEARTCHECK HEALTH FAIR. THE HEALTH FAIR WILL BE HELD IN LOWER SOCIOECONOMIC NEIGHBORHOODS PROVIDING THE COMMUNITY GLUCOSE, BLOOD PRESSURE, FULL LIPID PANEL CHOLESTEROL AND BMI CHECKS, AS WELL AS LITERATURE. MHS ANTICIPATED SCREENING 200 PARTICIPANTS IN 2018. METHODIST PROVIDED SCREENINGS FOR 815 INDIVIDUALS IN 2018.

- HOST TWO CARDIAC CONNECTIONS SERIES WITH FOCUS ON HYPERTENSION, DIABETES AND HYPERLIPIDEMIA. EACH EVENT IS LED BY PHYSICIANS AND MEDICAL PROFESSIONALS. MHS ANTICIPATED 1500 ATTENDEES THROUGHOUT 2018. METHODIST

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.

HOSTED 20 EVENTS, PROVIDING INFORMATION TO 9,441 ATTENDEES.

- PROVIDE HEARTMATTERS/STROKEMATTERS, A FREE RESOURCE TO THE COMMUNITY.

MHS ANTICIPATED THAT 20,000 MEMBERS OF THE COMMUNITY WILL RECEIVE THIS MAGAZINE IN 2018. IN 2018, THE MAGAZINE WAS DISTRIBUTED TO 20,500 INDIVIDUALS.

- MHS WILL EMAIL E-NEWSLETTERS TO OVER 12,000 SUBSCRIBERS ON HEART, WOMEN'S SERVICES AND CHILDREN'S SERVICES EACH MONTH IN 2018. IN 2018, A TOTAL OF FORTY NINE E-NEWSLETTERS WERE MAILED.

- PRODUCE "KEEPING WELL", A COMMUNITY HEALTH AND WELLNESS MAGAZINE PUBLISHED THREE TIMES PER YEAR AND AVAILABLE IN ELECTRONIC AND HARD COPY FORMAT. MHS ANTICIPATED A READERSHIP OF 250,000 IN 2018. TWO EDITIONS OF THIS MAGAZINE WERE PUBLISHED IN 2018.

- MHS EMPLOYER SOLUTIONS PROGRAM, HEALTHPOWER, WILL PARTNER WITH 195 LOCAL BUSINESS WHICH PARTICIPATE IN MHS-SPONSORED WELLNESS ACTIVITIES, INCLUDING CHALLENGE WEIGH-INS, GLUCOSE AND BLOOD PRESSURE CHECKS. IN 2018, MHS ANTICIPATED REACHING 15,849 INDIVIDUALS AT 56 DIFFERENT EVENTS.

- OFFER MORE THAN 600 55PLUS® SPONSORED LINE DANCING CLASSES WITH AN ANTICIPATED ATTENDANCE TOTAL OF GREATER THAN 7,000 IN 2018. MHS SPONSORED 2,943 EVENTS - LINE DANCING, WALKER WELLNESS, AND SILVER SNEAKERS (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.

CONJUNCTION WITH THE YMCA) - DURING 2018. 63,616 INDIVIDUALS ATTENDED

THESE EVENTS.

- UTILIZE SOCIAL MEDIA TO PUSH HEALTH AND WELLNESS TOPICS, INCLUDING TOPICS RELATED TO HEALTHY EATING AND ACTIVE LIVING TO THE COMMUNITY VIA FACEBOOK AND TWITTER AT LEAST TWO TIMES PER WEEK. MHS ANTICIPATED AN INCREASE IN TWITTER FOLLOWERS TO 6,500 AND FACEBOOK TO 20,500 IN 2018. ACTUAL RESULTS FOR 2018: 4,402 TWITTER FOLLOWERS AND 22,923 FACEBOOK FANS.

- DONATE/SPONSOR TO THE FOLLOWING NONPROFITS: AMERICAN CANCER SOCIETY, LEUKEMIA AND LYMPHOMA SOCIETY, MULTIPLE SCLEROSIS SOCIETY, WOMEN AND GIRLS' DEVELOPMENT, HARPER'S EMBRACE, WINGS, SHARED BEAT, AMERICAN DIABETES ASSOCIATION EXPO, AS WELL AS OTHER MEDICALLY RELATED NON-PROFITS. MHS EXPECTED TO DONATE \$170,000 IN 2018. ACTUAL DONATIONS IN 2018 TOTALED \$396,403.

- CONTINUE INVOLVEMENT WITH HEALTHY ME (FORMERLY PROJECT MEASURE UP) IN PARTNERSHIP WITH THE HEALTH COLLABORATIVE (THC). MHS PARTICIPATES IN THIS SURVEILLANCE AND SERVICE PROGRAM AIMED AT DECREASING THE PREVALENCE OF YOUTH OVERWEIGHT AND OBESITY IN BEXAR COUNTY THROUGH PROGRAMS IN AREA SCHOOL DISTRICTS. HEALTHY ME IS IMPLEMENTED IN NINE SAN ANTONIO SCHOOL DISTRICTS. MHS ANTICIPATED REACHING OVER 10,000 LIVES IN 2018. IN 2018, THERE WERE 13,194 PARTICIPANTS IN THE PROGRAM.

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 ITS INVOLVEMENT IN THE FAMILY FITNESS PROGRAM IN PARTNERSHIP WITH THC, MHS SUPPORTS FAMILY FITNESS EVENTS WITH CERTIFIED TRAINERS AND DISTRIBUTION OF HEALTH INFORMATION THROUGH SEVERAL AREA SCHOOL DISTRICTS. MHS ANTICIPATED REACHING MORE THAN 6,000 LIVES IN 2018. TOTALS FOR THESE EVENTS HAVE BEEN INCLUDED IN THE 2,943 EVENTS NOTED ABOVE.

- DONATE IN KIND PRINTING TO VARIOUS NON-PROFITS INCLUDING THE LEUKEMIA AND LYMPHOMA SOCIETY, MULTIPLE SCLEROSIS SOCIETY AND OTHERS. THE PROJECTED MONETARY VALUE FOR THE PRINTING WAS \$25,000 IN 2018. THE MONETARY VALUE OF ACTUAL PRINTED MATERIALS WAS \$45,506 FOR 2018.

- HELD A CEREAL DRIVE TO BENEFIT THE SAN ANTONIO FOOD BANK. IN 2018, ONE FOOD DRIVE SPANNING SIX LOCATIONS WAS HELD. 202,000 SERVINGS OF CEREAL WERE COLLECTED IN THIS DRIVE. THIS WILL FEED 20,000 CHILDREN IN THE COMMUNITY.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- COMMUNITY GOAL - TO MAKE PREGNANCY AND EARLY CHILDHOOD THE FOCUS OF SYSTEM LEVEL CHANGES THAT SUPPORT HEALTHY CHILD AND FAMILY DEVELOPMENT.

TACTICS: COMMUNITY HEALTH PRIORITY NO. 2:

- COMMUNITY GOAL - OFFER COMPLIMENTARY PREGNANCY TESTING THROUGH ITS FIVE FAMILY HEALTH CENTERS. MHS ANTICIPATED PROVIDING 10,000 PREGNANCY TESTS

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 2018. MHS PROVIDED 4,596 TESTS IN 2018, AND REFERRED 1,093 INDIVIDUALS. THERE HAS BEEN A CITY-WIDE DECLINE IN OVERALL OB VOLUME. TWO LOCATIONS WERE CLOSED IN 2018, HOWEVER METHODIST WILL OPEN A NEW WOMEN'S CENTER IN THE FOURTH QUARTER OF 2018. VOLUMES FROM THIS CENTER WILL BE INCLUDED IN 2019 REPORTING.

- CONTINUE TO OFFER 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 CALL-A-NURSE FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. MHS ANTICIPATED RECEIVING 70,000 CALLS DURING 2018. THE CALL-A-NURSE LINE RECEIVED 32,989 CALLS IN 2018. MHS MARKETING IS REVIEWING THE DECLINE, SOME OF WHICH IS ATTRIBUTED TO THE AVAILABILITY OF ONLINE RESOURCES. IN ADDITION, THE MARKET CONTINUES TO SEE GROWTH IN THE NUMBER OF URGENT CARE CLINICS, AS WELL AS EXTENDED HOURS FOR SOME PEDIATRIC PRACTICES.

- CONTINUE TO OPERATE A COMMUNITY PHONE-IN HEALTH RESOURCE CALLED HEALTHLINE DURING NORMAL BUSINESS HOURS. THE HEALTHLINE OFFERS PHYSICIAN REFERRALS, INCLUDING PRIMARY CARE PHYSICIANS, FAMILY MEDICINE, OBSTETRICIANS AND GYNECOLOGISTS THROUGH THE DOCTORSOURCE PROGRAM. MHS ANTICIPATED 8,600 PHYSICIAN REFERRALS IN 2018. REFERRALS TO THE PHYSICIAN SPECIALTIES NOTED ABOVE WERE 11,073 IN 2018.

- CONTINUE TO TEACH PROPER CAR SEAT INSTALLATION TO THE COMMUNITY 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.

OUR BUCKLE UP BABY CLASSES. MHS ANTICIPATED TEACHING THE INSTALLATION OF A COMBINED TOTAL 230 CAR SEATS IN 2018 AT METHODIST HOSPITAL, METROPOLITAN METHODIST HOSPITAL, METHODIST STONE OAK HOSPITAL AND VARIOUS COMMUNITY EVENTS. SEVENTY CAR SEATS WERE DISTRIBUTED IN 2018, AND 227 CAR SEATS INSTALLED.

- OFFER THE COMMUNITY PARENTING CLASSES INCLUDING DADDY BOOT CAMP, BREASTFEEDING, GETTING READY FOR CHILDBIRTH AND TOUR, PETS AND YOUR BABY, CPR, NICU (NEONATAL INTENSIVE CARE UNIT) CPR, BEYOND BABY BLUES CLASS (POSTPARTUM DEPRESSION) AND CHILDBIRTH EDUCATION CLASSES OFFERED IN SPANISH TO BE HELD AT METHODIST HOSPITAL, METROPOLITAN METHODIST HOSPITAL AND METHODIST STONE OAK HOSPITAL. MHS ANTICIPATED A COMBINED TOTAL OF 995 CLASSES WITH 15,000 ATTENDEES AT THE THREE HOSPITALS. 9,444 INDIVIDUALS ATTENDED THESE CLASSES IN 2018.

- CONTINUE PROVIDING THE COMMUNITY WITH FREE LACTATION CONSULTATIONS (IN PERSON AND BY PHONE). MHS ANTICIPATED A COMBINED TOTAL OF 40,000 CONSULTATIONS (INCLUDING IN PERSON AND BY PHONE) IN 2018 AT METHODIST HOSPITAL, METROPOLITAN METHODIST HOSPITAL, METHODIST STONE OAK HOSPITAL AND METHODIST WOMEN'S CENTER. MHS PROVIDED 37,023 CONSULTATIONS IN 2018.

- PARTNER WITH THC TO PROMOTE IMMUNIZATIONS OF CHILDREN AND ADULTS TO IMPROVE COMMUNITY HEALTH. THC AND MHS ANTICIPATED AN INCREASE IN THE IMMUNIZATIONS COLLABORATIVE (IZSA) PARTNER LIST BY 10 PERCENT BY 2018. MHS AND THC SPONSORED ONE IMMUNIZATION EVENT IN 2018, AND 20 ATTENDED.

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 THC TO PROMOTE THE SAN ANTONIO HEALTH LITERACY INITIATIVE (SAHLI) TO ENSURE LITERACY IS A CORE COMPONENT OF COMMUNITY HEALTH SO THAT FAMILIES CAN UNDERSTAND HEALTH INFORMATION AND MAKE INFORMED HEALTH-RELATED DECISIONS. MHS AND THC SPONSORED ONE EVENT IN 2018 AND 24 INDIVIDUALS ATTENDED.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- COMMUNITY GOAL - TO DEVELOP SAFE NEIGHBORHOODS BY IDENTIFYING WHAT WORKS LOCALLY, PLANNING HOW TO REPLICATE SUCCESS IN OUR NEIGHBORHOODS, AND ENHANCING SYSTEMS THAT RESPOND EFFECTIVELY TO COMMUNITY IDENTIFIED SAFETY NEEDS.

TACTICS - COMMUNITY HEALTH PRIORITY NO. 3:

- CONTINUE OUR INVOLVEMENT WITH CHILD ABUSE RESOURCE EDUCATION (CARE) TEAM - AN EFFORT INVOLVING MHS, SAPD, EMERGENCY MEDICAL SERVICES (EMS), LOCAL PEDIATRICIANS AND MANY MORE TO OBJECTIVELY HANDLE AND SUPPORT CHILDREN AND FAMILIES AFFECTED BY CHILD ABUSE IN 2018. MHS COORDINATED FOURTEEN CONSULTS IN 2018.

- CONTINUE OUR PARTICIPATION WITH THE SEXUAL ASSAULT RESPONSE TEAM. MHS FUNDS THIS INTEGRATED COMMUNITY EFFORT TO TREAT SEXUAL ASSAULT SURVIVORS WITH SPECIALLY TRAINED SEXUAL ASSAULT NURSE EXAMINERS (SANES). MHS

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.

ASSISTED WITH MORE THAN 500 SEXUAL ASSAULT CASES IN 2018. MHS SART TEAM

ASSISTED WITH 970 CASES IN 2018. MHS ALSO SPONSORED SIXTEEN SART

EDUCATION EVENTS IN 2018, WITH 156 IN ATTENDANCE.

- SPONSOR EDUCATIONAL PROGRAMS ON ELDER ABUSE. IN 2018, MHS HELD ONE
PROGRAM FOR TWELVE ATTENDEES.

- CONTINUE OPERATING THE HEALTHBUS. THE MHS HEALTHBUS PROVIDES
TRANSPORTATION TO MHS FACILITIES FOR THE UNDERSERVED LIVING IN LOW
SOCIOECONOMIC AREAS. MHS ANTICIPATED 11,474 TRANSPORTS IN 2018. MHS
PROVIDED 12,074 TRANSPORTS IN 2018.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL

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

TACTICS - COMMUNITY HEALTH PRIORITY NO. 4:

- MHS WILL EXPAND ITS TELEMEDICINE PROGRAM TO INCLUDE BEHAVIORAL HEALTH
AND SUBSTANCE ABUSE PATIENTS. THE BEHAVIORAL HEALTH TELEMEDICINE PROGRAM
WILL ALLOW IMPROVED ACCESS TO PSYCHIATRISTS AS WELL AS PLACEMENT TO THE
APPROPRIATE SETTING. OVER THE NEXT THREE YEARS, MHS ANTICIPATED
INCREASING THE NUMBER OF BEHAVIORAL TELEMEDICINE CONSULTS TO 3,275. MHS
PROVIDED 4,556 BEHAVIORAL HEALTH TELEMEDICINE CONSULTS IN CALENDAR YEAR

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.

2018.

- SPONSOR THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) WALK WITH A DONATION OF \$1,000 IN 2018. MHS PROVIDED MONETARY DONATIONS AND PRINTED MATERIALS IN 2018, AS WELL AS SPONSORING THE NAMI WALK.

- CONTINUE TO OPERATE A COMMUNITY PHONE-IN HEALTH RESOURCE CALLED HEALTHLINE DURING NORMAL BUSINESS HOURS. THE HEALTHLINE OFFERS PHYSICIAN REFERRALS, INCLUDING THOSE FOR PSYCHIATRISTS AND OTHER BEHAVIORAL AND MENTAL WELL-BEING PHYSICIANS, THROUGH THE DOCTORSOURCE PROGRAM. MHS ANTICIPATED 8,600 PHYSICIAN REFERRALS IN 2018 THROUGH OUR HEALTHLINE. THERE WERE 11,073 PHYSICIAN REFERRALS IN 2018.

- PROVIDE A MEMORIAL SERVICE AT EACH HOSPITAL FACILITY ONCE EACH QUARTER FOR THOSE PERSON'S FAMILIES WHO HAVE DIED DURING THE QUARTER. INVITATIONS WILL BE SENT TO FAMILY MEMBERS TO BE PART OF THE MEMORIAL SERVICES AS PART OF THE GRIEVING PROCESS. ALSO TO PROVIDE/PARTNER IN BEREAVEMENT PROGRAMS TO THE COMMUNITY SUCH AS NO ONE DIES ALONE (NODA), SERVICE OF LEAVES AND WALK TO REMEMBER. PASTORAL CARE PROVIDED BEREAVEMENT SUPPORT TO 17,771 INDIVIDUALS IN 2018.

- PARTICIPATE IN THE BEXAR COUNTY CONSUMER AND FAMILY SUPPORT CONFERENCE, A PROGRAM OF THE CENTER FOR HOPE IN SAN ANTONIO, INCLUDING IN-KIND PRINTING DONATIONS FOR THE ANNUAL CONSUMER CONFERENCE (CENTER FOR HOPE PROVIDES MENTAL HEALTH, DEVELOPMENTAL DISABILITY AND SUBSTANCE ABUSE

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.

SERVICES IN BEXAR COUNTY). ANNUALLY, MHS PROVIDED AN IN-KIND PRINT

DONATION OF 500 PROGRAMS FOR THE CONFERENCE IN 2018.

COMMUNITY HEALTH PRIORITY NO. 5: SEXUAL HEALTH

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

TACTICS - COMMUNITY HEALTH PRIORITY NO. 5:

- IN COLLABORATION WITH SAN ANTONIO METROPOLITAN HEALTH DISTRICT WE
ENCOURAGE AREA PHYSICIANS TO MAKE SYPHILIS SCREENINGS AVAILABLE TO WOMEN
IN THEIR THIRD TRIMESTER OF PREGNANCY TO REDUCE THE NUMBER OF CASES OF
CONGENITAL SYPHILIS BY 80 PERCENT BY THE YEAR 2020. MHS HELD ONE EVENT
FOCUSING ON STDs IN 2018.

- PARTNER WITH THC AND THE HIV SUMMIT. THC AND MHS ANTICIPATED HOSTING A
LEARNING WORKSHOP, AN ANNUAL ORAL SYMPOSIUM WITH AETC (AIDS EDUCATIONAL
TRAINING CENTERS) AND THE RYAN WHITE PROGRAM. MHS PROVIDED 1,093
ILLUSTRATED PAMPHLETS IN 2018 AND HOSTED 7 HIV TESTING EVENTS.

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

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.

- PROVIDE DIABETES EDUCATION TO PATIENTS. METHODIST HOSPITAL WILL MONITOR AND REPORT THE NUMBER OF CLASSES AND INDIVIDUAL INSTRUCTION PROVIDED TO PATIENTS. IN 2018, METHODIST HOSPITAL DIABETES EDUCATORS HAD 1,813 VISITS.

- PROVIDE SPEAKERS FOR WOMANPLUS® AND 55PLUS® PROGRAMS. METHODIST HOSPITAL ANTICIPATED AT LEAST EIGHT METHODIST HOSPITAL CREDENTIALLED PHYSICIANS WILL HOLD COMMUNITY SPEAKING ENGAGEMENTS IN 2018. METHODIST HOSPITAL PROVIDED 10 SPEAKERS FOR WOMANPLUS® AND 55PLUS® PROGRAMS.

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. METHODIST HOSPITAL ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. METHODIST HOSPITAL HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

- IN CONJUNCTION WITH MHS, PARTNER WITH THC TO PROMOTE THE SAN ANTONIO HEALTH LITERACY INITIATIVE (SAHLI) TO ENSURE LITERACY IS A CORE COMPONENT OF COMMUNITY HEALTH SO THAT FAMILIES CAN UNDERSTAND HEALTH INFORMATION AND MAKE INFORMED HEALTH-RELATED DECISIONS. METHODIST AND THC SPONSORED ONE EVENT IN 2018.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- OFFER THE COMMUNITY PARENTING CLASSES INCLUDING BUCKLE UP BABY, DADDY

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.

BOOT CAMP, BREASTFEEDING, GETTING READY FOR CHILDBIRTH AND TOUR, PETS AND YOUR BABY, CPR, NICU (NEONATAL INTENSIVE CARE UNIT) CPR, BEYOND BABY BLUES CLASS (POSTPARTUM DEPRESSION) AND CHILDBIRTH EDUCATION CLASSES OFFERED IN SPANISH. METHODIST HOSPITAL ANTICIPATED 515 CLASSES TO BE HELD. IN 2018, METHODIST HOSPITAL HELD 629 CLASSES WITH 6,515 ATTENDEES.

- CONTINUE PROVIDING THE COMMUNITY WITH FREE LACTATION CONSULTATIONS (IN PERSON AND BY PHONE). METHODIST HOSPITAL ANTICIPATED A COMBINED TOTAL OF 17,625 CONSULTATIONS (INCLUDING IN PERSON AND BY PHONE) IN 2018. 37,023 CONSULTATIONS WERE PROVIDED IN 2018 SYSTEMWIDE.

- DISTRIBUTE CALL-A-NURSE MAGNETS. THE CALL-A-NURSE PROGRAM IS A TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE PEDIATRIC NURSES TO PARENTS OF SICK/INJURED CHILDREN. THE CALL-A-NURSE FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. METHODIST HOSPITAL ANTICIPATED DISTRIBUTING 300 MAGNETS IN 2018. METHODIST HOSPITAL DISTRIBUTED 1,250 MAGNETS IN 2018.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- DISTRIBUTE LITERATURE ON THE FOLLOWING: HELMET SAFETY; POISON CONTROL AND DOMESTIC VIOLENCE. 560 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

COMMUNITY HEALTH PRIORITY NO. 4: BEHAVIORAL HEALTH AND MENTAL

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.

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- METHODIST HOSPITAL HAS DEVELOPED TWO EDUCATIONAL BROCHURES ABOUT STDs. THREE HUNDRED THIRTY FIVE BROCHURES WERE DISTRIBUTED IN 2018.

- METHODIST HOSPITAL ALSO DISTRIBUTED OTHER EDUCATIONAL MATERIALS TO THE FAMILY HEALTH CENTERS. 210 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

RESULTS FROM METHODIST CHILDREN'S HOSPITAL ("METHODIST CHILDREN'S") ARE AS FOLLOWS:

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

-CONTINUE INVOLVEMENT WITH HEALTHY ME (FORMERLY PROJECT MEASURE UP) IN PARTNERSHIP WITH THE HEALTH COLLABORATIVE (THC). METHODIST HEALTHCARE PARTICIPATES IN THIS SURVEILLANCE AND SERVICE PROGRAM AIMED AT DECREASING THE PREVALENCE OF YOUTH OVERWEIGHT AND OBESITY IN BEXAR COUNTY THROUGH PROGRAMS IN AREA SCHOOL DISTRICTS. HEALTHY ME IS IMPLEMENTED IN NINE SAN ANTONIO SCHOOL DISTRICTS. METHODIST HEALTHCARE ANTICIPATED REACHING OVER 10,000 LIVES IN 2018. IN 2018, THERE WERE 13,194 PARTICIPANTS IN THE PROGRAM.

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.

- USE STAFF VOLUNTEERS TO PLAN, ORGANIZE AND EXECUTE THE LITTLE HEROES PROM. METHODIST CHILDREN'S HOSPITAL WILL HOLD ONE PROM WITH AN EXPECTED ATTENDANCE OF 100 CHILDREN. METHODIST HELD ONE PROM IN 2018.

- LAUNCH LOOK GOOD FEEL BETTER FOR TEENS. THIS IS THE FIRST AND ONLY LOOK GOOD FEEL BETTER PROGRAM IN TEXAS. THIS AMERICAN CANCER SOCIETY PROGRAM IS SPECIALLY DESIGNED FOR TEENS AGES 13 TO 18 TO HELP WITH THE MANY CHANGES THEIR LIVES AND BODIES ARE GOING THROUGH DURING CANCER TREATMENT. THESE CHANGES INCLUDE HAIR LOSS, WEIGHT LOSS OR GAIN, SOCIAL CHALLENGES, SCHOOL ABSENTEEISM, AND MORE. METHODIST CHILDREN'S HOSPITAL WILL HOLD THIS EVENT AS NEEDED IN 2018. FOUR EVENTS WERE HELD IN 2018.

- PARTICIPATE IN PILOT FOR A DAY WHICH ALLOWS A PEDIATRIC ONCOLOGY PATIENT AND HIS/HER FAMILY GO TO THE 149TH FIGHTER WING AT LACKLAND AIR FORCE BASE TO BECOME A "FIGHTER PILOT FOR A DAY." THE PATIENTS ARE GIVEN A FLIGHT SUIT, GET TO FLY IN THE SIMULATOR, SIT IN A REAL F-16 JET, AND WATCH TAKE-OFFS AS WELL AS LEARN ABOUT THE DIFFERENT EQUIPMENT THE PILOTS USE. METHODIST CHILDREN'S HOSPITAL WILL PARTICIPATE AS NEEDED IN 2018. ONE EVENT WAS HELD IN 2018.

- PARTICIPATE IN ANNUAL BOO BASH SPONSORED BY THE AMERICAN CANCER SOCIETY. AN EVENT IN WHICH CHILDREN RECOVERING OR BATTLING CANCER ARE ABLE TO TRICK-OR-TREAT IN A SAFE, FUN ENVIRONMENT. METHODIST CHILDREN'S PARTICIPATED IN THIS EVENT IN 2018.

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 ADDED TWO NEW EVENTS IN 2018: SUNSHINE KIDS AND JACOB'S LADDER FOUNDATION. SUNSHINE KIDS TAKES TEENS ON FISHING TRIPS. THERE WERE NO TRIPS IN 2018. JACOB'S LADDER SPONSORS MOVIE NIGHTS IN THE PARK. THERE WERE FOUR MOVIE NIGHTS IN 2018.

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

- OFFER PRE-OP TOURS TO EDUCATE AND PREPARE PATIENTS AND THEIR FAMILIES FOR UPCOMING SURGERIES. PATIENTS COMING FOR A PRE-OP TOUR RECEIVE A TOUR OF THE HOSPITAL, SEE WHERE THEY WILL BE STAYING, MEET THE STAFF AS WELL AS RECEIVE INFORMATION ON HOSPITAL SERVICES AND WAYS TO COPE WITH BEING IN THE HOSPITAL. TOURS ALLEVIATE SOME OF THE ANXIETY AND FEAR ASSOCIATED WITH PEDIATRIC HOSPITALIZATION. METHODIST CHILDREN'S HOSPITAL WILL CONDUCT TOURS AS NEEDED. TOURS TO LAST 45 MINUTES TO ONE HOUR. 2018 TOURS SCHEDULED AS NEEDED. METHODIST CHILDREN'S PROVIDED 8 TOURS IN 2018.

- PARTICIPATE IN CAREER DAY. CHILD LIFE STAFF TALKS WITH CLASSES AND SCHOOL FACULTY ABOUT BEING IN THE HOSPITAL AND HOW CHILD LIFE CAN HELP MAKE THE STAY MORE ENJOYABLE. METHODIST CHILDREN'S HOSPITAL WILL PARTICIPATE ONE TIME IN 2018. METHODIST CHILDREN'S HOSPITAL STAFF PARTICIPATED IN THREE EVENTS IN 2018.

- CONTINUE KEEP CANCER LAME/IT'S A C THING SUPPORT GROUP MEETINGS AND CONTINUE MAINTAINING THE GROUP'S FACEBOOK PAGE. METHODIST CHILDREN'S

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.

HOSTED ONE EVENT IN 2018.

- IN CONJUNCTION WITH REAGAN HIGH SCHOOL'S GOT HOPE CLUB, METHODIST CHILDREN'S SPONSORED INPATIENT ROOM DECORATING FOR PEDIATRIC BONE MARROW TRANSPLANT PATIENTS. FIFTEEN ROOMS WERE DECORATED IN 2018.

- DISTRIBUTE CALL-A-NURSE MAGNETS. THE CALL-A-NURSE PROGRAM IS A TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE PEDIATRIC NURSES TO PARENTS OF SICK/INJURED CHILDREN. THE CALL-A-NURSE FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. METHODIST CHILDREN'S HOSPITAL ANTICIPATES DISTRIBUTING 200 MAGNETS IN 2018. METHODIST CHILDREN'S DISTRIBUTED 1,150 MAGNETS IN 2017.

- SPONSOR 1 COMMUNITY EVENT FOR FAMILIES AND CHILDREN AFFECTED BY CANCER AND BLOOD DISORDERS WITH THE JAXSON FROG FOUNDATION. FOUR EVENTS WERE HELD IN 2018.

- IN CONJUNCTION WITH THE UNIVERSITY OF THE INCARNATE WORD, SPONSOR MUSIC THERAPY SESSIONS. METHODIST HELD TWELVE SESSIONS IN 2018.

- METHODIST CHILDREN'S SPONSORED SEVENTY FIVE OTHER SPECIAL EVENTS IN 2018. THESE INCLUDED TRINITY UNIVERSITY FOOTBALL TEAM VISITS AND ROWAN WINDHAM FOUNDATION CRAFT DAY.

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

- PROVIDE INFORMATION ON HELMET SAFETY AND POISON CONTROL. 760 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

- PROVIDE TRANSPORTATION TO HOSPITAL/PHYSICIAN VISITS USING WELL WALDO'S WHEELS. 3,730 TRANSPORTS WERE PROVIDED IN 2018 (12,074 TOTAL TRANSPORTS FOR SYSTEM IN 2018).

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- WORK WITH BEXAR COUNTY RYAN WHITE PROGRAM (HIV) TO MAKE PRINTED MATERIAL AVAILABLE AT HOSPITAL. METHODIST CHILDREN'S HOSPITAL ANTICIPATES DISTRIBUTING LITERATURE ON AN AS NEEDED BASIS. IN 2018, 165 PIECES OF LITERATURE WERE DISTRIBUTED.

- PROVIDE LITERATURE ON TEEN PREGNANCY AND PREGNANCY TESTING AT FAMILY HEALTH CENTERS. METHODIST CHILDREN'S HOSPITAL EXPECTS TO PROVIDE 1,000 PIECES OF LITERATURE IN 2018. METHODIST CHILDREN'S PROVIDED 855 PIECES OF LITERATURE IN 2018.

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.

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

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

- IMPROVE ACCESS TO PRIMARY CARE WITH A FREE-STANDING URGENT CARE CENTER
IN EAST SAN ANTONIO, A COMMUNITY AREA WITH AN UNDERSERVED AND INDIGENT
POPULATION. THE URGENT CARE CENTER PROVIDED THE FOLLOWING SERVICES FREE
OF CHARGE: BLOOD PRESSURE MONITORING, GLUCOSE TESTING AND PREGNANCY
TESTING ALONG WITH REFERRALS AND RESOURCES FOR PRENATAL CARE, AS NEEDED.
SERVICES WILL BE AVAILABLE ON A WALK-IN BASIS (NO APPOINTMENTS NEEDED)
AND PATIENTS WILL BE SERVED REGARDLESS OF THEIR ABILITY TO PAY. OVER THE
NEXT THREE YEARS, METROPOLITAN METHODIST HOSPITAL EXPECTED 3,000 VISITS
TO THE URGENT CARE CENTER. 3,494 VISITS WERE PROVIDED IN CALENDAR YEAR
2018.

- HOST DEMONSTRATIONS FOR HEALTHY EATING AND PROPER NUTRITION.
METROPOLITAN METHODIST HOSPITAL HELD ONE EVENT IN 2018 (PART OF HEB SLIM
DOWN SHOWDOWN).

- PARTNER WITH HEB FOR THE HEB SLIM DOWN SHOWDOWN. EVENT WAS CANCELLED IN
2018, BUT METRO HOSTED A HEALTH FAIR FOR SPURS SPORTS AND ENTERTAINMENT
AND PROVIDED BIOMETRIC DATA TO PARTICIPANTS AT THE EVENT.

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.

- PROMOTE BREAST CANCER AWARENESS, THROUGH EDUCATIONAL MATERIAL DISTRIBUTION AND SPECIAL EVENTS. METROPOLITAN METHODIST HOSPITAL SPONSORED 29 EVENTS AND 428 ATTENDED IN 2018.

- PARTICIPATE IN THE AMERICAN DIABETES ASSOCIATION TOUR DE CURE. THIS EVENT WAS CANCELLED IN 2018, HOWEVER METRO STAFF PARTICIPATED IN ANOTHER DIABETES EVENT IN 2018. 164 ATTENDED THIS EVENT. METRO DIABETES EDUCATORS ALSO PROVIDED 1,139 CONSULTS IN 2018.

- PARTICIPATE IN THE AMERICAN HEART ASSOCIATION WALK AND DISTRIBUTE HEART AND STROKE LITERATURE AT EVENT. THE WALK OCCURRED IN THE FALL OF 2018.

- PROVIDE LITERATURE ON DIABETES, CARDIAC DISEASE AND OTHER HEALTHY EATING AND ACTIVE LIVING ISSUES IN THE HOSPITAL. METROPOLITAN METHODIST HOSPITAL WILL STOCK LITERATURE IN WAITING ROOMS AND LOBBIES THROUGHOUT THE HOSPITAL. GOAL: DISTRIBUTE 700 PIECES IN 2018. METROPOLITAN METHODIST DISTRIBUTED 1,350 PIECES OF LITERATURE IN 2018.

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. METROPOLITAN ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. METROPOLITAN HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

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. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- OFFER THE COMMUNITY PARENTING CLASSES INCLUDING BUCKLE UP BABY, DADDY BOOT CAMP, BREASTFEEDING, GETTING READY FOR CHILDBIRTH AND TOUR, PETS AND YOUR BABY, CPR, NICU (NEONATAL INTENSIVE CARE UNIT) CPR, BEYOND BABY BLUES CLASS (POSTPARTUM DEPRESSION) AND CHILDBIRTH EDUCATION CLASSES OFFERED IN SPANISH. METROPOLITAN METHODIST HOSPITAL OFFERED CLASSES AS NEEDED IN 2018. IN 2018, METROPOLITAN METHODIST HELD 63 CLASSES WITH 655 ATTENDEES.

- CONTINUE PROVIDING THE COMMUNITY WITH FREE LACTATION CONSULTATIONS (IN PERSON AND BY PHONE). METROPOLITAN METHODIST HOSPITAL ANTICIPATED A COMBINED TOTAL OF 17,625 CONSULTATIONS (INCLUDING IN PERSON AND BY PHONE) IN 2018. 37,023 CONSULTATIONS WERE PROVIDED IN 2018 (ALL MHS LOCATIONS).

- DISTRIBUTE CALL-A-NURSE MAGNETS. THE CALL-A-NURSE PROGRAM IS A TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE PEDIATRIC NURSES TO PARENTS OF SICK/ INJURED CHILDREN. THE CALL-A-NURSE FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. METROPOLITAN METHODIST HOSPITAL ANTICIPATED DISTRIBUTING MAGNETS AS NEEDED IN 2018. METROPOLITAN DISTRIBUTED 1,175 MAGNETS IN 2018.

- CONTINUE TO TEACH PROPER CAR SEAT INSTALLATION TO THE COMMUNITY THROUGH OUR BUCKLE UP BABY CLASSES. METROPOLITAN METHODIST HOSPITAL ANTICIPATED

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.

TEACHING THE INSTALLATION OF 110 CAR SEATS IN 2018. METROPOLITAN AND OTHER MHS FACILITIES PROVIDED TEACHING FOR 164 CAR SEAT INSTALLATIONS IN 2018.

- METROPOLITAN METHODIST ALSO DISTRIBUTED 825 YOUNG HEROES' CLUB ACTIVITY SHEETS TO PEDIATRIC PATIENTS AND VISITORS IN 2018.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PROMOTE AWARENESS OF HEALTHBUS FOR TRANSPORTATION TO AND FROM PHYSICIAN OFFICES. METROPOLITAN METHODIST HOSPITAL PROVIDED 4,570 TRANSPORTS IN 2018.

- METROPOLITAN METHODIST HOSTED A NATIONAL NIGHT OUT EVENT AT ITS QUARRY EMERGENCY DEPARTMENT IN 2018.

- PROVIDE INFORMATION ON HELMET SAFETY, POISON CONTROL AND DOMESTIC VIOLENCE. 455 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

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.

-DISTRIBUTE LITERATURE AT FAMILY HEALTH CENTERS - 310 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

-DISTRIBUTION OF EDUCATIONAL MATERIALS ABOUT SEXUALLY TRANSMITTED DISEASES - SEMIANNUALLY. METROPOLITAN METHODIST HOSPITAL DISTRIBUTED THE 4,596 BROCHURES AT THE FAMILY HEALTH CENTERS AND HEALTH FAIRS IN 2018.

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

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

- PROVIDE DIABETES EDUCATION TO PATIENTS. MSTH WILL MONITOR AND REPORT THE NUMBER OF CLASSES AND INDIVIDUAL INSTRUCTION PROVIDED TO PATIENTS. IN 2018, METHODIST SPECIALTY AND TRANSPLANT DIABETES EDUCATORS HAD 1,792 VISITS. IN 2018, 15,974 INDIVIDUALS ATTENDED DIABETES EDUCATION EVENTS OFFERED BY METHODIST HEALTHCARE SYSTEM.

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. MSTH ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. METHODIST SPECIALTY AND TRANSPLANT HOSPITAL HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

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.

- THROUGH PRINTING OF COURSE MATERIALS AND OFFERING CLASSROOM SPACE, MSTH WILL CONTINUE TO SUPPORT THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI). SEMINAR TOPICS INCLUDE BASIC CLASSES (54 SESSIONS). THESE PROGRAMS ARE FREE AND DESIGNED TO ALLOW FAMILIES TO CONNECT WITH OTHERS WHILE LEARNING ABOUT MENTAL ILLNESS, PARENTING, AND EMPOWERING THEMSELVES AS THEY NAVIGATE THROUGH THE HEALTH CARE ENVIRONMENT. FIFTY FOUR BASICS CLASSES WERE HELD IN 2018, WITH 507 IN ATTENDANCE.

- DISTRIBUTE THE "YOUNG HEROES CLUB HERALD" PUBLICATION. MSTH DISTRIBUTED 425 PUBLICATIONS.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- CONTINUE FUNDING THE SEXUAL ASSAULT RESPONSE TEAM (SART) AT MSTH, WHICH PROVIDES A COMPASSIONATE ENVIRONMENT FOR SEXUAL ASSAULT SURVIVORS AND AN INTEGRATED COMMUNITY EFFORT TO TREAT SEXUAL ASSAULT SURVIVORS WITH SPECIALLY TRAINED SEXUAL ASSAULT NURSE EXAMINERS (SANE). MSTH ANTICIPATED ASSISTING WITH MORE THAN 500 CASES IN 2018. THE TEAM ASSISTED WITH 970 CASES IN 2018.

- PROVIDE TWO COMMUNITY EDUCATION TRAINING CLASSES ON THE PREVENTION OF SEXUAL VIOLENCE TO DIFFERENT GROUPS AS REQUESTED. 12 EVENTS WITH 156 ATTENDEES WERE HELD IN 2018.

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.

- DISTRIBUTE BROCHURES ON THE TOPIC OF DOMESTIC VIOLENCE. 155 BROCHURES WERE DISTRIBUTED IN 2018.

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

- PARTICIPATE IN NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) EVENTS IN 2018. SEE INFORMATION ABOVE REGARDING NAMI BASICS CLASSES. MSTH ALSO PROVIDED THE FOLLOWING SUPPORT IN 2018: SPONSORED NAMI WALK FOR \$1,000.

- HOST COMMUNITY SUPPORT GROUPS AT MSTH. MSTH HOSTED NAMI CONNECTIONS MEETINGS, AND SUPPORT GROUP MEETINGS FOR ALCOHOLICS ANONYMOUS, COCAINE ANONYMOUS, NARCOTICS ANONYMOUS AND DEPRESSIVE BIPOLAR SUPPORT GROUP.

- EDUCATE LAW ENFORCEMENT ON MENTAL HEALTH BY: PROVIDING ON A QUARTERLY BASIS PRINT MATERIALS FOR CRISIS INTERVENTION TRAINING (CIT), AN INITIATIVE TO IMPROVE THE WAY LAW ENFORCEMENT AND THE COMMUNITY RESPONDS TO PEOPLE EXPERIENCING MENTAL HEALTH CRISES. IT IS A COLLABORATIVE CLASS FOR EMS/FIRE, SAPD AND BEXAR COUNTY MENTAL HEALTH CONSORTIUM. MSTH ANTICIPATED PRINTING MATERIALS FOUR TIMES PER YEAR. MSTH PROVIDED 6 TRAINING SESSIONS FOR 390 ATTENDEES IN 2018.

- HOST/PARTICIPATE IN COMMUNITY EVENTS EMPHASIZING BEHAVIORAL HEALTH AND MENTAL WELL-BEING. MSTH PARTICIPATED IN 15 EVENTS IN 2018. 3,345 INDIVIDUALS ATTENDED THESE EVENTS.

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.

-MSTH PROVIDED BEHAVIORAL HEALTH CLINICAL STAFF EDUCATION AT 54 EVENTS,
WITH ATTENDANCE OF 1,295 IN 2018.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- MSTH DISTRIBUTED 205 PIECES OF LITERATURE RELATED TO SEXUALLY
TRANSMITTED DISEASES IN 2018.

- SPONSOR THE ZERO PROSTATE RUN. MSTH CONTRIBUTED \$5,000 TO THIS EVENT IN
2018.

- PROVIDE LITERATURE ON TEEN PREGNANCY AND PREGNANCY TESTING AT FAMILY
HEALTH CENTERS. MSTH WILL PROVIDE LITERATURE ON AN AS NEEDED BASIS. IN
2018, MSTH PROVIDED 180 PIECES OF LITERATURE.

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

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

- PROVIDE DIABETES EDUCATION TO PATIENTS. MSOH WILL MONITOR AND REPORT
THE NUMBER OF CLASSES AND INDIVIDUAL INSTRUCTION PROVIDED TO PATIENTS. IN
2018, METHODIST HEALTHCARE SYSTEM HOSTED 83 DIABETES EDUCATION EVENTS,
WITH 15,974 ATTENDEES.

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 SUPPORT HEART DISEASE EDUCATION AND PREVENTION. MSOH ANTICIPATED 1,000 PARTICIPANTS FOR THESE EVENTS IN 2018: RED DRESS FUN RUN, CARDIAC CONNECTIONS, AND SUPPORT OF THE AMERICAN HEART ASSOCIATION THROUGH THE HEART WALK (MSOH RAISED \$16,885 IN 2018). IN 2018, 1,000 ATTENDED THE RED DRESS FUN RUN, AND MSOH HELD TWO CARDIAC CONNECTIONS EVENTS WITH TOTAL ATTENDANCE OF 1,111.
- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. MSOH ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. MSOH HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.
- POST NUTRITIONAL VALUE OF FOODS OFFERED IN MSOH CAFETERIA AND OFFER A MENU OF OFFERINGS OF UNDER 500 CALORIES AND WORK WITH FOOD & NUTRITION SERVICES TO OFFER HEALTHIER FOOD OPTIONS. ENCOURAGE STAFF TO PROVIDE HEALTHIER OPTIONS FOR CEREMONIES FOR STAFF RECOGNITION, BIRTHDAYS, EMPLOYMENT ANNIVERSARIES, AND OTHER MILESTONES. IN 2018, MSOH CONTINUED TO DESIGNATE HEALTHY FOOD OPTIONS IN THE CAFÉ, AND ALSO PROVIDED NUTRITIONAL INFORMATION FOR ITEMS SERVED.
- DISTRIBUTION OF PUBLIC AWARENESS MATERIALS, INCLUDING INFORMATION ON DIABETES, CARDIAC DISEASE AND OTHER HEALTHY EATING AND ACTIVE LIVING ISSUES. MSOH WILL DISTRIBUTE OVER 100 PIECES PER MONTH IN 2018. MSOH DISTRIBUTED 2,150 PIECES OF HEALTH LITERATURE IN 2018.

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. 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- PROVIDE THREE SCHOLARSHIPS (\$1,500 EACH) TO HIGH SCHOOL STUDENTS

SEEKING HEALTH CARE DEGREES IN 2018. MSOH PROVIDED \$6,000 IN SCHOLARSHIPS
IN 2018.

- OFFER THE COMMUNITY PARENTING CLASSES INCLUDING BUCKLE UP BABY, DADDY
BOOT CAMP, BREASTFEEDING, GETTING READY FOR CHILDBIRTH AND TOUR, PETS AND
YOUR BABY, CPR, NICU (NEONATAL INTENSIVE CARE UNIT) CPR, BEYOND BABY
BLUES CLASS (POSTPARTUM DEPRESSION) AND CHILDBIRTH EDUCATION CLASSES
OFFERED IN SPANISH. MSOH WILL HOLD CLASSES AS NEEDED. IN 2018, MSOH HELD
172 CLASSES WITH 1,794 ATTENDEES.

- CONTINUE PROVIDING THE COMMUNITY WITH FREE LACTATION CONSULTATIONS (IN
PERSON AND BY PHONE). METHODIST HEALTHCARE SYSTEM ANTICIPATED A COMBINED
TOTAL OF 17,625 CONSULTATIONS (INCLUDING IN PERSON AND BY PHONE) IN 2018.
37,023 CONSULTATIONS WERE PROVIDED IN 2018 (SYSTEM TOTAL).

- DISTRIBUTE CALL-A-NURSE MAGNETS. THE CALL-A-NURSE PROGRAM IS A
TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE
PEDIATRIC NURSES TO PARENTS OF SICK/INJURED CHILDREN. THE CALL-A-NURSE
FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH
FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. MSOH ANTICIPATED
DISTRIBUTING 500 MAGNETS IN 2018. MSOH DISTRIBUTED 505 MAGNETS IN 2018.

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 TEACH PROPER CAR SEAT INSTALLATION TO THE COMMUNITY THROUGH OUR BUCKLE UP BABY CLASSES. MSOH ANTICIPATED TEACHING THE INSTALLATION ON AN AS NEEDED BASIS IN 2018. MSOH PROVIDED TEACHING FOR 195 CAR SEAT INSTALLATIONS IN 2018.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- CONTROLLING STRAY ANIMALS - DISTRIBUTING RESPONSIBLE PET OWNERSHIP MATERIALS TO PUBLIC. MSOH WILL DISTRIBUTE OVER 1,000 COPIES TO THE COMMUNITY IN 2018. METHODIST STONE OAK DISTRIBUTED 1,000 PIECES OF LITERATURE ON THIS SUBJECT IN 2018.

- PROVIDE INFORMATION ON HELMET SAFETY, POISON CONTROL AND DOMESTIC VIOLENCE. 470 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PROVIDE INFORMATION TO TEENS ON STDS. 180 BROCHURES WERE DISTRIBUTED IN 2018.

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.

- PROMOTE TEEN PREGNANCY AWARENESS. PROVIDE LITERATURE ON TEEN PREGNANCY.

METHODIST STONE OAK HOSPITAL WILL STOCK LITERATURE IN WAITING ROOMS AND LOBBIES THROUGHOUT THE HOSPITAL. GOAL IS TO DISTRIBUTE AS NEEDED IN 2018.

MSOH DISTRIBUTED 155 PIECES OF LITERATURE IN 2018.

RESULTS FROM NORTHEAST METHODIST HOSPITAL ("NORTHEAST") ARE AS FOLLOWS:

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

- PROVIDE DIABETES EDUCATION INCLUDING COOKBOOK/CLASSES TO THE COMMUNITY.

NORTHEAST ANTICIPATED PROVIDING DIABETES EDUCATION ON AN AS NEEDED BASIS THROUGHOUT 2018. IN 2018, NEMH DIABETES EDUCATORS HAD 572 VISITS.

- SPONSOR (THROUGH MHS) THE CARDIAC CONNECTIONS SERIES. NORTHEAST HOSTED ONE EVENT WITH 67 ATTENDEES IN 2018. SEE SYSTEM INFORMATION FOR OTHER EVENTS.

- PROVIDE YOUNG HEROES' CLUB® HERO HERALD® ACTIVITY SHEETS (WITH MESSAGES RE: HEALTHY EATING/EXERCISE). NORTHEAST ANTICIPATED THESE WILL BE DISTRIBUTED TO ELEMENTARY SCHOOLS AS NEEDED. NORTHEAST DISTRIBUTED 500 ACTIVITY SHEETS IN 2018.

- PROVIDE HEALTHY EATING AND ACTIVE LIVING MARKETING COLLATERAL/LITERATURE AROUND HOSPITAL. NORTHEAST WILL STOCK LITERATURE IN WAITING ROOMS AND LOBBIES THROUGHOUT THE HOSPITAL. GOAL: DISTRIBUTE AS

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.

NEEDED IN 2018. NORTHEAST DISTRIBUTED 425 PIECES IN 2018.

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. NORTHEAST ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. NORTHEAST HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- DISTRIBUTE CALL-A-NURSE MAGNETS. THE CALL-A-NURSE PROGRAM IS A TELEPHONE SERVICE OFFERING FREE MEDICAL ADVICE BY TRAINED EMERGENCY CARE PEDIATRIC NURSES TO PARENTS OF SICK/INJURED CHILDREN. THE CALL-A-NURSE FOR CHILDREN SERVICE IS AVAILABLE FROM 5 P.M. TO 8 A.M. MONDAY THROUGH FRIDAY AND AROUND THE CLOCK ON WEEKENDS AND HOLIDAYS. NORTHEAST DISTRIBUTED MAGNETS AS NEEDED IN 2018. NORTHEAST DISTRIBUTED 315 MAGNETS IN 2018.

- DISTRIBUTE THE "YOUNG HEROES CLUB HERALD" PUBLICATION. NORTHEAST DISTRIBUTED 350 PUBLICATIONS.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- HEAVILY PROMOTE HEALTHBUS TRANSPORTATION IN APPROPRIATE ZIP CODES. NORTHEAST ANTICIPATED 4,200 TRANSPORTS IN 2018. 3,774 TRANSPORTS WERE PROVIDED IN 2018.

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.

- PROVIDE INFORMATION ON HELMET SAFETY AND POISON CONTROL. 255 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PROVIDE INFORMATION TO TEENS ON STDS. 190 BROCHURES WERE DISTRIBUTED IN 2018.

- PROVIDE LITERATURE ON TEEN PREGNANCY AND PREGNANCY TESTING AT FAMILY HEALTH CENTERS. NORTHEAST WILL PROVIDE LITERATURE AS NEEDED IN 2018. IN 2018, NORTHEAST PROVIDED 190 PIECES OF LITERATURE.

RESULTS FROM METHODIST TEXSAN HOSPITAL ("TEXSAN") ARE AS FOLLOWS:

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

- TEXSAN WILL STOCK DIABETES LITERATURE IN WAITING ROOM AND LOBBIES THROUGHOUT THE HOSPITAL FOR PATIENTS AND THEIR FAMILIES. GOAL: DISTRIBUTE

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.

LITERATURE AS NEEDED. TEXSAN DISTRIBUTED 510 PIECES OF LITERATURE IN 2018.

- CHEFS TO PROVIDE ONE HEALTHY COOKING DEMONSTRATION ANNUALLY. TEXSAN ANTICIPATED 1 DEMONSTRATION IN 2018. ONE DEMONSTRATION WAS HELD IN 2018.

- PROVIDE HEALTHY EATING AND ACTIVE LIVING MARKETING COLLATERAL/LITERATURE AROUND HOSPITAL. TEXSAN WILL STOCK LITERATURE IN WAITING ROOMS AND LOBBIES THROUGHOUT THE HOSPITAL. GOAL: DISTRIBUTE AS NEEDED IN 2018. TEXSAN DISTRIBUTED 325 PIECES IN 2018.

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. TEXSAN ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. TEXSAN HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

- HAVE TEXSAN EMPLOYEES VOLUNTEER AT THE SAN ANTONIO FOOD BANK. TEXSAN ANTICIPATED 25 VOLUNTEER HOURS ANNUALLY BEGINNING IN 2018. VOLUNTEER HOURS WERE NOT TRACKED FOR 2018.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- DISTRIBUTE PRINTED MATERIAL TO EDUCATE COMMUNITY ABOUT BREASTFEEDING AND PRENATAL CARE. TEXSAN ANTICIPATED DISTRIBUTION OF LITERATURE AS NEEDED IN WAITING AREAS IN 2018. TEXSAN DISTRIBUTED 60 PIECES OF

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.

LITERATURE IN 2018.

- DISTRIBUTE THE "YOUNG HEROES CLUB HERALD" PUBLICATION. TEXSAN
DISTRIBUTED 190 PUBLICATIONS.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- PROVIDE INFORMATION ON HELMET SAFETY, POISON CONTROL AND DOMESTIC
VIOLENCE. 275 PIECES OF LITERATURE WERE DISTRIBUTED IN 2018.

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST
HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- PROVIDE INFORMATION TO TEENS ON STDs. 60 BROCHURES WERE DISTRIBUTED IN
2018.

- PROVIDE LITERATURE ON TEEN PREGNANCY AND PREGNANCY TESTING AT FAMILY
HEALTH CENTERS. TEXSAN WILL PROVIDE LITERATURE AS NEEDED IN 2018. IN
2018, TEXSAN PROVIDED 75 PIECES OF LITERATURE.

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.

RESULTS FROM METHODIST AMBULATORY SURGERY HOSPITAL - NORTHWEST ("MASH")

ARE AS FOLLOWS:

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

- PROVIDE SAN ANTONIO FOOD BANK COLLECTION AND SUPPORT. MASH ANTICIPATED AT LEAST ONE MAJOR FOOD DRIVE FOR ALL EMPLOYEES TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018. MASH HELD ONE FOOD DRIVE TO SUPPORT THE SAN ANTONIO FOOD BANK IN 2018.

COMMUNITY HEALTH PRIORITY NO 2: HEALTHY CHILD AND FAMILY DEVELOPMENT

- HOLD ONE BACK-TO-SCHOOL DRIVE PER YEAR FOR CHILDREN HELPED THROUGH THE FORGOTTEN CHILD. MANAGED BY VOLUNTEERS, THE FORGOTTEN CHILD IS AN ORGANIZATION THAT WORKS WITH CHILD PROTECTIVE SERVICES TO PROVIDE BACK-TO-SCHOOL CLOTHING AND SUPPLIES TO CHILDREN IN THE FOSTER CARE SYSTEM. MASH HELD ONE DRIVE IN 2018.

- MASH PARTICIPATED IN THE MARCH OF DIMES, "MARCH FOR BABIES" EVENT IN 2018. THE MASH TEAM RAISED APPROXIMATELY \$5,500.

COMMUNITY HEALTH PRIORITY NO. 3: SAFE COMMUNITIES

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN AND IS ADDRESSED AT THE SYSTEM LEVEL.

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

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

COMMUNITY HEALTH PRIORITY NO 5: SEXUAL HEALTH

- THIS COMMUNITY HEALTH PRIORITY IS PART OF THE OVERALL METHODIST HEALTHCARE SYSTEM PLAN, AND IS ADDRESSED AT THE SYSTEM LEVEL.

SCHEDULE H, PART V, SEC B, LINES 13B, 13H AND 15E(REPORTING GROUPS A & B):
METHODIST HEALTHCARE SYSTEM USES FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY.

THE FOLLOWING IS A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ADOPTED BY METHODIST HEALTHCARE SYSTEM AND METHODIST HEALTHCARE MINISTRIES:

FINANCIAL ASSISTANCE ELIGIBILITY SYSTEM

- METHODIST REQUIRES THE COMPLETION OF AN APPLICATION, WHICH ALLOWS FOR THE COLLECTION OF APPROPRIATE INFORMATION.

- VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - ADULTS: PATIENT, PATIENT'S SPOUSE AND ANY DEPENDENTS. MINORS: PATIENT, PATIENT'S MOTHER

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 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, PAY CHECK 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 FINANCIAL ASSISTANCE APPLICATION WITH SUPPORTING PROOF OF INCOME. THE WRITE-OFF WILL APPLY TO ALL PATIENT TYPES. A RESIDENTIAL INDIGENT PATIENT IS AN UNINSURED PERSON WHO IS ACCEPTED FOR CARE WITH NO OBLIGATION OR WITH A DISCOUNTED OBLIGATION TO PAY FOR THE SERVICES RENDERED, AND LIVES IN SPECIFICALLY DEFINED ZIP CODES--THOSE WITH HIGH POVERTY POPULATIONS.

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.

FOR THE YEAR ENDED DECEMBER 31, 2018, THE CHARITY CARE WRITE OFF RELATED TO THIS ELIGIBILITY PROCESS WAS \$237.2 MILLION (\$195.7 MILLION IN 2017).

CHARITY ELIGIBILITY CLASSIFICATIONS

- FINANCIALLY INDIGENT - YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES.

- MEDICALLY INDIGENT - THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL.

ACCEPTANCE BY MHS IS BASED ON MEETING EITHER OF TWO CRITERIA: YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHICALLY ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIC PERCENTAGE OF THEIR INCOME. IT IS IMPORTANT TO NOTE THAT THE GUIDELINES APPLIED FOR CATASTROPHIC ELIGIBILITY RANGE FROM 201% OF THE FEDERAL POVERTY GUIDELINES TO OVER 1000% OF THE FEDERAL POVERTY GUIDELINES.

SCHEDULE H, PART V, SEC B, LINES 16A-C (REPORTING GROUPS A & B):

[HTTPS://SAHEALTH.COM/ABOUT/MISSION-VALUES/CHARITY-CARE.DOT](https://sahealth.com/about/mission-values/charity-care.dot)

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 16J AND 20E (REPORTING GROUPS A & B):

MHS HAS TAKEN STEPS OVER THE PAST SEVERAL YEARS TO HEIGHTEN COMMUNITY AWARENESS REGARDING MHS' 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 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' WEBSITE WWW.SAHEALTH.COM.

ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY, AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED, BUT HAVE NOT PAID.

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? 18

Name and address	Type of Facility (describe)
1 METHODIST AMBULATORY SURGERY CENTER 4411 MEDICAL DRIVE, SUITE 200 SAN ANTONIO TX 78229	FREESTANDING AMBULATORY SURGERY CENTER
2 CTR FOR SPECIAL SURGERY AT TEXAS CENTER 21 SPURS LANE, SL-100 SAN ANTONIO TX 78240	FREESTANDING AMBULATORY SURGERY CENTER
3 METHODIST AMBULATORY SURG. CTR-N CENTRAL 19010 STONE OAK PARKWAY SAN ANTONIO TX 78258	FREESTANDING AMBULATORY SURGERY CENTER
4 METHODIST BOERNE EMERGENCY CENTER 134 MENDER SPRINGS BOERNE TX 78006	EMERGENCY DEPARTMENT
5 METROPOLITAN METHODIST EMERGENCY CENTER 250 EAST BASSE ROAD, #101 SAN ANTONIO TX 78209	EMERGENCY DEPARTMENT
6 METHODIST CARDIOLOGY PHYSICIANS 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	TX CERTIFIED NONPROFIT HEALTHCARE CORPORATION
7 TEXAS INSTITUTE OF MEDICINE AND SURGERY 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	TX CERTIFIED NONPROFIT HEALTHCARE CORPORATION
8 METHODIST PHYSICIAN PRACTICE SVCS, LLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	MEDICAL SERVICES ORGANIZATION
9 METHODIST PHYSICIAN PRACTICES, PLLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE
10 CARDIOLOGY CLINIC OF SAN ANTONIO, PLLC 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 PEDIATRIC ANESTHESIA CONSULTANTS OF SA 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	PHYSICIAN PRACTICE
2 METHODIST CARENOW PHYSICIAN ASSOCIATES 8109 FREDERICKSBURG ROAD SAN ANTONIO TX 78229	MEDICAL SERVICES ORGANIZATION
3 CARENOW SAN ANTONIO - LEON VALLEY 5755 NW LOOP 410, SUITE 102 SAN ANTONIO TX 78238	URGENT CARE CLINIC
4 CARENOW SAN ANTONIO - STONE OAK 20780 HIGHWAY US 281 N SAN ANTONIO TX 78259	URGENT CARE CLINIC
5 CARENOW SAN ANTONIO - DEZAVALA 12840 IH 10 WEST, SUITE 101 SAN ANTONIO TX 78249	URGENT CARE CLINIC
6 METHODIST FAM. HEALTH CTR - E SOUTHCROSS 2338 E. SOUTHCROSS SAN ANTONIO TX 78223	FAMILY HEALTH CENTER
7 METHODIST FAMILY HEALTH CTR - LAS PALMAS 803 CASTROVILLE RD, SUITE 131 SAN ANTONIO TX 78237	FAMILY HEALTH CENTER
8 METHODIST COMMUNITY HEALTH CENTER 507 ST. JAMES SAN ANTONIO TX 78202	PRIMARY CARE CLINIC
9	
10	

Schedule H (Form 990) 2018

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 990 SCHEDULE H.

SCHEDULE H, PART I, LINE 7:

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

PART I, LINE 7A EXPLANATION -

THE PARTNERSHIP IS A MEMBER OF THE BEXAR COUNTY CLINICAL SERVICES (BCCS),
AS PART OF AN INDIGENT CARE AFFILIATION AGREEMENT ENTERED INTO WITH OTHER
HEALTHCARE SYSTEMS IN SAN ANTONIO. THE AFFILIATED HOSPITALS COLLABORATE
TO ENSURE THE AVAILABILITY OF, AND TO MORE COST EFFECTIVELY PROVIDE,

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.

QUALITY HEALTHCARE SERVICES TO LOW INCOME AND NEEDY RESIDENTS IN THE BEXAR COUNTY COMMUNITY. BCCS HAS CONTRACTED WITH VARIOUS PROVIDERS TO DELIVER PHYSICIAN AND OTHER HEALTHCARE SERVICES TO THE COMMUNITY'S LOW INCOME AND NEEDY RESIDENTS. EACH HOSPITAL CONTRIBUTES FUNDS TO BCCS, WHICH ARE THEN USED TO SUPPORT THE PROVISION OF HOSPITAL AND CLINICAL PHYSICIAN SERVICES, PHYSICIAN IN-TRAINING SERVICES, PHYSICIAN ASSISTANT/NURSE PRACTITIONER SERVICES, SPECIALTY PHYSICIAN SERVICES AND OTHER HEALTHCARE SERVICES THROUGH BCCS.

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 ELEGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED USING ZIP CODE DATA.

SCHEDULE H, PART III, LINE 4:

IN MAY 2014, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED A NEW STANDARD RELATED TO REVENUE RECOGNITION. THE PARTNERSHIP ADOPTED THE NEW STANDARD EFFECTIVE JANUARY 1, 2018, USING THE FULL RETROSPECTIVE METHOD. THE ADOPTION OF THE NEW STANDARD DID NOT HAVE AN IMPACT ON THE RECOGNITION OF NET PATIENT REVENUES FOR ANY PERIODS PRIOR TO ADOPTION. THE MOST SIGNIFICANT IMPACT OF ADOPTING THE NEW STANDARD IS THAT THE CONSOLIDATED STATEMENTS OF INCOME NO LONGER PRESENTS THE "PROVISION FOR DOUBTFUL ACCOUNTS" AS A SEPARATE LINE ITEM, INSTEAD NET PATIENT REVENUE IS PRESENTED NET OF ESTIMATED IMPLICIT PRICE CONCESSION REVENUE DEDUCTIONS. IN ADDITION, THE "ALLOWANCE FOR DOUBTFUL ACCOUNTS" IS NO LONGER PRESENTED ON THE CONSOLIDATED BALANCE SHEETS AS A RESULT OF THE ADOPTION OF THE NEW STANDARD.

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.

NET PATIENT REVENUES GENERALLY RELATE TO CONTRACTS WITH PATIENTS IN WHICH THE PARTNERSHIP'S PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO THE PATIENTS. REVENUES ARE RECORDED DURING THE PERIOD 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 RELATIONSHIP WITH PATIENTS, IN MOST CASES, ALSO INVOLVE A THIRD-PARTY PAYER (MEDICARE, MEDICAID, MANAGED HEALTH CARE PLANS AND COMMERCIAL INSURANCE COMPANIES) AND THE TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY (MEDICARE AND MEDICAID) OR NEGOTIATED WITH (MANAGED CARE HEALTH PLANS AND COMMERCIAL INSURANCE COMPANIES) THE THIRD-PARTY PAYERS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENTS AT AMOUNTS LESS THAN THE PARTNERSHIP'S STANDARD CHARGES. MEDICARE GENERALLY PAYS FOR INPATIENT AND OUTPATIENT SERVICES AT PROSPECTIVELY DETERMINED RATES BASED ON CLINICAL,

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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 CONTRACTUAL ESTIMATION PROCESS 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 REVENUES ARE BASED UPON THE ESTIMATED AMOUNTS THE PARTNERSHIP
 EXPECTS TO RECEIVE FROM PATIENTS AND THIRD PARTY PAYERS. ESTIMATES OF
 CONTRACTUAL ALLOWANCES UNDER MANAGED CARE AND COMMERCIAL INSURANCE PLANS
 ARE BASED UPON THE PAYMENT TERMS SPECIFIED IN THE RELATED CONTRACTUAL
 AGREEMENTS. REVENUES RELATED TO UNINSURED PATIENTS AND UNINSURED
 COPAYMENT AND DEDUCTIBLE AMOUNTS FOR PATIENTS WHO HAVE HEALTH CARE
 COVERAGE MAY HAVE DISCOUNTS APPLIED (UNINSURED DISCOUNTS AND CONTRACTUAL
 DISCOUNTS). AN ESTIMATED IMPLICIT PRICE CONCESSION (BASED PRIMARILY UPON
 PAYER HISTORICAL COLLECTION EXPERIENCE) IS RECORDED WITHIN NET REVENUE TO

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RECORD SELF-PAY REVENUES AT THE ESTIMATED AMOUNTS TO BE COLLECTED.

AS OF DECEMBER 31, 2018, THE BAD DEBT INCLUDED IN REVENUE DEDUCTIONS WAS \$145,951,803. 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, 2018. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST REPORT YEAR END, THE COST REPORT THAT WAS FILED FOR THE COST REPORT YEAR END THAT ENDED DURING 2018 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.

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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 UNINSURED PATIENT 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 CHARITY 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

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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 2018 INCLUDE THE FOLLOWING:

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

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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 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
 PROGRAM, PHYSICIANS CAN DRAMATICALLY INCREASE RESPONSE TIME, TRANSFERS
 CAN BE MINIMIZED, AND PATIENTS CAN OFTEN RECEIVE LIFE SAVING 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

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METHODIST EMERGENCY DEPARTMENT OR IN MEDICAL ACUTE UNITS THROUGHOUT

METHODIST. 4,050 BEHAVIORAL HEALTH AND 360 TELE-STROKE CONSULTATIONS WERE

PROVIDED FOR THE DSRIP REPORTING PERIOD ENDED SEPTEMBER 30, 2018. 53% OF

THE CONSULTATIONS PROVIDED WERE TO MEDICAID OR LOW INCOME UNINSURED

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 2,845

ENCOUNTERS FOR THE DSRIP REPORTING PERIOD ENDING SEPTEMBER 30, 2018. OF

THESE ENCOUNTERS, 86% WERE PROVIDED TO MEDICAID OR LOW INCOME UNINSURED

PATIENTS.

REDESIGN TO IMPROVE THE PATIENT EXPERIENCE - THE FOCUS FOR THIS PROJECT

IS TO IMPROVE HOW PATIENTS EXPERIENCE CLINICAL AS WELL AS THE PATIENT'S

SATISFACTION WITH THEIR CARE. IN 2016, METHODIST IMPLEMENTED STANDARDIZED

GOAL ALIGNMENT BOARDS AT ALL LOCATIONS. THESE DISPLAYS, LOCATED IN

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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 IN 2017, ADDING PATIENT SAFETY AS A KEY FOCUS. METHODIST CONTINUES WITH THE DISTRIBUTION OF THE ELECTRONIC DASHBOARD, WHICH SUMMARIZES HCAHPS AND OUTPATIENT SURGERY DATA BY FACILITY AND BY NURSING UNIT. METHODIST IMPLEMENTED ENCHANCEMENTS TO THE DASHBOARD IN 2018.

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. METHODIST'S

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CAMPUSES CONDUCT DAILY LINE NECESSITY HUDDLES TO ENSURE TIMELY REMOVAL,
AND TEAMS HAVE STANDARDIZED LINE MAINTENANCE PROTOCOLS. TWO METHODIST
CAMPUSES HAVE RECEIVED EITHER SEPSIS CERTIFICATION OR RE-CERTIFICATION
WITH THE JOINT COMMISSION.

IN 2018, NORTHEAST METHODIST HOSPITAL HIRED ITS FIRST DEDICATED CHIEF
MEDICAL OFFICER, NATIONALLY RECOGNIZED TRAUMA SURGEON CARNELL COOPER,
M.D. A 9,000 SQUARE FOOT EXPANSION OF THE EMERGENCY DEPARTMENT ADDED AN
ADDITIONAL 17 TREATMENT AREAS.

METHODIST STONE OAK HOSPITAL COMPLETED ITS WOMEN'S UNIT RENOVATION IN
2018. ALSO IN 2018, CONSTRUCTION BEGAN ON THE OPERATING ROOM EXPANSION
WITH A PROJECTED COMPLETION DATE EARLY 2ND QUARTER, 2019.

THE SLEEP CENTER AT METHODIST TEXSAN HOSPITAL MOVED INTO A NEW SPACE ON
THE FIRST FLOOR OF THE MEDICAL OFFICE BUILDING ADJACENT TO THE HOSPITAL.
FOUR PRIVATE ROOMS OFFER SLEEP-BY-NUMBER QUEEN BEDS.

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METHODIST AMBULATORY SURGERY HOSPITAL NORTHWEST OPENED ITS NEWLY EXPANDED EMERGENCY DEPARTMENT IN 2018. THE EMERGENCY DEPARTMENT EXPANDED FROM ONE TO FIVE BAYS, WITH A NEW WAITING AREA AND ADVANCED CT SCANNER.

IN 2018, METROPOLITAN METHODIST HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, COMPLETED A REFRESH OF THE 6TH FLOOR DIALYSIS AREA. A NEW PFT LAB ROOM WAS ADDED TO THE FIRST FLOOR OF THE PATIENT TOWER ALLOWING EASIER ACCESS. THE INTERVENTIONAL RADIOLOGY LAB ALSO WAS RENOVATED, ALONG WITH THE EMERGENCY DEPARTMENT.

METHODIST HOSPITAL COMPLETED CONSTRUCTION AND OPENED THE NEW METHODIST WOMEN'S HOSPITAL IN 2018. THIS 165,000 SQUARE FOOT EXPANSION PROJECT INCLUDED EXPANDED SURGERY WAITING AREAS, A NEW CHAPEL, EXPANDED ADMITTING ON THE FIRST FLOOR, TEN MOTHER BABY BEDS ON THE 2ND FLOOR AND 22 INTENSIVE CARE BEDS ON THE 4TH FLOOR. METHODIST HOSPITAL IS NOW LICENSED FOR 1,013 BEDS. ALSO COMPLETED AT METHODIST HOSPITAL, 12 CVICU BEDS (TO A TOTAL OF 34 BEDS) AND A RENOVATED GIFT SHOP. A VALET WAS ADDED AT THE CENTRAL TOWER ENTRANCE FOR EASIER ACCESS TO CARE. THE HOSPITAL GREW ITS

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CARDIOTHORACICSURGERY PROGRAM BY RECRUITING DEDICATED HEART

TRANSPLANT/VAD SURGEON, DR. MASAHIRO ONO, AND DR. BRENT NEW, TRANSPLANT

CARDIOLOGIST. METHODIST HOSPITAL MORE THAN DOUBLED THE SIZE OF ITS

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROGRAM YEAR OVER YEAR. DURING

2018, METHODIST HOSPITAL OPENED THE FIRST INTRAOPERATIVE MRI SUITE FOR

BOTH PEDIATRIC AND ADULT PATIENTS IN SOUTH TEXAS, ALLOWING PHYSICIANS TO

PERFORM MRIS DURING BRAIN SURGERY.

IN 2018, METHODIST CHILDREN'S HOSPITAL WAS ONE OF ONLY THREE HOSPITALS IN

THE NATION TO ACQUIRE A PATIENT TECHNOLOGY SPECIALIST, WHOSE ROLE IS TO

USE GAMING AND VIRTUAL TECHNOLOGY AS A MEANS OF TREATMENT. METHODIST

CHILDREN'S HOSPITAL BROUGHT ON AN ADDITIONAL CERTIFIED FACILITY DOG,

JAMIE, TO SUPPORT THE HOSPITAL'S COMMITMENT TO PROVIDE A HEALING

ENVIRONMENT THAT FOCUSES ON BOTH A PATIENT'S PHYSICAL AND MENTAL

WELL-BEING. THE HOSPITAL PERFORMED ITS FIRST HEART VALVE PROCEDURE

(HAART) ON A TEEN IN TEXAS. ONLY 300 OF THESE PROCEDURES HAVE BEEN

PERFORMED GLOBALLY.

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LATE IN 2018, METHODIST ALSO OPENED THE METHODIST HOSPITAL WOMEN AND TEEN CENTER TO OFFER MATERNITY RESOURCES SUCH AS FREE PREGNANCY TESTS, EDUCATIONAL CLASSES AND PHYSICIAN REFERRAL OPTIONS TO THE COMMUNITY. METHODIST CHILDREN'S HOSPITAL EXPANDED THE PEDIATRICS PROGRAM BY RECRUITING PEDIATRIC CRITICAL CARE PHYSICIAN DR. PUNKAJ GUPTA. METHODIST SPECIALTY AND TRANSPLANT HOSPITAL CONTINUED ITS INTERNATIONAL RENOWN IN ABDOMINAL TRANSPLANT SURGERY. ITS KIDNEY TRANSPLANT PROGRAM PERFORMED MORE LIVING DONOR TRANSPLANTS THAN ANY OTHER PROGRAM IN TEXAS AND IN THE UNITED STATES: 198, A MILESTONE IT REACHED IN 2016 AS WELL. SINCE 2009, THIS PROGRAM HAS LED ALL OTHER LIVE DONOR KIDNEY TRANSPLANT PROGRAMS IN THE USA, PERFORMING 1,738 PROCEDURES (THIS IS 425 MORE THAN THE NEXT FACILITY WITH THE HIGHEST VOLUME: MAYO CLINIC ROCHESTER). METHODIST'S LIVE DONOR TRANSPLANT PROGRAM IS DRIVEN BY ITS INTERNATIONALLY RECOGNIZED DONOR EXCHANGE PROGRAM AND FIVE SATELLITE CLINICS IN SOUTH TEXAS. IN 2018, THE HOSPITAL'S LIVER TRANSPLANT PROGRAM WAS RANKED #1 IN TEXAS FOR ONE-YEAR SURVIVAL RATES. SINCE ITS INCEPTION IN 2001, THE LIVER DISEASE PROGRAM HAS CONTINUALLY RANKED IN THE TOP DECILE IN THE U.S.. THE PROGRAM IS ONE OF FEWER THAN 100 IN THE US TO

Part VI Supplemental Information

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EARN CERTIFICATION FROM BOTH MEDICARE AND MEDICAID -- THE HIGHEST QUALITY INDICATOR FOR A TRANSPLANT PROGRAM. ITS OUTREACH IS THROUGH FIVE SATELLITE CLINICS IN ADDITION TO THE SAN ANTONIO BASED CLINIC. METHODIST HOSPITAL SOUTH RENOVATED ITS PHARMACY IN 2018 AND ALSO RENOVATED ITS SLEEP CENTER. THE HOSPITAL ALSO OPENED A CARDIAC CLINIC, STAFFED BY A PSG CARDIOLOGIST, OFFERING ANOTHER SPECIALIST OPTION FOR COMMUNITY RESIDENTS. SEVERAL CONTINUING MEDICAL EDUCATION PROGRAMS WERE OFFERED FOR PHYSICIANS IN THE COMMUNITY.

CLINICAL SERVICE ENHANCEMENTS INCLUDE METHODIST HEALTHCARE FURTHER INVESTING IN BUILDING ITS TEAM OF ONCOLOGY NURSE NAVIGATORS. METHODIST HEALTHCARE HAS FOUR BREAST CANCER NAVIGATORS, TWO COMPLEX GI NAVIGATORS, ONE LIVER CANCER NAVIGATOR, ONE THORACIC CANCER NAVIGATOR, AND ONE BLOOD CANCER NAVIGATOR, FOR A TOTAL OF TEN ONCOLOGY NURSE NAVIGATORS. TOGETHER, THEY HAVE NAVIGATED 1,248 CANCER PATIENTS IN 2018, UP FROM 1,145 CANCER PATIENTS IN 2017.

TO ADDRESS A GROWING NEED FOR PSYCHIATRIC ASSESSMENTS, A 'TELE-PSYCH'

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PROGRAM WAS ESTABLISHED TO EXPEDITE THE EVALUATION AND TREATMENT OF PATIENTS IN THE EMERGENCY DEPARTMENTS OF METHODIST HOSPITALS. BY UTILIZING VIDEO CONFERENCING TECHNOLOGY, BOARD-CERTIFIED PSYCHIATRISTS IN OTHER PARTS OF TEXAS AND THE U.S. ARE AVAILABLE AROUND THE CLOCK TO PROVIDE EVALUATIONS AND RECOMMENDED TREATMENT OPTIONS FOR PATIENTS. IN 2018, METHODIST PROVIDED OVER 4,500 TELE-PSYCH CONSULTS.

PATIENTS REQUIRING PSYCHIATRIC SERVICES ARE OFTEN ONE OF THE MOST UNDERSERVED POPULATIONS IN THE COMMUNITY, AND METHODIST STRIVES TO ENSURE THESE PATIENTS HAVE ACCESS TO APPROPRIATE CARE. UPWARDS OF 35% OF THE BEHAVIORAL HEALTH SERVICES OFFERED BY METHODIST SPECIALTY AND TRANSPLANT HOSPITAL ARE PROVIDED TO CHARITY AND SELF-PAY PATIENTS. FURTHERMORE, METHODIST HEALTHCARE SUPPORTS A CLINICALLY ALIGNED NON-PROFIT HEALTHCARE ORGANIZATION (NPHO) WHICH EMPLOYS A NUMBER OF HOSPITALISTS TO SUPPORT THIS PROGRAM, AS SAN ANTONIO PSYCHIATRISTS IN PRIVATE PRACTICE TYPICALLY WILL NOT TREAT HOSPITALIZED PATIENTS.

METHODIST MANAGEMENT ALSO CONTINUES TO MONITOR AND WORK WITH PARALLON, AN

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HCA SUBSIDIARY, TO IMPROVE THE PROCESSES FOR IDENTIFYING AND PROCESSING CHARITY CASES IN THE MOST EFFICIENT AND TIMELY MANNER POSSIBLE. ALL PARALLON PERSONNEL RECEIVE TRAINING, INCLUDING AN ANNUAL REFRESHER COURSE, TO INCLUDE INSTRUCTION ON THE METHODIST FINANCIAL ASSISTANCE POLICY AND OUR CHARITABLE MISSION IN CONJUNCTION WITH METHODIST HEALTHCARE MINISTRIES. IN ADDITION, THEY HAVE A FORMAL PROCESS FOR MHM'S PATIENTS TO DIRECTLY ACCESS CHARITABLE MEDICAL SERVICES AT METHODIST FACILITIES.

RELATED TO CONSUMER PERCEPTION OF EXCELLENCE, READERS OF THE SAN ANTONIO EXPRESS NEWS SELECTED METHODIST FOR THE TENTH YEAR IN A ROW AS THEIR FIRST CHOICE AMONG SAN ANTONIO HOSPITALS.

METHODIST HOSPITAL, METHODIST CHILDREN'S HOSPITAL, METROPOLITAN METHODIST HOSPITAL, METHODIST SPECIALTY AND TRANSPLANT HOSPITAL, AND NORTHEAST METHODIST HOSPITAL RECEIVED AN A: FROM LEAPFROG HOSPITAL SAFETY GRADE. IN ADDITION, METROPOLITAN METHODIST HOSPITAL WAS THE FIRST AND ONLY HOSPITAL IN SAN ANTONIO AND ONE OF THREE IN TEXAS TO BE NAMED A TOP GENERAL

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HOSPITAL BY THE LEAPFROG GROUP.

METHODIST HOSPITAL, THE LARGEST PROVIDER OF STROKE CARE IN SOUTH TEXAS, HAS EARNED COMPREHENSIVE STROKE CENTER CERTIFICATION FROM DNV GL HEALTHCARE, USA, INC., ONE OF THE LEADING ACCREDITING AGENCIES IN THE UNITED STATES. FACILITIES CERTIFIED AS COMPREHENSIVE STROKE CENTERS OFFER THE MOST ADVANCED STROKE TREATMENT AVAILABLE IN A GIVEN GEOGRAPHIC AREA.

METHODIST AMBULATORY SURGERY HOSPITAL IS PROUD AND HONORED TO BE ONE OF ONLY 251 HOSPITALS IN THE NATION TO RECEIVE A 5-STAR RANKING ON MEDICARE.GOV'S 'HOSPITAL COMPARE'.

METHODIST TEXSAN HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, IS AMONG MODERN HEALTHCARE MAGAZINES BEST PLACES TO WORK IN HEALTHCARE IN 2016, 2017 AND 2018. METROPOLITAN METHODIST HOSPITAL AND METHODIST AMBULATORY SURGERY HOSPITAL WERE ALSO NAMED TO THIS LIST IN 2017 AND 2018. METHODIST STONE OAK HOSPITAL AND METHODIST HEALTHCARE SYSTEM WERE INCLUDED IN

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2018'S LIST.

METHODIST TEXSAN HOSPITAL WAS THE FIRST HOSPITAL IN SAN ANTONIO TO EARN
THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR CHEST PAIN.

THE NICU UNIT AT METHODIST/METHODIST CHILDREN'S HOSPITAL BECAME THE FIRST
NEONATAL ICU IN SAN ANTONIO TO EARN THE LEVEL IV DESIGNATION FROM THE
TEXAS DEPARTMENT OF STATE HEALTH SERVICES, RECOGNIZING THE COMPREHENSIVE,
HIGH QUALITY CARE THE HOSPITAL PROVIDES FOR THE MOST CRITICALLY ILL AND
VULNERABLE INFANTS.

METHODIST CHILDREN'S HOSPITAL ACQUIRED THE FIRST-EVER CERTIFIED FACILITY
DOG IN CENTRAL AND SOUTH TEXAS, ONE OF ONLY 17 FULL-TIME HOSPITAL
EMPLOYED CANINES IN THE NATION.

METHODIST STONE OAK HOSPITAL IS THE ONLY HOSPITAL IN SAN ANTONIO OFFERING
THREE ROBOTIC PLATFORMS FOR THOSE PATIENTS IN NEED OF MINIMALLY INVASIVE
ROBOTIC SURGERY.

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METHODIST STONE OAK HOSPITAL WAS THE RECIPIENT OF THE ACTION
REGISTRY/NCDR PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR CARDIAC
EXCELLENCE IN 2018.

NORTHEAST METHODIST HOSPITAL IS ACCREDITED AS A PRIMARY STROKE CENTER,
CHEST PAIN CENTER AND SEPSIS TREATMENT CENTER.

METROPOLITAN METHODIST HOSPITAL HAS BEEN RECOGNIZED AS A 'LEADER IN LGBT
HEALTHCARE EQUALITY' BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE
EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL AND
TRANSGENDER (LGBT) CIVIL RIGHTS ORGANIZATION.

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

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ANTONIO EXPRESS NEWS, DISTRIBUTION OF A PATIENT BROCHURE ("A GUIDE TO YOUR HOSPITAL BILL") THAT EXPLAINS THE HOSPITAL BILLING PROCESS AND INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN THE EVENT THEY NEED FINANCIAL ASSISTANCE, AND A FRONT PAGE LINK TO THE FINANCIAL ASSISTANCE POLICY ON METHODIST'S EXTERNAL HEALTH PORTAL (SAHEALTH.COM). THE COMBINED IMPACT OF THESE EFFORTS CONTINUES TO REMIND AND INCREASE OVERALL COMMUNITY 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 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 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'

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WEBSITE WWW.SAHEALTH.COM.

ALL SHARED SERVICE CENTER PERSONNEL RECEIVE TRAINING AND AN ANNUAL REFRESHER COURSE ON THE POLICY, AND UNDERSTAND THE CRUCIAL ROLE THEY PLAY IN INFORMING PATIENTS ABOUT THE POLICY. FINANCIAL COUNSELORS AND HOSPITAL CASE MANAGEMENT STAFF EDUCATE PATIENTS AND ARE AVAILABLE TO ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED, BUT HAVE NOT PAID. 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

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STATES. 60% OF THE LOCAL POPULATION IS HISPANIC, 28% IS WHITE
NON-HISPANIC, 7% IS BLACK, 3% IS ASIAN AND 2% IS OTHER. TEXAS AND SAN
ANTONIO CONTINUE TO LEAD THE NATION IN THE NUMBER OF UNINSURED ADULTS AND
CHILDREN (TEXAS IS RANKED NO. 1 WITH 17.3% UNINSURED AND THE U.S. IS
11%). NEARLY SEVENTEEN PERCENT OF CHILDREN IN TEXAS ARE WITHOUT HEALTH
INSURANCE COMPARED TO THE U.S. AT 8.6%. 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 \$56,774, COMPARED TO
\$59,206 FOR TEXAS AND \$60,336 FOR THE NATION. SAN ANTONIO HAS A LARGE
POPULATION LIVING IN POVERTY WHEN COMPARED TO OTHER PARTS OF TEXAS. 17.3%
OF SAN ANTONIO RESIDENTS LIVE AT OR BELOW THE POVERTY LEVEL, AND BEXAR
COUNTY IS AT 16%, COMPARED TO 14.7% FOR TEXAS, AND 12.3% FOR THE U.S. SAN
ANTONIO'S PERCENT OF HOUSEHOLDS RECEIVING FOOD STAMPS IS 15%, WITH TEXAS
AT 15%, AND THE U.S. 12.4%.

METHODIST HEALTHCARE SERVES AN ESTIMATED POPULATION OF NEARLY 2.9 MILLION

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IN BEXAR AND 26 SOUTH AND CENTRAL TEXAS COUNTIES: ATASCOSA, BANDERA, CALDWELL, COMAL, DEWITT, DIMMIT, EDWARDS, FRIO, GILLESPIE, GONZALES, GUADALUPE, KARNES, KENDALL, KERR, KINNEY, LA SALLE, LAVACA, MAVERICK, MCMULLEN, MEDINA, REAL, UVALDE, VAL VERDE, WEBB, WILSON AND ZAVALA. SINCE THIS GEOGRAPHIC AREA IS MAJORITY HISPANIC, MHS SEES THIS REFLECTED IN OUR PATIENT POPULATION.

SCHEDULE H, PART VI, LINE 5:

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

SCHEDULE H, PART VI, LINE 6:

SEE RESPONSES FOR QUESTION 2 ABOVE REGARDING EXPANSION OF SERVICES IN 2018.

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

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ASSIST THEM WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IN ADDITION TO PROVIDING INFORMATION DURING THE ADMITTING PROCESS, MHS CONTINUES TO PROVIDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS FOR THOSE PATIENTS WHO HAVE BEEN BILLED, BUT HAVE NOT PAID. 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 CONTINUE TO INCREASE (12.7% OVER 2017). THE ACCEPTANCE RATE IN 2018 WAS 98.2% COMPARED TO 96.4% IN 2017. SELF-PAY PATIENTS ACCOUNTED FOR 13.9% OF ALL TRANSFERS AS COMPARED TO 10.3% IN 2017. PEDIATRIC AND HIGH-RISK MATERNAL TRANSFERS ARE ALSO NOW HANDLED THROUGH THESE CONSOLIDATED PLACEMENT SERVICES. THE ACCEPTANCE RATE FOR THESE TRANSFERS WAS 97.6% IN 2018 (99.2% IN 2017). MHS SELF-PAY

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AND CHARITY PATIENTS ACCOUNTED FOR 5.6% OF ALL PEDIATRIC (AGES 0-17) AND
MATERNAL TRANSFERS AS COMPARED TO 5.4% IN 2017.

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

SPECIALIZED SERVICES AVAILABLE AT MHS FACILITIES INCLUDE THE FOLLOWING:
NEONATOLOGY SERVICES, PEDIATRIC SUBSPECIALTY SERVICES, BONE MARROW
TRANSPLANT, KIDNEY TRANSPLANTS, HEART TRANSPLANTS, LIVER TRANSPLANTS,
PANCREAS TRANSPLANTS, HYPERBARIC OXYGEN TREATMENT, STROKE CARE, MEDICAL
AIR TRANSPORT, GAMMA KNIFE RADIOSURGERY, AND BARIATRIC SURGERY.

THE MAJORITY OF FINANCIAL ASSISTANCE PROVIDED BY THE HOSPITALS IS FROM
PATIENTS RECEIVING EMERGENCY SERVICES. EMERGENCY DEPARTMENT (ED) VISITS
TO METHODIST FACILITIES TOTALED 330,379 IN 2018 (326,963 IN 2017).
SEVENTEEN PERCENT OF TOTAL ED VISITS RESULTED IN INPATIENT ADMISSIONS
WITH A 6.94% INCREASE IN ED ADMISSIONS OVER 2017. IN ADDITION, 24.2% OF
ALL VISITS TO METHODIST EMERGENCY DEPARTMENTS IN 2018 WERE MADE BY

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.
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CHARITY OR SELF-PAY PATIENTS.

METHODIST CONTINUES TO FOCUS ON IMPROVING ACCESS TO CARE FOR THE COMMUNITY BY IMPROVING EMERGENCY DEPARTMENT ACCESS. WHEN COMPARING 2018 TO 2017, METHODIST SAW A 7.48% DECLINE IN THE PATIENT-ARRIVAL-TO-BED (ATB) METRIC AND A 3.28% IMPROVEMENT IN ARRIVAL-TO-GREET (ATG) METRIC. THE AVERAGE LENGTH OF STAY FOR ALL PATIENTS DECREASED FROM 222.2 MINUTES TO 213.5 MINUTES.

TEXAS TRANSPLANT INSTITUTE (TTI), AT METHODIST SPECIALTY & TRANSPLANT HOSPITAL, A CAMPUS OF METHODIST HOSPITAL, CONTINUES TO PROVIDE INCREASED ACCESS FOR PATIENTS REQUIRING KIDNEY TRANSPLANTS. TTI IS THE HOME OF THE BUSIEST PAIRED EXCHANGE KIDNEY TRANSPLANT PROGRAM IN THE NATION, AND THE NATION'S NO. 1 LIVING DONOR KIDNEY TRANSPLANT PROGRAM.

MHS ALSO OPERATES THREE HEALTH BUSES ON THE EAST, SOUTH AND WEST SIDE OF SAN ANTONIO OFFERING COMPLIMENTARY TRANSPORTATION TO VARIOUS HEALTH CARE FACILITIES. THERE WERE 12,074 TRANSPORTS IN 2018, WHICH IS ABOVE THE

Part VI Supplemental Information

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MANDATED BENCHMARK.

METROPOLITAN METHODIST HOSPITAL IN CONJUNCTION WITH METHODIST HOSPITAL WOMEN'S SERVICES, OPERATES FOUR TWO FAMILY HEALTH CENTERS THAT PROVIDE COMPLIMENTARY PREGNANCY TESTING (4,596 TESTS IN 2018), 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 2018 WERE 32,989.

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

Part VI Supplemental Information

Provide the following information.

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PHYSICIAN REFERRALS THROUGH THE METHODIST DOCTORSOURCE PROGRAM. IN 2018, METHODIST REFERRED PHYSICIANS TO 11,073 DOCTORSOURCE CALLERS (UP TO THREE PHYSICIANS MAY BE REFERRED TO EACH CALLER). IN ONE OTHER COMMUNITY BENEFITS CATEGORY, METHODIST PROVIDED OVER \$396,403 IN CHARITABLE CONTRIBUTIONS TO NON-PROFIT HEALTH AND HUMAN SERVICE AGENCIES SERVING THE COMMUNITY.

METHODIST PLAYS A LEADING ROLE IN THE SUPPORT OF THE HEALTH COLLABORATIVE, INCLUDING THE UTILIZATION OF THEIR COMMUNITY HEALTH ASSESSMENT TO ASSIST IN THE DETERMINATION OF WHERE MHS SHOULD CONCENTRATE COMMUNITY ACTIVITIES (SEE ADDITIONAL INFORMATION IN PART V, LINE 3).

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

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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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:

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **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 AVENUE CORPUS CHRISTI, TX 78401	74-2996340	501(C)(3)	38,800.				OPERATIONAL SUPPORT
(2) ALAMO COLLEGES 201 W. SHERIDAN SAN ANTONIO, TX 78204	74-6002173	501(C)(3)	103,726.				NURSING STUDENT TRAINING
(3) ALZHEIMER'S ASSOCIATION 10223 MCALLISTER FWY SAN ANTONIO, TX 78216	13-3039601	501(C)(3)	12,500.				DONATION
(4) AMERICAN HEART ASSOCIATION 8415 WURZBACH SAN ANTONIO, TX 78229	13-5613797	501(C)(3)	50,000.				DONATION
(5) AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE BLVD CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	534,430.				MEDICAL, DENTAL & HEALTH PROGRAM
(6) THE ARC OF SAN ANTONIO, INC. 13430 WEST AVENUE SAN ANTONIO, TX 78216	74-1200110	501(C)(3)	63,178.				NURSING SERVICES
(7) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, BANDERA, TX 78003	77-0697361	501(C)(3)	129,864.				PRIMARY CARE & BEHAVIORAL HEALTH
(8) ATASCOSA HEALTH CENTER 310 W. OAKLAWN RD. PLEASANTON, TX 78064	74-2089103	501(C)(3)	97,773.				INTEGRATED HEALTHCARE PROGRAM
(9) BARRIO COMPREHENSIVE FAMILY HEALTH CARE CTR 3066 E. COMMERCE ST. SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	1,984,564.				INTEGRATED HEALTH & DENTAL PROGRAM
(10) BEHAVIORAL HEALTH SOLUTIONS OF SOUTH TEXAS 5510 N. CAGE BLVD. SUITE C PHARR, TX 78577	74-2648885	501(C)(3)	572,900.				INTEGRATED HEALTH PROGRAM
(11) BEXAR COUNTY HEALTH COLLABORATIVE 1002 N. FLORES SAN ANTONIO, TX 78212	74-2953076	501(C)(3)	30,000.				RAISE AWARENESS FOR MENTAL HEALTH
(12) BOYS AND GIRLS CLUB OF PHARR 1026 S. FIR STREET PHARR, TX 78577	75-2258513	501(C)(3)	98,778.				YOUTH DEVELOPMENT SERVICES

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 ►

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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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.

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(1) CHILDREN'S ASSOC. FOR MAX. POTENTIAL, INC. 205 W. OLMOS DRIVE SAN ANTONIO, TX 78212	74-2095766	501(C)(3)	100,950.				FAMILY RETREATS
(2) CHILDREN'S BEREAVEMENT CENTER OF SOUTH TX 205 W. OLMOS DRIVE SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	238,771.				HEALING PROGRAMS FOR GRIEVING YOUTH
(3) THE CHILDREN'S SHELTER 2939 W. WOODLAWN AVE. SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	379,001.				BEHAVIORAL HEALTH SVCS FOR CHILDREN
(4) CHILDSAFE 7130 US HWY 90 SAN ANTONIO, TX 78227	74-2633697	501(C)(3)	79,752.				COUNSELING SERVICES
(5) CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK DRIVE SAN ANTONIO, TX 78229	74-1153067	501(C)(3)	404,250.				BEHAVIORAL HEALTH SVCS FOR CHILDREN
(6) COASTAL BEND WELLNESS FOUNDATION 5633 S STAPLES #700 CORPUS CHRISTI TX 78411	74-2429518	501(C)(3)	115,660.				INTEGRATED HEALTHCARE PROGRAM
(7) COASTAL PLAINS COMMUNITY CENTER 200 MARRIOT PORTLAND, TX 78374	74-2919178	501(C)(3)	339,579.				INTEGRATED HEALTHCARE PROGRAM
(8) COMMUNITIES IN SCHOOLS OF SAN ANTONIO INC 1616 E. COMMERCE ST. SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	179,984.				MENTAL HEALTH SVCS FOR AT-RISK YOUTH
(9) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX 228 ST. GEORGE STREET GONZALEZ, TX 78629	74-1548089	501(C)(3)	260,360.				INTEGRATED HEALTHCARE PROGRAM
(10) COMMUNITY HEALTH DEVELOPMENT 908 S. EVANS, BLDG. A UVALDE, TX 78801	74-2269739	501(C)(3)	260,873.				DENTAL PROGRAM
(11) COMMUNITY HOPE PROJECTS, INC. 2332 JORDAN ROAD MCALLEN, TX 78503	74-2742024	501(C)(3)	550,514.				COUNSELING SERVICES
(12) CONCHO VALLEY CENTER FOR HUMAN ADVANCEMENT 1501 WEST BEAUREGARD SAN ANGELO, TX 76901	75-1251523	501(C)(3)	36,126.				OPERATIONAL 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) (2018)

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OMB No. 1545-0047

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OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

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- 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) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	141,613.				MEDICAL SERVICES AT HEALTH CLINIC
(2) DAUGHTERS OF CHARITY SERVICES 7607 SOMERSET ROAD SAN ANTONIO, TX 78211	74-6106876	501(C)(3)	491,290.				MEDICAL, DENTAL & MENTAL HEALTH SVCS
(3) DENTISTS WHO CARE 3501 MORELAND DR., STE G WESLACO, TX 78596	74-2802622	501(C)(3)	50,000.				MOBILE DENTAL SERVICES
(4) ECUMENICAL CENTER FOR RELIGION AND HEALTH 8310 EWING HALSELL DR SAN ANTONIO, TX 78229	74-1587388	501(C)(3)	580,313.				MEDICAL ETHICS, PAS-TORAL CARE, SEMINARS
(5) EL CENTRO DEL BARRIO (DBA CENTROMED) 3750 COMMERCIAL AVE. SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	1,828,940.				CAPITAL, MEDICAL & DENTAL SERVICES
(6) FAMILY COUNSELING SERVICE 3833 S. STAPLES CORPUS CHRISTI, TX 78411	74-1321308	501(C)(3)	109,846.				COUNSELING SERVICES
(7) FAMILY SERVICE ASSOC. OF SAN ANTONIO, INC. 702 SAN PEDRO SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	713,178.				CHILD ABUSE PREV. & MENTAL HEALTH SVCS
(8) FAMILY VIOLENCE PREVENTION SERVICES, INC. 7911 BROADWAY SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	74,039.				COUNSELING SERVICES
(9) FIRST UNITED METHODIST CHURCH 321 THOMPSON DRIVE KERVILLE, TX 78028	74-1233799	501(C)(3)	10,233.				DONATION
(10) FIRST UNITED METHODIST CHURCH 407 NORTH BRIDGE STREET VICTORIA, TX 77901	74-1222281	501(C)(3)	6,500.				DONATION
(11) FRONTERA HEALTHCARE NETWORK 604 EAKER STREET EDEN, TX 76837	75-2854259	501(C)(3)	62,830.				DENTAL SERVICES & EQUIPMENT
(12) GATEWAY COMMUNITY HEALTH CENTER INC. 1515 PAPPAS ST. LAREDO, TX 78041	74-2553409	501(C)(3)	1,386,204.				HEALTHCARE PROGRAM & DENTAL SALARY SUPP.

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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) THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP FREDRICKSBURG, TX 78624	91-2129853	501(C)(3)	58,459.				COMMUNITY HEALTH WORKER PROGRAM
(2) GULF BEND MENTAL HEALTH MENTAL RETARDATION 6502 NURSERY DRIVE, #100 VICTORIA, TX 77904	74-1659064	501(C)(3)	175,946.				INTEGRATED HEALTHCARE PROGRAM
(3) HEALTHCARE ACCESS SAN ANTONIO 5535 FREDERICKSBURG SAN ANTONIO, TX 78229	20-3752122	501(C)(3)	425,617.				OPERATIONAL SUPPORT
(4) HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	64,118.				BEHAVIORAL HEALTH SERVICES
(5) HILL COUNTRY CHRISTIAN COUNSELING CTR, INC. 1127 EAST MAIN STREET KERVILLE, TX 78028	74-2897680	501(C)(3)	120,000.				INTEGRATED BEHAVIORAL HEALTH
(6) HILL COUNTRY DAILY BREAD MINISTRIES 234 WEST BANDERA ROAD BOERNE, TX 78006	30-0148195	501(C)(3)	82,133.				FAMILY MENTORING
(7) HILL COUNTRY FAMILY SERVICES 114 WEST ADVOGT BOERNE, TX 78006	74-2425029	501(C)(3)	39,832.				DIABETES PREVENTION PROGRAM
(8) HILL COUNTRY MISSION HEALTH 122 COMMERCE AVENUE BOERNE, TX 78006	48-1262832	501(C)(3)	76,536.				PRIMARY CARE SVCS & BEHAVIORAL HEALTH
(9) HOLDING INSTITUTE, INC. 1102 SANTA MARIA AVENUE LAREDO, TX 78040	74-0687050	501(C)(3)	5,139.				DONATION
(10) HORSES HELPING THE HANDICAPPED INC. 791 BACKHAUS ROAD PIPE CREEK, TX 78063	74-2746369	501(C)(3)	202,000.				CHILDREN'S MENTAL HEALTH PROGRAM
(11) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	94,500.				VISION CARE
(12) INFANT & FAMILY NUTRITION AGENCY 1225 BOCA CHICA BLVD. BROWNSVILLE, TX 78520	74-3005860	501(C)(3)	16,934.				OPERATIONAL SUPPORT

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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) JEWISH FAMILY SERVICE OF SAN ANTONIO, INC. 12500 NW MILITARY HWY SAN ANTONIO, TX 78231	74-1759254	501(C)(3)	244,086.				BEHAVIORAL HEALTH SERVICES
(2) LOWER RIO GRANDE VALLEY COMMUNITY HEALTH MG 901 E. VERMONT AVE. MCALLEN, TX 78503	74-2784427	501(C)(3)	467,338.				INTEGRATED BEHAVIORI HEALTHCARE PROGRAM
(3) LA UNION DEL PUEBLO ENTERO 1601 US 83 BUSINESS SAN JUAN, TX 78589	93-1029197	501(C)(3)	266,942.				HEALTHCARE SVCS AND PATIENT EDUCATION
(4) LAUREL HEIGHTS UNITED METHODIST CHURCH 227 W. WOODLAWN AVE. SAN ANTONIO, TX 78212	74-1272395	501(C)(3)	10,000.				DONATION
(5) LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN DR. SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	100,000.				WOMEN'S HEALTHCARE
(6) MAGDELENA HOUSE 6257 BABCOCK ROAD SAN ANTONIO, TX 78240	80-0251526	501(C)(3)	49,050.				FAMILY WELLNESS PROGRAM
(7) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 101 AVE F NORTH BAY CITY, TX 77414	20-0537948	501(C)(3)	53,469.				INTEGRATED HEALTHCARE PROGRAM
(8) MERCY MINISTRIES OF LAREDO 2500 ZACATECAS STREET LAREDO, TX 78046	20-0198462	501(C)(3)	633,360.				INTEGRATED HEALTHCARE PROGRAM
(9) NAMI AUSTIN 4110 GUADALUPE AUSTIN, TX 78751	74-2380175	501(C)(3)	12,500.				DONATION
(10) NAMI SAN ANTONIO 510 BELKNAP ROOM 242 SAN ANTONIO, TX 78212	74-2361886	501(C)(3)	7,300.				DONATION
(11) NATIONAL CTR FOR BH SOLUTIONS 3130 IH 10 WEST SAN ANTONIO, TX 78201	47-0857847	501(C)(3)	399,480.				BEHAVIORAL HEALTH SERVICES
(12) NEW BRAUNFELS CHRISTIAN MINISTRIES 1659 STATE HWY 46W NEW BRAUNFELS, TX 78132	26-2221231	501(C)(3)	172,000.				MEDICAL, DENTAL AND EQUIPMENT

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) (2018)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **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) NUESTRA CLINICA DEL VALLE 801 W. 1ST STREET SAN JUAN, TX 78589	74-1721807	501(C)(3)	617,945.				DENTAL SALARY SUPP. & BEHAVIORAL HEALTH
(2) PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN, TX 78752	23-7087608	501(C)(3)	183,733.				INTEGRATED BEHAVIORAL HEALTH PROGRAM
(3) PILLAR 1403 NORTH SEYMOUR AVENUE LAREDO, TX 78040	27-3656127	501(C)(3)	50,000.				COUNSELING SERVICES
(4) PLANNED LIVING ASSISTANCE NETWORK OF CTR TX 4110 GUADALUPE BLVD., #410 AUSTIN, TX 78751	74-2861614	501(C)(3)	36,303.				BEHAVIORAL HEALTH SERVICES
(5) PLANNED PARENTHOOD OF SAN ANTONIO 2140 BABCOCK ROAD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	440,650.				WOMEN'S HEALTHCARE SERVICES
(6) THE PROSTHETIC FOUNDATION 5047 SHERRILL ANN SAN ANTONIO, TX 78233	01-0949598	501(C)(3)	150,000.				DONATION
(7) PROYECTO DESARROLLO HUMANO INC. 17617 SABAL PALM DRIVE PENITAS, TX 78576	20-5709276	501(C)(3)	38,809.				WELLNESS PROGRAM
(8) PROYECTO JUAN DIEGO, INC. 2216 EDUARDO AVENUE BROWNSVILLE, TX 78526	81-0606967	501(C)(3)	149,617.				DIABETES PROGRAMS & COLLECTIVE IMPACT
(9) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)	206,011.				INTEGRATED BEHAVIORAL HEALTH SERVICES
(10) RESPITE CARE OF SAN ANTONIO 605 BELKNAP PLACE SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	202,500.				MEDICAL SERVICES
(11) RGVHIE 1816 E. HARRISON AVE. HARLINGEN, TX 78550	36-4697880	501(C)(3)	300,000.				OPERATIONAL SUPPORT
(12) RIO TX CONF OF THE UNITED METHODIST CHURCH 16400 HUEBNER ROAD SAN ANTONIO, TX 78248	74-1326672	501(C)(3)	587,362.				PASTORAL HEALTH AND WELLNESS EDUCATION

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) (2018)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **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) ROY MAAS YOUTH ALTERNATIVES INC 3103 WEST AVENUE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	105,199.				EMERGENCY SHELTER & PHYSIATRIC SERVICES
(2) RURAL ECONOMIC ASSISTANCE LEAGUE INC. 301 LUCERO ST. ALICE, TX 78332	74-1784537	501(C)(3)	797,740.				OPERATIONAL SUPPORT
(3) SAN ANTONIO CHRISTIAN DENTAL CLINIC 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2428161	501(C)(3)	400,882.				DENTAL SERVICES FOR HOMELESS
(4) SAN ANTONIO CLUBHOUSE, INC. 6851 CITIZENS PARKWAY SAN ANTONIO, TX 78229	82-0559940	501(C)(3)	248,317.				OPERATIONAL SUPPORT
(5) SAN ANTONIO FOOD BANK 5200 ENRIQUE BARRERA SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	313,494.				SOCIAL SVCS OUTREACH & FOOD PANTRY
(6) SAN ANTONIO LIFETIME RECOVERY 10290 SOUTHTON ROAD SAN ANTONIO, TX 78223	74-1540097	501(C)(3)	77,500.				COUNSELING SERVICES
(7) SAN ANTONIO METROPOLITAN MINISTRY 5254 BLANCO ROAD SAN ANTONIO, TX 78216	74-2285793	501(C)(3)	120,856.				INTEGRATED HEALTH & WELLNESS PROGRAM
(8) SLEW, INC. 12521 NACOGDOCHES RD. SAN ANTONIO, TX 78217	42-1580967	501(C)(3)	62,500.				MENTAL HEALTH SVCS FOR WOMEN W CANCER
(9) SMITHVILLE COMMUNITY CLINIC 300 LYNCH STREET SMITHVILLE, TX 78957	20-4515999	501(C)(3)	62,356.				MEDICAL SERVICES
(10) SOUTH TEXAS RURAL HEALTH SERVICE 611 THORNTON COTULLA, TX 78014	74-1905196	501(C)(3)	715,608.				DENTAL SALARY & BEHAVIORAL HEALTH
(11) SU CLINICA FAMILIAR 1706 TREASURE HILLS HARLINGEN, TX 78550	74-2357970	501(C)(3)	126,020.				OPERATIONAL SUPPORT
(12) TEJAS HEALTH CARE 753 EAST TRAVIS STREET LA GRANGE, TX 78945	75-3260266	501(C)(3)	279,983.				INTEGRATED HEALTH PROG. & DENTAL 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 ▶

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **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) TEXAS A&M HEALTH SCIENCE CENTER 209 N. WATER ST., CORPUS CHRISTI, TX 78401	74-2907553	SCHOOL	301,666.				DIABETES PREVENTION PROGRAM
(2) TEXAS A&M INTERNATIONAL UNIVERSITY 5201 UNIVERSITY BOULEVARD LAREDO, TX 78041	74-1761398	SCHOOL	2,639,769.				NURSING PROGRAM
(3) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL COLLEGE STAT., TX 77845	74-6000531	SCHOOL	78,437.				COMMUNITY HEALTH WORKER PROGRAM
(4) TEXAS DIAPER BANK 5415 BANDERA ROAD SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	249,275.				ASSISTANCE FOR LOW INCOME FAMILIES
(5) TEXAS KIDNEY FOUNDATION 45 NORTHEAST LOOP 410, SUITE 255, TX 78216	27-4237653	501(C)(3)	31,008.				DIABETES SCREENING PROGRAMS
(6) TEXAS LUTHERAN UNIVERSITY 1000 WEST COURT STREET SEGUIN, TX 78155	74-1109748	501(C)(3)	345,622.				NURSING PROGRAM
(7) THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DR. SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	41,704.				CANCER PATIENT TRANSPORT PROG.
(8) THRU PROJECT 8103 BROADWAY SAN ANTONIO, TX 78209	46-3961089	501(C)(3)	10,000.				DONATION
(9) TIMONS MINISTRIES 10501 S PADRE ISL. CORPUS CHRISTI, TX 78418	31-1638327	501(C)(3)	83,733.				MEDICAL/DENTAL SVCS
(10) TRAVIS PARK UNITED METHODIST CHURCH 230 E. TRAVIS ST SAN ANTONIO, TX 78205	74-1152600	501(C)(3)	11,500.				DONATION
(11) TROPICAL TEXAS BEHAVIORAL HEALTH 1901 SOUTH 24TH AVENUE EDINBURG, TX 78539	74-1565510	GOVERNMENT ENTI	742,149.				OPERATIONAL SUPPORT
(12) U.M. ARMY, INC. 421 CANYON GAP ROAD WIMBERLY, TX 78676	76-0523343	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) (2018)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization **METHODIST HEALTHCARE MINISTRIES
OF SOUTH TEXAS, INC.**Employer identification number
74-1287016**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **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) UNITED MEDICAL CENTERS 2525 N. VETERANS BLVD. EAGLE PASS, TX 78852	74-1993570	501(C)(3)	263,393.				INTEG. HEALTHCARE & PROV. RECRUITMENT
(2) UNIVERSITY OF TEXAS RIO GRANDE VALLEY 1201 W. UNIVERSITY DR. EDINBURG, TX 78539	46-5292740	SCHOOL	677,874.				COLLABORATIVE MEDICAL CARE PROGRAM
(3) UNIV. OF TX HEALTH SCI. CTR AT HOUSTON 7000 FANNIN STREET HOUSTON, TX 77030	74-1761309	SCHOOL	1,552,596.				DIABETES PREV. PROG. CARE PROGRAM
(4) UNIV. OF TX HEALTH SCIENCE CTR SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	SCHOOL	1,715,001.				MEDICAL/DENTAL SVCS MED STUDENT TRAINING
(5) VIDA Y SALUD HEALTH SYSTEMS INC. 308 CESAR CHAVEZ AVE CRYSTAL CITY, TX 78839	74-1715419	501(C)(3)	161,211.				INTEGRATED HEALTH PROG. & DENTAL SVCS
(6) WESLEY COMMUNITY CENTER 4015 MACARTHUR CORPUS CHRISTI, TX 78416	74-1185657	501(C)(3)	164,214.				HOMELESS CHILDREN'S PROGRAM
(7) WEST TEXAS COUNSELING & GUIDANCE INC 242 NORTH MAGDALEN SAN ANGELO, TX 76903	75-1561599	501(C)(3)	577,731.				COUNSELING SERVICES
(8) WOMEN INVOL. IN NURTURING, GIVING, SHARING 7500 US HWY 90 W. SAN ANTONIO, TX 78227	74-2920912	501(C)(3)	217,376.				BREAST CANCER TREATMENT SUPPORT
(9) SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL 7500 US HWY 90 W. SAN ANTONIO, TX 78227	74-2896432	501(C)(3)	2,549,022.				OPERATIONAL SUPPORT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **99.**3 Enter total number of other organizations listed in the line 1 table ▶ **6.**

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

Schedule I (Form 990) (2018)

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	377.	89,013.			
2 WATER ASSISTANCE	70.	14,427.			
3 RENT/MORTGAGE ASSISTANCE	263.	113,242.			
4 HEALTHCARE PROGRAM ASSISTANCE	11.	2,850.			
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					
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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. THE CHECK REQUEST IS RETURNED TO THE ACCOUNTANT TO FILE IN A GRANT FOLDER. IN ADDITION TO THESE PROCEDURES, THE ACCOUNTANTS PERFORM SITE VISITS TO REVIEW PATIENT

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					
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7					

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

FILES OR EXPENSE BACKUP TO ENSURE THAT FUNDS ARE BEING USED

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

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

**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

2018**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2****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	MARK HOLIDAY DIRECTOR OF IT & SERVICES	(i) 139,489.	0.	0.	10,171.	21,922.	171,582.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	ANTHONY LOBASSO CHIEF FINANCIAL OFFICER	(i) 240,830.	0.	14,525.	17,976.	20,823.	294,154.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	KEVIN MORIARTY PRESIDENT & CEO (TERM 6/30)	(i) 299,441.	25,000.	7,800.	12,073.	16,866.	361,180.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	GEORGE THOMAS CHIEF OPERATING OFFICER	(i) 249,627.	0.	3,235.	17,980.	27,904.	298,746.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	OANH MARONEY-OMITADE VP OF CLINICAL OPERATIONS	(i) 182,750.	10,000.	0.	17,600.	38,098.	248,448.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	JENNIFER KNOULTON VP OF REGIONAL OPERATIONS	(i) 171,253.	0.	0.	16,214.	26,891.	214,358.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	CYNTHIA MCCLOY VP OF ACCOUNTING & CONTROLLER	(i) 175,722.	0.	0.	16,324.	21,105.	213,151.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	BRIDGET LAMME-KERR DIRECTOR OF HUMAN RESOURCES	(i) 154,500.	0.	0.	10,910.	11,472.	176,882.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	MARCUS C. RANEY PRES. & INTERIM CEO (7/1-9/30)	(i) 275,964.	0.	19,090.	13,625.	21,902.	330,581.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2018

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

2018**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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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®.

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

Name of the organization	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number	74-1287016
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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 WESLEY CAFÉ LOCATED AT WHWC. HEALTH EDUCATION IS OFFERED UNDER THE DIRECTION OF 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.

Name of the organization	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number	74-1287016
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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 FINANCE COMMITTEE AND TO THE FULL BOARD OF

DIRECTORS.

FORM 990, PART VI, LINES 15A AND 15B:

PROCESS FOR DETERMINING COMPENSATION

LINE 15A: PRESIDENT & CEO - PEARL MEYER & PARTNERS, LLC WAS RETAINED TO

CONDUCT A TOTAL COMPENSATION STUDY IN OCTOBER 2016. THE COMPLETE STUDY

WAS RECEIVED BY THE PERSONNEL COMMITTEE OF THE MHM BOARD.

LINE 15B: OFFICERS AND KEY EMPLOYEES - PEARL MEYER & PARTNERS, LLC WAS

RETAINED TO CONDUCT A TOTAL COMPENSATION STUDY IN OCTOBER 2016. 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 \$133,041,281

Name of the organization	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number	74-1287016
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TAX PARTNERSHIP OF FORM 1065 (\$129,788,785)

WPCC REVENUE \$130,427

WPCC EXPENSES (\$4,505,554)

OTHER (\$80,527)

TOTAL (\$1,042,104)

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

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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. SHORT-TERM GRANTS INCLUDE DIRECT SERVICES TO PATIENTS AS WELL AS CAPITAL FUNDING FOR

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

Employer identification number
74-1287016

ATTACHMENT 2 (CONT'D)

CONSTRUCTION OF NEW AND/OR RENOVATIONS TO EXISTING FACILITIES USED
FOR THE DELIVERY OF SERVICES.

IN ADDITION TO PROVIDING GRANTS, MHM WAS AWARDED A FEDERAL GRANT
BY THE SOCIAL INNOVATION FUND (SIF), A PROGRAM OF THE CORPORATION
FOR NATIONAL AND COMMUNITY SERVICE (CNCS) THAT COMBINES PUBLIC AND
PRIVATE RESOURCES TO GROW THE IMPACT OF INNOVATIVE,
COMMUNITY-BASED SOLUTIONS THAT HAVE COMPELLING EVIDENCE OF
IMPROVING THE LIVES OF PEOPLE IN LOW-INCOME COMMUNITIES THROUGHOUT
THE UNITED STATES. THROUGH THIS GRANT MHM DEVELOPED THE SÍ TEXAS:
SOCIAL INNOVATION FOR A HEALTH SOUTH TEXAS PROJECT, FOCUSING ON
INTEGRATED BEHAVIORAL HEALTH MODELS THAT ARE EFFECTIVELY IMPROVING
HEALTH OUTCOMES IN SOUTH TEXAS COMMUNITIES WITH HIGH RATES OF
POVERTY, DEPRESSION, DIABETES, OBESITY, AND ASSOCIATED RISK
FACTORS.

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SENDERO WEALTH MANAGEMENT 250 W. NOTTINGHAM, SUITE 300 SAN ANTONIO, TX 78209	INVESTMENT MANAGER	645,269.
BALYASNY ASSET MANAGEMENT 444 W. LAKE STREET, 50TH FLOOR CHICAGO, IL 60606	INVESTMENT MANAGER	516,182.
CARLSON CAPITAL MANAGEMENT 2100 MCKINNEY AVE, STE 1800 DALLAS, TX 75201	INVESTMENT MANAGER	491,288.

Name of the organization	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.	Employer identification number 74-1287016
ATTACHMENT 3 (CONT'D)		

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	412,126.
AFFINITI HEALTH, LLC 5145 BRAWNER PLACE ALEXANDRIA, VA 22304	IT CONSULTANT	381,442.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**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 74-1326672 16400 HUEBNER ROAD SAN ANTONIO, TX 78248	CHURCH	TX	501(C)(3)	1	N/A		X
(2) WESLEY PRIMARY CARE CLINIC 74-2784284 4507 MEDICAL DRIVE SAN ANTONIO, TX 78229	MEDICAL SVCS	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) 2018

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 SA SEE PART VII	HOSPITAL SYSTEM	TX	N/A	RELATED	132,311,860.	823,226,740.		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	4,294,599.	CASH
(2) RIO TEXAS CONFERENCE OF THE UMC	B	587,362.	CASH
(3) METHODIST HEALTHCARE SYSTEM OF SA	S	57,500,000.	CASH
(4) METHODIST HEALTHCARE SYSTEM OF SA	J	84,125.	CASH
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2018

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