# 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 publication

Inter	rnal Reven	ue Service	► Go to www.irs.gov	/Form990	for instructions an	d the lates	st information.	IN L	✓ Inspection
A	For the	2018 calend	dar year, or tax year beginning			ending		-	
В	Check if applicable	C Name o	of organization				D Employer	identific	cation number
	Addres	TEXA	AS MEDICAL ASSOCIAT	ION			]		
	Name change		ousiness as				<u> </u>	7 <u>4-</u> 1	078510
	Initial return		r and street (or P.O. box if mail is not de	livered to s	reet address)	Room/suite			
	Final return/		WEST 15TH STREET			L		(512	)370-1300
	termin- ated □Amend	City or	town, state or province, country, and	ZIP or for	eign postal code		G Gross receipts		34,045,224.
늗	return	L VOD1	TIN, TX 78701	***	22222222		H(a) Is this a		etum
	tion pendin	F Name a 401 V	and address of principal officer MIC VEST 15TH STREET, A	USTIN	, TX 7870		for subor H(b) Are all subo		
		mpt status		(insert	no.) 4947(a)(1)	or <u> </u>			list (see instructions)
			TEXMED.ORG		I lau b		H(c) Group ex		
				ssociation	Other Other	L Yea	r of formation; 13	353 M	State of legal domicile: TX
_P;		Summary			CIIDD	<u>∨Dm_m</u>	EVAC DUV	TOT	ANC DV
ç	1 1	Briefly descri	oe the organization's mission or most	t significar .TTMT ON	it activities: SUPP	UNITE	NGES THE	) FNI	COUNTER IN
Activities & Governance	1 ~		<del></del>						<del></del>
Ver	1		ox  if the organization discouting members of the governing body			seo or mor	e than 25% of it	s net as   3	19
පී			dependent voting members of the go	•	•			4	18
Š			of individuals employed in calendar v	-				5	180
itie			of volunteers (estimate if necessary)	•	(Fart V, III e Za)			6	550
ξį	1		d business revenue from Part VIII, co		line 12			7a	1,181,356.
Ř			business taxable income from Form	, ,.				7b	439,862.
_	1 -	101 0		<u>000 .,</u>		T	Prior Year	132	Current Year
a.	8 (	Contributions	and grants (Part VIII, line 1h)		<u> </u>	1,383,5	550.	3,608,954.	
Revenue			ice revenue (Part VIII, line 2g)			-	19,331,7		19,943,907.
eve	1	-	come (Part VIII, column (A), lines 3, 4	. and 7d)		<del>  -</del>	2,350,1		2,391,200.
œ			e (Part VIII, column (A), lines 5, 6d, 8c	-	and 11e)		4,090,0		3,959,896.
			- add lines 8 through 11 (must equal				27,155,4	176.	29,903,957.
			milar amounts paid (Part IX, column (				729,4	157.	720,980.
	14 E	Benefits paid	to or for members (Part IX, column (A	A), line 4)	·			0.	0.
S	15 9	Salaries, othe	r compensation, employee benefits (	Part IX, co	fumn (A), fines 5-10)		16,634,9	24.	17,410,450.
Expenses	16a F	Professional f	undraising fees (Part IX, column (A),	ine 11e)				0.	0.
×pe	<b>b</b> 1	Total fundrais	ang expenses (Part IX, column (D), lin	e 25) 🕨	·	0.			
ш	17 (	Other expens	es (Part IX, column (A), lines 11a-11d	, 11f-24e)			8,659,1		9,513,475.
	18 1	Total expense	es. Add lines 13-17 (must equal Part	X, column	(A), line 25)		26,023,5		27,644,905.
	19 F	Revenue less	expenses Subtract line 18 from line	12 R	CEIVED	$\Box$	1,131,9	75.	2,259,052.
s or						ပ <u>ါ</u>	eginning of Curren		End of Year
Net Assets Fund Balan	20 T	Total assets (	Part X, line 16) (Part X, line 26)	NO.	1,	<u> </u>	51,534,0		50,726,563.
age agg	21 T			<b>T</b>	V 2 5 2019	<u>کا اگر</u>	17,929,9		18,094,179.
캹			fund balances Subtract line 21 from	line 20	<u> </u>	<u> </u>	33,604,0	156.	32,632,384.
		Şignatur			DEN. UT.				
			I declare that I have examined this return;						knowledge and belief, it is
true	, correct	, and complete	. Declaration of preparer (other than office	er) is based	on all information of wr	nich prepare		- /-	1/10
۵.	{	Signatur	e of officer				Date	<u> </u>	1/19
Sig		4 1 4	AEL DARROUZET, EVP	/OEO			Duto		
Her	re		orint name and title	/ CEO					
		<u> </u>		Dranararia		т	Date	Check	II PTIN
Pair	,	Frint/Type pre	parer 5 Haine	Preparer's	Signature		l i	' _	<b>-</b> '
		Éirm's name		L	<del></del>			self-employed	1
	` ⊢	Firm's name Firm's address	<u> </u>		<del></del>		Firm's	LIN	<del></del>
-36	, Jy	2001ess	<b>'►</b>				Dhana	no	
N4~:	u tha ID		e roturn with the property shares -	wo2 /a	notriotions)		Phone	110.	Von III
ivia	y uie iH		s return with the preparer shown about						Yes No

1 Briefly describe the organization's measion TMA STRIVES TO INTROVE THE HEALTHCARE OF ALL TEXANS, TO FEDERATE THE PROPESSION LICENSED TO PRACTICE MEDICINE AND SURGERY WITHIN TEXAS, TO PROVIDE EFFECTIVE REPRESENTATION FOR ITS MEMBERS, TO UNITE WITH SIMILIAR STATE ASSOCIATIONS, TO PROMOTE UNITY AND COOPERATION FOR ITS  Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950-E2?  If "Yes," describe these new services on Schedule O.  On the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(6)(3) and 351(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any for each program service program service program services, as measured by expenses.  Section 501(6)(3) and 351(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any for each program service reported  MEDICAL BUUCATION AND SCIENTIFIC ADVANCEMENT: PROVIDES MEDICAL  PUBLICATIONS, SEMINARS AND SYMPOSIUMS FOR ALL 52,634 MEMBERS.  46 (cose ) (Capacidae)  ADVOCACY DIVISION OVERSEES AND REPORTS ON LEGISLATION APPECTING THE MEDICAL PROFESSION AND THE PUBLIC HEALTH. SERVES ALL 52,634 MEMBERS.  46 (cose ) (Capacidae)  ADVOCACY DIVISION OVERSEES AND REPORTS ON GOVERNMENT AND REGULATORY ACTIVITY AFFECTING THE MEDICAL PROFESSION. SERVES ALL 52,634  MEMBERS.		n 990 (2018) TEXAS MEDICAL ASSOCIATION /4-1078510	Page 2
1 Birtly describe the organization in measion TMA STRIVES TO INTROVE THE HEALTHCARE OF ALL TEXANS, TO FEDERATE THE PROPESSION LICENSED TO PRACTICE MEDICINE AND SURGERY WITHIN TEXAS, TO PROVIDE EFFECTIVE REPRESENTATION FOR ITS MEMBERS, TO UNITE WITH SIMILIAR STATE ASSOCIATIONS, TO PROMOTE UNITY AND COOPERATION FOR ITS  Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 1990-E27  If Yes, I describe these new services on Schedule O.  Do the the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and twintered to report the amount of grants and allocations to others, the total expenses, and twintered training private in the conduction of the strip of the section 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and twintered training to the section 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and twintered training to the section 501(6)(4) organization are required to report the amount of grants and allocations to others, the total expenses, and twintered training to the section 501(6)(4) organization are required to report the amount of grants and allocations to others, the total expenses, and twintered training to the section 501(6)(4) organization are required to report the amount of grants and allocations to others, the total expenses, and twintered training tr	Pa	rt III Statement of Program Service Accomplishments	
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PROPESSION LICENSED TO PRACTICE MEDICINE AND SURGERY WITHIN TEXAS, TO PROVIDE EPPECTIVE REPRESENTATION FOR ITS MEMBERS, TO UNITE WITH SIMILIAR STATE ASSOCIATIONS, TO PROMOTE UNITY AND COOPERATION FOR ITS Under the proof form 950 or 950-52.  Did the organization undertake any agrificant program services during the year which were not issted on the proof form 950 or 950-52.  If "Yes," describe these new services on Schedule O.  On the organization program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service Reported.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program services, as measured by expenses.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse is a section 501(c)(S) and 501(c	1		
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		MEMBERS.	
(Expenses \$ including grants of \$ ) (Revenue \$ )	4d		
	4	(Expenses \$ including grants of \$ ) (Revenue \$ )	

Form **990** (2018)

Form 990 (2018)

### TEXAS MEDICAL ASSOCIATION

74-1078510

Part IV | Checklist of Required Schedules is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

•	is the organization described in section 30 (c)(3) or 4547(a)(1) (other than a private loanidation)?	ł		l
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del>                                     </del>
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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_	<u> </u>	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	۰	1	<del></del>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<del></del>		<del>                                     </del>
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	Ì
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
5	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		Х
6	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
7	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	17		Х
8	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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
n-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

	<del></del>		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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	X	-
24 a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
25 a	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? If "Yes," complete Schedule L, Part I	25a_	<u> </u>	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ	] .	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	]		j
	complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	Instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			4,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36	Ì	
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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dat	Note. All Form 990 filers are required to complete Schedule O	38	_X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	<u>'</u> No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
	(gambling) winnings to prize winners?	1c	X	
832004	· 12-31-18	Form	990 (	2018)

TEXAS MEDICAL ASSOCIATION 74-1078510 Page 5 Form 990 (2018) 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, 180 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  $\overline{\mathbf{x}}$ 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 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9ь b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand  $\overline{\mathbf{X}}$ 

Form 990 (2018)

X

14a

14b

15

16

14a Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

TEXAS MEDICAL ASSOCIATION 74-1078510 Form 990 (2018) 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 18 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization 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  $\overline{\mathbf{x}}$ 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE 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 X 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	<b>&gt;</b>
	STEPHEN DAVIS - 512-370-1490	
	401 WEST 15TH STREET, AUSTIN, TX 78701	<del></del>

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	box,	not c	ss pa	ITION more rson	is bot	han	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DOUGLAS W. CURRAN, MD	40.00	,		,,				122 222		
PRES(18-19)/PRES-ELECT(17-18)	40 00	X	<u> </u>	X	-		-	133,333.	0.	0.
(2) CARLOS J. CARDENAS, MD PRES(17-18)/IMMED PAST PRES(18-19)	40.00	x		х				66,667.	o.	0.
(3) DON R. READ, MD	2.00	-	-	-	$\vdash$	-	-	00,0071		
IMMED PAST PRES(17-18)		x		x	ĺ	ĺ	]	0.	0.	0.
(4) DAVID C. FLEEGER MD	2.00	-			$\vdash$		_			
PRES-ELECT(18-19)/VICE CHAIR(17-18)		X		х				0.	0.	0.
(5) MICHELLE A. BERGER, MD	2.00									
SECRETARY/TREASURER		Х		X		l		0.	0.	0.
(6) SUSAN M. STRATE, MD	2.00									
SPEAKER OF THE HOUSE		X		Х				0.	0.	0.
(7) ARLO F. WELTGE, MD	2.00									
VICE SPEAKER OF THE HOUSE		X		X		L		0.	0.	0.
(8) DAVID N. HENKES, MD	2.00		_							_
CHAIR(17-18)		Х					L	4,000.	0.	0.
(9) DIANA L. FITE, MD	2.00						1			_
CHAIR(18-19)/TRUSTEE (17-18)	ļ. — <u> </u>	X						2,000.	0.	0.
(10) E. LINDA VILLARREAL, MD	2.00	] ]								_
VICE CHAIR(18-19)/TRUSTEE(17-18)		X		$\Box$		L	Щ	0.	0.	0.
(11) GARY W. FLOYD, MD	2.00								أ	
SECRETARY		X					Ш	0.	0.	0.
(12) SUE S. BORNSTEIN, MD	2.00							_		•
TRUSTEE		Х				L.	Ш	0.	0.	0.
(13) KEITH A. BOURGEOIS	2.00	[]		[				•	_ (	•
TRUSTEE	2 00	Х				Щ.		0.	0.	0.
(14) G. RAY CALLAS, MD	2.00	,,				ŀ		•		0
TRUSTEE	2 00	Х					Ш	0.	0.	0.
(15) RICHARD W. SNYDER II, MD TRUSTEE	2.00	x	ĺ					0.	о.	0.
(16) JAYESH B. SHAH	2.00	A			_		$\vdash$			<u> </u>
TRUSTEE	2.00	x		i				0.	о.	0.
(17) JOSEPH S. VALENTI MD	2.00	<del> </del>	$\vdash$			$\vdash$	Н	-		
TRUSTEE	<del></del>	$\mathbf{x}$						0.	0.	0.
832007 12-31-18	<del></del>	لنت				ш	ш		<u></u>	Form 990 (2018)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both ar officer and director/trustee week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization Instee organizations key employee and related below organizations line) (18) CARRIE DE MOOR MD 2.00 YOUNG PHYSICIAN MBR X 0. 0. 0. (19) LINDSAY K. BOTSFORD, MD 2.00 X 0. 0. 0. YOUNG PHYSICIAN MBR 2.00 (20) JUSTIN M. BISHOP MD 0. RESIDENT/FELLOW MBR X 0. 0. (21) PATRICK D. CROWLEY 0.00 0. X 0. 0. MEDICAL STUDENT MBR 2.00 0.00 (22) WILLIAM A. ESTES 2.00 X 0. 0 . 0. MEDICAL STUDENT MBR (23) LOUIS J. GOODMAN, PHD 40.00 X 765,717. 137,652. 151,727. EVP/CEO (24) JOHN E DORMAN 40.00 X 100,000. 67,490. 453,473. coo (25) DARREN WHITEHURST 40.00 39,990. X 379,719. 0. VICE PRESIDENT 40.00 (26) DONALD P. WILCOX VICE PRESIDENT/GENERAL COUNSEL Х 67,490. 333,457. 2,138,366. 237,652. 326,697. 1b Sub-total 811,054. 161,167. 0. c Total from continuation sheets to Part VII, Section A 487,864. 2,949,420. 237.652. 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 35 compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х 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 X 5 rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
TREXIN CONSULTING LLC, 601 CARLSON PKWY	DAMADAGE GEDVICEG	1 500 667
STE 1050, MINNEAPOLIS, MN 55305 QUADGRAPHICS PRINTING CORPORATION	DATABASE SERVICES QUADGRAPHICS	1,508,667.
N61W23044 HARRY'S WAY, SUSSEX, WI 53089	PRINTING CORPORATION	260,784.
PROFESSIONAL JANITORIAL SERVICE 1304 WEST OLTORF S, AUSTIN, TX 78704	JANITORIAL SERVICES	230,512.
EPPSTEIN GROUP, 2830 S HULEN ST STE 361, FORT WORTH, TX 76109	POLITICAL CONSULTING	195,000.
SECURITAS SECURITY SERVICES USA INC 505 E HUNTLAND DR, AUSTIN, TX 78752	SECURITY SERVICES	120,397.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ► 10	ed above) who received more than	

orm 990 TEXAS ME		_	_		-	_		<del></del>	74-107	9210
Part VII Section A. Officers, Directors, Tr		mple	oyee			High	est		ees (continued)	
(A) Name and title	(B) Average hours	(0		Pos all			oly)	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
27) BRIDGET MCPHILLIPS ICE PRESIDENT	40.00	{				x		300,597.	0.	67,08
28) STEVEN T. LEVINE ICE PRESIDENT	40.00					х		266,844.	0.	59,26
29) KELLY WALLA	40.00	<del> </del>								
SSOC VP/DPTY GEN COUNSEL						Х		243,613.	0.	34,81
		<u> </u>				-	Н		· · · · · · · · · · · · · · · · · · ·	
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etal to Part VII, Section A, line 1c								811,054.	j	161,16

Total Add   Institute   Tota	Ra	ŗt <sub>@</sub>	Ãli	Statement of Rever	nue		r			
Total revenue   Related or coverns function   Page   Pag				Check if Schedule O cont	ains a response	or note to any lu		T /6	75	
Page							, , ,	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Purpose   Purp	nts nts	1	1 a	Federated campaigns	1a					TO AN THE SERVICE
Total Control of the Section	3ra Iou		, b	Membership dues	1b					200
Both	_ = !		С	Fundraising events	1c				1.00	William Control
Page   Government grants (contributions)   16	la la	]	đ	Related organizations	1d	3,032,584.				
Business Code	imi		е	Government grants (contribut	ions) 1e					Y S
Business Code	tior er S		f	All other contributions, gifts, grant	ts, and					
Business Code	효율			similar amounts not included above	ve ' <b>1f</b>	576,370.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1	
Business Code	d C		g	Noncash contributions included in lines	1a-1f \$					
2 a MEMBERSHIP DUES   900099   16, 427, 871, 15, 147, 77, 719, 687, 535, 6	<u>2 e</u>		h	Total. Add lines 1a-1f			3,608,954.	M. 90/25 W.		
BENVICES BILLED   561000   2,365,633   1,110,873   719,687   535,6     C EDUCATIONAL PROGRAMS   900099   673,898   673,898   673,898     ANRIVAL SESSION   900099   75,299   75,299     F All other program service revenue   19,943,907   3   7   7   7   7   7   7   7   7				,		Business Code	4	THE CONTRACTOR	200 C	ASSESSED AND ADDRESS OF THE PERSON OF THE PE
Total Add lines 2a2	ce	2	2 a	MEMBERSHIP DUES		900099	16,427,871.			
Total Add lines 2a-2f	ë Zi		b	SERVICES BILLED		561000	2,365,633.	1,110,873.	719,687.	535,073.
Total Add lines 2a2	ı Se enu		С	EDUCATIONAL PROGRAMS		900099	673,898.	673,898.		
Total Add lines 2a2	lev.		d	ANNUAL SESSION		900099	401,206.	<u> </u>	· _	401,206.
Total Add lines 2a2	9	١,	е	PUBLICATIONS		900099	75,299.	75,299.		,
3   Investment income (including dividends, interest, and other smilar amounts)	ď	ŀ	f	All other program service reve	nue					
### Other similar amounts   ### A   ###		,	g.	Total. Add lines 2a-2f		<b></b>	19,943,907.	(国际基本的基本公司的)	影響的學術學的	門衛外部外資料
1   1   1   1   1   1   1   1   1   1		3	3	Investment income (including	dividends, intere	est, and				
1				other similar amounts)		<b>&gt;</b>	793,047.		_	793,047.
1		4	ļ	Income from investment of tax	k-exempt bond p	roceeds				,
1,594,171.   967,182.   626,989		5	5	Royalties		<b>&gt;</b>	2,322,309.			2,322,309.
December   10   10   10   10   10   10   10   1					(i) Real	(ii) Personal	Mark the second			
C   Rental income or (loss)   626,989.   6		6	a	Gross rents	1,594,171.					
C Rental income or (loss)   626,989.   62		İ	ь	Less rental expenses	967,182.					
Net rental income or (loss)		`	င	. ,	626,989.					2.12.534.534
7. a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 1,598,153. 1,598,153			٠.			<b>•</b>	626,989.			626,989.
A   1,772,238	•	7	a,	Gross amount from sales of	(i) Securities	(ii) Other		AUSSE MA		140000000000000000000000000000000000000
and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19  b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a ADVERTISING  b PRAC MGT CONSULTING  c COMPUTER HOSTING SVCS  d All other revenue  e Total, Add lines 11a-11d  1 1,010,598.  1,598,153.  1,598			-	assets other than inventory	4,772,238.					
C Gain or (loss)  1,598,153.  d Net gain or (loss)  2,598,153.  1,598,15.  1,598,15.  1,598,15.  1,598,15.  1,598,15.  1,598,15.  1,598,15.  1,598,15.		l	b	Less cost or other basis						
## d Net gain or (loss)				and sales expenses	3,174,085.					
## Description of the contributions reported on line 1c) See Part IV, line 18   b			С	•	1,598,153.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a ADVERTISING C COMPUTER HOSTING SVCS 518210 229,683  d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions  b C Rest income from fundraising events of contributions of contributions including \$ of contributions including \$ of contributions of contr		ŀ		, ,		<u> </u>	1,598,153.			1,598,153.
Including \$	as l	8		• • •	g events (not					SALTE SALES OF THE
Part IV, line 18	ř	٠ ٔ								
Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a ADVERTISING b PRAC MGT CONSULTING C COMPUTER HOSTING SVCS 518210 229,683. 229,6 d All other revenue e Total. Add lines 11a-11d  1 1,010,598. 129,903,957. 18,287,941. 1,181,356. 6,825,7	eve			<u> </u>						
b Less direct expenses b C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  a b Less direct expenses b C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a ADVERTISING 541800 459,398. 154,315. 305,00 b PRAC MGT CONSULTING 541900 307,354. 307,354. 307,354. COMPUTER HOSTING SVCS 518210 229,683. 229,683. 229,683. 229,683. 14,163. 14,163. 14,163. 14,163. 14,163. 14,163. 14,163. 14,163. 14,163. 14,163. 15,165. 6,825,7	Œ			•	•					44.0
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a ADVERTISING b PRAC MGT CONSULTING C COMPUTER HOSTING SVCS d All other revenue e Total. Add lines 11a-11d e Total revenue. See instructions  D ADVERTISING S ALISO S ALIS	the		b		, b	,				HEROCOPPORTS.
9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a ADVERTISING 541800 541900 541900 307,354. 307,354.  C COMPUTER HOSTING SVCS 518210 229,683. 4 All other revenue 900099 14,163. 14,1 1 Total revenue. See instructions  10 a Gross sales of inventory	0	l			Iraising events	•			<u> </u>	
Part IV, line 19     b Less direct expenses     c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns     and allowances     b Less cost of goods sold     c Net income or (loss) from sales of inventory		l g						M. OF STATE		
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a ADVERTISING b PRAC MGT CONSULTING c COMPUTER HOSTING SVCS d All other revenue e Total. Add lines 11a-11d		ا ا	_							
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  8usiness Code 11 a ADVERTISING 541800 459,398. 154,315. 305,0 b PRAC MGT CONSULTING 541900 307,354. 307,354.  c COMPUTER HOSTING SVCS 518210 229,683. 4NI other revenue 900099 14,163. 14,163. 14,163. 14,163. 154,287,941. 1,181,356. 6,825,7			ь	·	•					
10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a ADVERTISING 541800 459,398. 154,315. 305,0 6 PRAC MGT CONSULTING 541900 307,354. 307,354.  C COMPUTER HOSTING SVCS 518210 229,683. 229,6 d All other revenue 900099 14,163. 14,16 17,010,598. 18,287,941. 1,181,356. 6,825,7						<b>•</b>			APPENDING TRANSPORTER	
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a ADVERTISING 541800 459,398. 154,315. 305,0 b PRAC MGT CONSULTING 541900 307,354. 307,354.  C COMPUTER HOSTING SVCS 518210 229,683. 229,6 d All other revenue 900099 14,163. 14,16 12 Total revenue. See instructions  29,903,957. 18,287,941. 1,181,356. 6,825,7		10		_	-			TENTAL STATE	174	77.7
b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a ADVERTISING 541800 459,398. 154,315. 305,0 b PRAC MGT CONSULTING 541900 307,354. 307,354. c COMPUTER HOSTING SVCS 518210 229,683. 229,6 d All other revenue 900099 14,163. 14,16 e Total. Add lines 11a-11d  Total revenue. See instructions 29,903,957. 18,287,941. 1,181,356. 6,825,7		"	-	•		• •				
C Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11 a ADVERTISING         541800         459,398.         154,315.         305,0           b PRAC MGT CONSULTING         541900         307,354.         307,354.         307,354.         229,6           c COMPUTER HOSTING SVCS         518210         229,683.         229,6         229,6           d All other revenue         900099         14,163.         14,1         14,1           e Total. Add lines 11a-11d         1,010,598.         5         5         5         7           12 Total revenue. See instructions         29,903,957.         18,287,941.         1,181,356.         6,825,7	1		h							
Miscellaneous Revenue         Business Code           11 a ADVERTISING         541800         459,398.         154,315.         305,0           b PRAC MGT CONSULTING         541900         307,354.         307,354.           c COMPUTER HOSTING SVCS         518210         229,683.         229,6           d All other revenue         900099         14,163.         14,1           e Total. Add lines 11a-11d         1,010,598.         54,287,941.         1,181,356.         6,825,7           12 Total revenue. See instructions         29,903,957.         18,287,941.         1,181,356.         6,825,7				_	-	<b>—</b>	24.194.194.194.194.194.194.194.194.194.19			
11 a ADVERTISING       541800       459,398.       154,315.       305,0         b PRAC MGT CONSULTING       541900       307,354.       307,354.         c COMPUTER HOSTING SVCS       518210       229,683.       229,6         d All other revenue       900099       14,163.       14,1         e Total. Add lines 11a-11d       1,010,598.       18,287,941.       1,181,356.       6,825,7         12 Total revenue. See instructions       29,903,957.       18,287,941.       1,181,356.       6,825,7		_	<u> </u>			Rusiness Code	SAN PARTIES AND	Partie Control	**************************************	
b PRAC MGT CONSULTING 541900 307,354. 307,354. c COMPUTER HOSTING SVCS 518210 229,683. 229,6 d All other revenue 900099 14,163. 14,1 e Total. Add lines 11a-11d	- 1	11		<del></del>			ALCOHOL SECTION OF THE SECTION OF TH	<u> </u>	154 315	305,083.
c COMPUTER HOSTING SVCS       518210       229,683.       229,6         d All other revenue       900099       14,163.       14,1         e Total. Add lines 11a-11d       1,010,598.       18,287,941.       1,181,356.       6,825,7         12 Total revenue. See instructions       29,903,957.       18,287,941.       1,181,356.       6,825,7		' '	h		<del></del>	<del></del>				111,000
d All other revenue     900099     14,163.     14,1       e Total. Add lines 11a-11d     1,010,598.     3,000,000       12 Total revenue. See instructions     29,903,957.     18,287,941.     1,181,356.     6,825,7					<del></del>				557,554.	229,683.
e Total. Add lines 11a-11d  1,010,598.  12 Total revenue. See instructions  1,010,598.  29,903,957.  18,287,941.  1,181,356.  6,825,7	- 1		ن						<del></del>	14,163.
12 Total revenue. See instructions 29,903,957. 18,287,941. 1,181,356. 6,825,7	-					300033			A STANCE OF THE	Laster and
		ث. ا							1 181 356	6 825 706
832009 12-31-18 Form <b>990</b> (2						,	2 23,303,337.	10,207,341.	1,101,330.	Form <b>990</b> (2018)

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 (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 669,679. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 51,301 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 3,433,721 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,564,198. 7 Other salaries and wages Pension plan accruals and contributions (include 1,204,571 section 401(k) and 403(b) employer contributions) 1,320,372. 9 Other employee benefits 887,588. 10 Payroll taxes 11 Fees for services (non-employees) a Management 45,642. b Legal 43,000. c Accounting 325,500. d Lobbying e Professional fundraising services. See Part IV, line 17 119,997. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 1,347,351 column (A) amount, list line 11g expenses on Sch O.) 48,629. 12 Advertising and promotion 1,111,728. 13 Office expenses 816,244. 14 Information technology 15 Royalties 1,468,776. 16 Occupancy 962,628. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,306,046. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,179,607. 22 Depreciation, depletion, and amortization 95,343. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 326,795 a OTHER EXPENSE b DUES AND SUBSCRIPTIONS 227,893. 88,296. EMPLOYEE CONTINUING EDU All other expenses e Total functional expenses. Add lines 1 through 24e 27,644,905. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

1 2 3 4 5 5 6 7 8 9 10a	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualic section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	ormer o ated en fied pel a 4958(d tion 501	fficers, directors, apployees Complete rsons (as defined under c)(3)(B), and contributing	(A) Beginning of year 3,954,219. 714,608. 1,130,430.		(B) End of year 4,651,358. 1,009,786. 966,929.
2 3 4 5 6 7 8 9	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquals section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	Beginning of year 3,954,219. 714,608. 1,130,430.	3 4	End of year 4,651,358 1,009,786
2 3 4 5 6 7 8 9	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquals section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	714,608.	3 4	1,009,786.
3 4 5 6 7 8 9	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	1,130,430.	3 4	
4 5 6 7 8 9	Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquals section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing		4	966,929
5 6 7 8 9	Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquals section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	8,892.		
6 7 8 9	Loans and other receivables from current and for trustees, key employees, and highest compensations and other receivables from other disquals section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instr). Notes and loans receivable, net inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	8,892.	5	
7 8 9	trustees, key employees, and highest compensations of Schedule L. Loans and other receivables from other disqualissection 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	ated en fied pei a 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing	8,892.	5	
7 8 9	Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	fied pei 1 4958(d tion 501	rsons (as defined under c)(3)(B), and contributing (c)(9) voluntary	8,892.	5	
7 8 9	section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	4958(d tion 501	c)(3)(B), and contributing (c)(9) voluntary			
8 9	employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use	tion 501	(c)(9) voluntary			
8 9	employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use					
8 9	employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use				ł	l
8 9	Notes and loans receivable, net Inventories for sale or use	·			6	
9					7	
	Prepaid expenses and deferred charges			17,345.	8	4,565.
10a				4,298,421.	9	4,141,537
	Land, buildings, and equipment cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	28,700,607.			l :_ :_
b	Less: accumulated depreciation	10b	18,137,217.	10,137,055.	10c	10,563,390.
11	Investments - publicly traded securities			31,078,433.	11	29,216,280.
12	Investments - other securities See Part IV, line 1	1		162,755.	12	140,843.
13	Investments - program-related See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			31,875.	15	31,875.
16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)		16	50,726,563.
17	Accounts payable and accrued expenses	2,914,978.	17	3,081,952.		
18	Grants payable		18			
19	Deferred revenue		(	9,841,823.	19	10,398,788.
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
22	Loans and other payables to current and former	officer	s, directors, trustees,			
٠	key employees, highest compensated employee	s, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ited thii	rd parties		23	
24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
25		-				
	parties, and other liabilities not included on lines	17-24)	Complete Part X of		. 4	
	Schedule D					4,613,439.
26	Total liabilities. Add lines 17 through 25			17,929,977.	26	18,094,179.
	<del>-</del>	• •	k here ▶ L&L and			<b>∤.</b>
	<del>-</del>	d 34.	i	33 550 400	(金)	- 20 600 007
27						32,609,807.
	•			45,627.	_	22,577.
29	•					
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		-	it fund	·	_	
	•	come, c	or other funds	22 604 056	_	22 622 204
33			30		_	32,632,384.
34	i otal liabilities and net assets/fund balances			31,334,U33.	34	50,726,563. Form <b>990</b> (2018)
	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Investments - program-related See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equit Recounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete If Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (Asc) and complete lines 30 through 34. Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated in Total net assets or fund balances	Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 3 Total assets. Add lines 1 through 15 (must equal line 3 Total assets. Add lines 1 through 15 (must equal line 3 Total assets. Add lines 1 through 15 (must equal line 3 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of 22 Loans and other payables to current and former officers key employees, highest compensated employees, and Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third post of the liabilities (including federal income tax, payables of parties, and other liabilities not included on lines 17-24) Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958 and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, of Total net assets or fund balances	Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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. Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here   Temporanly restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses Grants payable Deferred revenue  Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Chter 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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶  Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Investments - program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Accounts payable and accrued expenses If Grants payable are revenue If Grants payable and occured expenses If Escrow or custodial account liability Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Scured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Officers, directors, trustees, key employees, and disqualified persons. Complete Scured mortgages and notes payable to unrelated third parties  22 23 24 Unsectriced notes and loans payable to unrelated third parties Officers, directors, trustees, directors, trustees, level and scured third parties  24 25 Other liabilities (including federal income tax, payables to related third parties  25 26 Organizations that follow SFAS 117 (ASC 958), check here  26 27 28 28 29 29 20 21 20 21 20 21 22 20 21 21 20 21 21 20 21 21 20 21 21 21 21 21 21 22 22 23 23 24 24 25 25 26 27 27 28 29 29 29 29 29 29 20 21 20 21 20 20 21 21 20 20 21 21 20 21 21 20 21 21 20 21 21 20 21 21 20 21 21 20 21 21 20 21 21 21 21 21 21 21 21 21 22 22 23 24 24 25 25 26 27 27 28 29 29 20 21 21 20 21 21 20 21 21

Forn	1 990 (2018) TEXAS MEDICAL ASSOCIATION	7 <u>4</u> -	<u>-1078</u>	<u> 3510</u>	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>				X
			•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,64		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,60		
5	Net unrealized gains (losses) on investments	5		3,69	8,2	<u>97.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		46	7,5	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	32	2,63	<u>2,3</u>	84.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			<u>. '</u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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			1'	•	.]
	Separate basis Consolidated basis Both consolidated and separate basis					لحا
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	,			$\lceil \cdot \rceil \rceil$
	consolidated basis, or both			1 1		ĺ
	Separate basis				<u></u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,		ii		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O	٠.			لــــا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	Ĵit			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2018)

# 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

**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

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions Complete Part III			
Name of organization			Emp	loyer identification number
	EDICAL ASSOCIATI			74-1078510
Part I-A Complete if the org	janization is exempt und	er section 501(c	or is a section 527 o	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures	al campaign activities	ın Part IV ▶ ş	<b>.</b>
Part I-B Complete if the org	janization is exempt und	er section 501(c	(3).	<del> </del>
1 Enter the amount of any excise tax			▶ \$	
2 Enter the amount of any excise tax				
3 If the organization incurred a section	, ,			Yes No
4a Was a correction made?	•	•		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	janization is exempt und	er section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expended	by the filing organization for sec	ction 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to ot	ner organizations for s	section 527	
exempt function activities			<b>▶</b> \$	S
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POl		
line 17b			▶ \$	,
4 Did the filing organization file Form	1120-POL for this year?			└── Yes
5 Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	d from the filing organ a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
(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
		<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018					1078510 Page 2
Part II-A Complete if the org	janization is exe	empt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
A Check If the filing organization expenses, and sha	re of excess lobbying	•	n Part IV each affiliated	group member's na	me, address, EIN,
Lim	its on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)			<del> </del>
b Total lobbying expenditures to infl	,	· <del>-</del>	Ī		
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es		[		
e Total exempt purpose expenditure	es (add lines 1c and 1	d)	[		
f Lobbying nontaxable amount Ent	er the amount from the	ne following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000	20% o	f the amount on line 1e			1
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	cess over \$500,000		·
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000			.
<del></del> -					<u> </u>
g Grassroots nontaxable amount (er	•		-	- · · · · · · · · · · · · · · · · · · ·	
h Subtract line 1g from line 1a. If zer	•		-		<del> </del>
i Subtract line 1f from line 1c. If zero	•		L		<u> </u>
j If there is an amount other than ze		r line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	·····		Soution FO1/h)		Yes No
(Some organizations t	hat made a section	reraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		.   *			
(150% of line 2a, column(e))		1			
c Total lobbying expenditures					-
d Grassroots nontaxable amount			j		
e Grassroots ceiling amount		F1	<del> </del>	<del></del>	<del> </del>
(150% of line 2d, column (e))		i.	1		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 TEXAS MEDICAL ASSOCIATION 74-1078510 Page 3

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		(;	a)	(b)		
of th	e lobbying activity	Yes	No	Amo	ount	
-	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 Volunteers?			• .	•,	
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
	Total. Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ļ				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	<del></del>	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		$\frac{x}{x}$	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	x		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se			
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1	16,427	,871.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).			1 670	,404.	
	Current year		2a 2b	1,073	,404.	
	Carryover from last year Total		2c	1,679	,404.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		,459.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4	0.40	055	
5	Taxable amount of lobbying and political expenditures (see instructions)  TIV Supplemental Information		5	-949	,055.	
Prov	TIV Supplemental Information  ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group uctions), and Part II-B, line 1. Also, complete this part for any additional information.	list), Part II	-A, lines 1 a	and 2 (see		

### **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

TEXAS MEDICAL ASSOCIATION

Employer identification number 74-1078510

Total number at emd of year  2 Aggregate value of grants from (during year)  3 Aggregate value of grants from (during year)  4 Aggregate value of agrants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in grantsets, organization's exclusive legal control?  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 imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and exception of the organization answered. "Yes' on Form 990, Part IV, line?.  Part IV   Conservation Easements held by the organization (helde all that apply)  Preservation of land for public use (e.g., recreation or education)   Preservation of a histonically important land area   Protection of natural habitat   Preservation of can space   Protection of natural habitat   Preservation of part space   Protection of natural habitat   Preservation of can space   Protection of natural habitat   Preservation of land for public used (e.g., recreation or education)   Preservation of a certified histonic structure   Preservation of conservation easements   Preservation of conservation easements   Preservation   Preservation of a certified histonic structure   Preservation   Preservation of a certified histonic structure   Preservation   Preservation   Preservatio	Pa	rt I Organizations Maintaining Donor Advisor		s or Accounts. Complete if the
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 of a read of year 5 Did the organization's property, subject to the organization's exclusive legal control? 5 Did the organization's property, subject to the organization's exclusive legal control? 6 Did the organization's property, subject to the organization's exclusive legal control? 7 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? 8 Did the organization's property, subject to the organization's exclusive legal control? 9 Did the organization informs and for organization's exclusive legal control? 9 Portion organization informs and property subject to the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposet(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposet(s) of conservation easements held by the organization of education   Preservation of a pertified historic structure   Preservation of organization and preservation of a conservation easement in the form of a conservation easement of the conservation easements   Preservation of a conservation easement   Preservation of a conservation easement   Preservation   Preservation of a conservation easement   Preservation   Preservation of a conservation easement   Preservation   Preservation   All the field at the End of the Tax Year   a Total number of conservation easements in a certified historic structure included in (a) 1 Number of conservation easements in a certified historic structure included in (a) 2 Number of conservation easements in a certified historic structure included in (a) 3 Number of conservation easements in an extrited historic structure included in (a) 4 Number of states where property subject to conservation easement is located   5 Number of conservation easements in		organization answered tes on Form 990, Part IV, III		(b) Funds and other accounts
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 informal if donors and donor advisors in writing that the assets held in donor advised funds are the organization informal if grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation essements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or advisation)  Preservation of a certified historic structure  Preservation of open space  2 Complete lines 2a through 4d if the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the tax year.  a Total number of conservation essements  5 Total acreage restricted by conservation essements so a certified historic structure included in (a)  8 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the text year  10 Number of other text is the property subject to conservation essements is located to misconditions, and enforcing conservation essements during the year  10 Number of other organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation essements during the year  10 Number of propria	1	Total number at end of 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 in property, subject to the organization's exclusive legial control?  5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterming impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterming impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterming impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterming impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purposes conterming impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purposes conterming impermissable purposes and contenting impermissable purpose and contenting impermissable purpose and contenting impe		•		<del></del>
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 inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(g) of conservation assements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or advisor) Preservation of a histonically important land area  Protection of natural habitat  Preservation of open space  2 Complete lines 2 althrough 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Iteld at the End of the Tax Year 2 and 1 to the organization easements in 2 and 2 to 1 to				<del></del>
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable pursus benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of perservation of a confided historic structure Preservation of a conservation easement in the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements an a certified historic structure included in (a)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year part and the National Register  Number of states where property subject to conservation easement is located Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year on line 2(d) above satisfy the requirements of section 170(h)(4)(E)(ii)  and section 170(h)(4)(E)(iii)  and section 170(h)(4)(E)(iii)  and section 170(h)(				·
are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II   Conservation   Easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of protection of natural habitat   Preservation of conservation easements   Preservation of open space   Complete line 2 at through 2 did the organization held a qualified conservation contribution in the form of a conservation easement   Held at the End of the Tax Year   A total number of conservation easements   A total number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register   A number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register   A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year   A number of conservation easements in the lost   A total processing the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S   S   Dose seach conservation easements reported on line 2(d) above satisfy the requirement			writing that the assets hold in depart advis	and funds
Od 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 impermissable private benefit?    Part III   Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(9) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a histonically important land area   Protection of natural habitat   Preservation of open space   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.   Total number of conservation easements   Preservation of a certified histonic structure   Preservation   Prese	3			
Post II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 7.	_	* * * *	_	
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a histonically important land area   Preservation of open space   Preservation of a cartified historic structure   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of a cartified historic structure   Preservation of open space   Preservation of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year	0			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of an for public use (e.g., recreation or education) □ Preservation of a histonically important land area □ Proservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements b Total acreage restructed by conservation easements c Number of conservation easements on a certified histonic structure instead in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ➤ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ➤ 3 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, it applicable, the text of the footnote to the organization stransmition as tatements that describes the organization for conservation easements  Complete the organization asserted "Yes" on Form 990, Part IV, line 8  1a If the organization elected, as perm		• •	or donor advisor, or for any other purpose	_ — — —
Purpose(s) of conservation easements held by the organization (check all that apply)	Pai		ganization answered "Yes" on Form 990. F	
Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Protection of natural habitat Protection of open space  Complete lines 2 a 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.  Total number of conservation easements Total acreage restricted by conservation easements included in (e) Total acreage restricted by conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Total acreage restricted by conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Total acreage restricted by conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Total acreage restricted by the organization during the tax year  Total acreage restricted by the organization during the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year length of the conservation easements of the conservation easements during the year  Total acreage restricted by the organization reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h)  Total acreage restricted by the organization reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h)  Total acreage restricted by 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 for acreage restricted by the result of the section of the structure of the o				
Protection of natural habitat  Preservation of a certified historic structure  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  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?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ▶ 3  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)  and section 170(h)(4)(B)(l)(l)  1 Pes 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  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.  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	•			oncally important land area
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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		· · · · · · · · · · · · · · · · · · ·	·	
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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  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	Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
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  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		Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8	
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  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	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
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  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  Revenue included on Form 990, Part VIII, line 1				
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  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		the text of the footnote to its financial statements that descr	ibes these items	
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  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	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  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				
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  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		relating to these items		·
(ii) Assets included in Form 990, Part X  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  Revenue included on Form 990, Part VIII, line 1		•		<b>&gt;</b> \$
<ul> <li>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</li> <li>Revenue included on Form 990, Part VIII, line 1</li> </ul>				<b>&gt;</b> \$
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	2		asures, or other similar assets for financial	
a Revenue included on Form 990, Part VIII, line 1				-
	а	- , , , , , , , , , , , , , , , , , , ,	· · · · · · ·	<b>▶</b> \$
				<b>&gt;</b> \$

Sche	edule D (Form 990) 2018 TEXAS M	EDICAL ASS	OCIA	ATION		_	7	4-10	78510	Page 2
Pa	rt III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Other	Simila	r Asse	ts(contin	ued)
3	Using the organization's acquisition, access	ion, and other recor	ds, che	ck any of the	following tha	t are a sig	nificant us	se of its	collection	items
	(check all that apply)		_							
а	Public exhibition	•	: <u> </u>		hange progra	ıms				
b	Scholarly research	•	. [_]	Other						
c	X Preservation for future generations									
4	Provide a description of the organization's c	•		•	_			e in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or othe	er sımılar a	issets		_	
-	to be sold to raise funds rather than to be m								」 Yes	X No
Pa	rt IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "	'Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
па	Is the organization an agent, trustee, custod	lian or other interme	diary foi	r contribution	is or other as	sets not ir	cluded	Γ	٦,,,	Г
_	on Form 990, Part X?			A = 0-1 =				L.,	<b>∐</b> Yes	L No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table					A 4	
_	Pagunana halamaa						1-		Amount	
c	Beginning balance Additions during the year						1c			
d e	Distributions during the year						1e		<del></del>	<del></del>
•	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or c	ustodial acco	unt liability			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		•			-	· ·			<b>一</b>
Pai										
		(a) Current year		Prior year	(c) Two years		) Three yea	rs back	(e) Four	ears back
1a	Beginning of year balance		` ` `							
b	Contributions									-
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities							_		
	and programs									
f	Administrative expenses		Ĺ <u></u>				·			
9	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	lg, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administei	red for the	organizat	tion	J.	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	t VI Land, Buildings, and Equipm		owment	tunas.	<del></del>					
170	Complete if the organization answere		) Part l	V line 11a S	See Form 990	Part X lin	ne 10			
	Description of property	(a) Cost or o		(b) Cost			umulated	$\neg \neg$	(d) Book	value
	Bescription of property	basis (investr			(other)	• •	ciation	- 1	( <b>a</b> ) 500K	•4100
	Land	<u> </u>			<del></del>	·				
	Buildings									
	Leasehold improvements	<del></del>						$\top$		
	Equipment							$\neg$		
	Other	<u> </u>		28,70	0,607.	18,13	37,21	7. 1	0,563	,390.
	Add lines to through to (Column (d) must a	gual Form 000. Dard	V colu					1		390.

Cohodula D /Form COO) 2019	TEYAG	MEDICAL.	ASSOCIATION
Schedule D (Form 990) 2018	TEVVO	MEDICAN	<b>WOOOCTWITON</b>

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				·
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
(1) Financ	ial derivatives			<u></u>	<u> </u>
(2) Closely	/-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)	·				
(E)				<del></del>	····
(F)			<del>-  </del>		<del></del>
(G)			<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(H)	<del></del>		<del></del>	<del> </del>	·
	(b) must equal Form 990, Part X, col. (B) line 12.)		·		
	Investments - Program Related.				
Fait VII	<b>-</b>	5 D 111		D	
	Complete if the organization answered "Yes"		line 11c. See Form 990,	Part X, line 13.	d-of-year market value
	(a) Description of investment	(b) Book value	(c) Metriod of v	aluation Cost or end	1-01-year market value
(1)					<del> </del>
(2)	·				
(3)					
(4)					
<u>(5)</u>	· · · · · · · · · · · · · · · · · · ·				
(6)				<del></del>	
(7)					
(8)					
(9)					
Total. (Col.	b) must equal Form 990, Part X, col. (B) line 13.)				نو
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)		<del></del>	<del> </del>		
(8)			······································		
(9)	· <del></del>		<del></del>		<del> </del>
	umn (b) must equal Form 990, Part X, col (B) line	15)		<b>&gt;</b>	
Part X	Other Liabilities.	. 13)	<del></del>		
	Complete if the organization answered "Yes"	on Form COO Part IV	line 11e or 11f See Forn	n 000 Part Y Ima 25	
	(a) Description of liability	on Form 950, Fart IV,	(b) Book value	1 330, Part X, line 23	•
1.	<del></del>		(b) Book Value		
	deral income taxes  IVESTMENTS HELD FOR AND	DITE MO			
		DUE TO	716 725		
	ELATED ORGANIZATIONS		716,735.		
	JES PAYABLE		357,747.		
	FERRED COMPENSATION		3,516,465.		•
(6) O'I	HER		22,492.		
(7)					•
(8)		L	·		
(9)		T			
Total (Coli	ımn (b) must equal Form 990, Part X, col (B) line	25)	4,613,439.		
TOTAL (CO.C.					

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

Schedule D (Form 990) 2018 TEXAS MEDICAL ASSOCI	ATION	
Part XI Reconciliation of Revenue per Audited Financia		ue per Return.
Complete if the organization answered "Yes" on Form 990, Par	<del></del>	
1 Total revenue, gains, and other support per audited financial statemen	its	1 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 . 1	} }
a Net unrealized gains (losses) on investments	2a	<del></del>
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	<del></del>
d Other (Describe in Part XIII.)  e Add lines 2a through 2d	2d	
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e   3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		<del>-</del>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	<del></del>
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, In	ne 12)	5
Part XII Reconciliation of Expenses per Audited Financi		
Complete if the organization answered "Yes" on Form 990, Part		•
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>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d	<del> </del>	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.	<del></del>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide the part to part t		art V, line 4; Part X, line 2, Part XI,
	<u> </u>	
PART X, LINE 2:		
THE ORGANIZATION ACCOUNTS FOR UNCERTAI	N TAX POSITIONS B	ASED ON A
MORE-LIKELY-THAN-NOT THRESHOLD FOR THE	RECOGNITION AND	DE-RECOGNITION OF
TAX POSITIONS, WHICH INCLUDES THE ACCO	UNTING FOR INTERE	ST AND PENALTIES
RELATING TO TAX POSITIONS. THE ORGANIZ	ATION DOES NOT CU	RRENTLY HAVE ANY
MATERIAL TAX POSITIONS MANAGEMENT CONS	TOPDO INCEPDATA A	T DECEMBED 31
MATERIAL TAX FUSITIONS MANAGEMENT CONS	IDEAD UNCERTAIN A	1 DECEMBER 31,
2018.		
		······································
		<del></del>

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832054 10-29-18

Schedule D (Form 990) 2018

#### SCHEDULE I (Form 990)

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

2018

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization	-all 1996					i	Employer identification number
Part I General Information on Grants a		CIATION					74-1078510
			41 41 -				<u> </u>
Does the organization maintain records to		e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	X Yes No
criteria used to award the grants or assis  2 Describe in Part IV the organization's pro		toring the use of grap	t funds in the Linite	d States	• • • •	•	T Tes No
Part II Grants and Other Assistance to					anization answered "	Ves" on Form 990. Par	t IV line 21 for any
recipient that received more than \$	_				amzation answered	163 0111 01111 000,1 at	tiv, line 21, lot ally
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
TEXAS MEDICAL ASSOCIATION SPECIAL FUNDS FOUNDATION - 401 WEST 15TH							PUBLIC HEALTH PROGRAM
ST - AUSTIN, TX 78701	74-2749879	501(C)(3)	296,538.	0.			SUPPORT
TEXAS MEDICAL ASSOCIATION  FOUNDATION - 401 WEST 15TH ST -  AUSTIN, TX 78701	74-6073346	501(C)(3)	129,530.	0.			OPERATING EXPENSE SUPPORT
TEXAS MEDICAL ASSOCIATION LIBRARY 401 WEST 15TH ST AUSTIN, TX 78701	23-7042275	501(C)(3)	105,562.	0.			OPERATING EXPENSE SUPPORT
TMA PRACTICEEDGE LLC 401 WEST 15TH ST AUSTIN, TX 78701	47-2995992		23,739.	0.			OPERATING EXPENSE SUPPORT
TEXAS MEDICAL ASSOCIATION ALLIANCE 401 WEST 15TH ST AUSTIN, TX 78701	74-6050698	501(C)(6)	15,500.	0.			EVENT SPONSORSHIP
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPWY, STE 170 AUSTIN, TX 78759	74-2237787	<del></del>	15,000.	0.			PUBLIC HEALTH PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a	•	-	the line 1 table	-			<u> </u>
3 Enter total number of other organization	s listed in the line	1 table					

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

Schedule I (Form 990) TEXAS MED							4-1078510 Pag
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II )	<del></del>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXAS IMPACT EDUCATION FUND 00 EAST 30TH ST USTIN, TX 78705	74-2989021	501(c)(3)	10,000.	0.			PROGRAM SUPPORT
EXAS CONSERVATIVE COALITION LESEARCH INSTITUTE - PO BOX 2659 -							
USTIN, TX 78768	74-2763191	501(C)(3)	7,500.	0.		<u> </u>	EVENT SPONSORSHIP
<del></del>							
						<u> </u>	

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

TEXAS MEDICAL ASSOCIATION

Employer identification number 74-1078510

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	1		
	First-class or charter travel  Housing allowance or residence for personal use	1	ł	ł
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		1		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		<del></del>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<del></del>	اـــــا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	ļ		٠,
	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.	J	ļ	
	Compensation committee  X Written employment contract			
	X Independent compensation consultant X Compensation survey or study	ŀ		
	Form 990 of other organizations  X Approval by the board or compensation committee	1		
	During the year did any never lated on Farm 2000 Part VIII. Control A. Inc. 10 with respect to the films	ļ	,	
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	1		
•	Receive a severance payment or change-of-control payment?	4a	<del></del>	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<del></del> -		- 1
	The root to any or miles the persons and provide and applicable annually selection with the	İ		ان,
	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			Ì.
	contingent on the revenues of	ĺ	Ĺ	
а	The organization?	5a		
b	Any related organization?	5b		
	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	ĺ		
	contingent on the net earnings of		th published	
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.	,		1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لَــــ
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penems	(B)(I)-(U)	reported as deferred on prior Form 990
			ouri, portouriori	·			_	
(1) LOUIS J. GOODMAN, PHD	(i)	614,255.	0.	151,462.	117,170.	30,997.		0.
EVP/CEO	(ii)	100,745.	0.	36,907.	0.	3,560.		0.
(2) JOHN E DORMAN	(i)	362,249.	31,923.	59,301.	55,000.	12,490.	520,963.	0.
C00	(ii)	100,000.	0.	0.	0.	0.	100,000.	0.
(3) DARREN WHITEHURST	(i)	340,172.	15,232.	24,315.	27,500.	12,490.	419,709.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD P. WILCOX	(i)	297,902.	13,578.	21,977.	55,000.	12,490.		0.
VICE PRESIDENT/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIDGET MCPHILLIPS	(i)	272,974.	13,578.	14,045.	54,595.	12,490.	367,682.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEVEN T. LEVINE	(i)	239,139.	13,578.	14,127.	47,828.	11,438.	326,110.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(7) KELLY WALLA	(i)	224,640.	6,993.	11,980.	22,464.	12,352.	278,429.	0.
ASSOC VP/DPTY GEN COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)				L			
	(i)							
	_ (ii)							

#### **SCHEDULE L**

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

> ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open To Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number

	T	EXAS M	EDI	CAL ASS	OCI	ATI	ON				785	10						
Part I E	xcess Bene	fit Transa	ction	1S (section 50	01(c)(3	3), sect	tion 501(c)(4), and 50	01(c)(29) organizatio	ns onl	y)								
C	omplete if the o	organization a	nswe	red "Yes" on	Form !	9 <u>90,</u> Pa	art IV, line 25a or 25	b, or Form 990-EZ, I	art V,	line 4	0 <u>b</u>							
1				ationship bety			lified					(d)	Corre	cted?				
(a) Name o	of disqualified p	erson	ı	person and or	rganız	ation	(0	c) Description of tra	nsactio	on 	\$ \$ \$  If the organization  (i) Approved by board or committee?  (ii) Yes No Yes	No						
												L_						
2 Enter the	amount of tax i	ncurred by th	ne orga	anızatıon man	agers	or dis	qualified persons du	ring the year under										
section 49	958									▶ \$								
3 Enter the	amount of tax,	ıf any, on line	2, ab	ove, reimburs	ed by	the or	ganization			▶ \$								
<b>5</b>		<del></del>																
	oans to and																	
							., Part V, line 38a or I	Form 990, Part IV, II	ne 26,	or if th	ne orga	anızatı	on					
	ported an amo					2 en to or		T			Y6) An	proved	411 14					
(a) Na intereste	me of	(b) Relations with organizat		(c) Purpose of loan	fron	n the	(e) Original principal amount	(f) Balance due		) In ault?	ľbý bo	ard or	(i) W	ritten ment?				
"Norcoto	a person	, tricing a made		Oriodii		zation?	principal amount	al amount		a amount								
JOHN E.	DORMAN	CHIEF (	ישפר	XECUTIV	To	From	59,538.	0.	Yes	No X	_	NO		No				
JOHN E.	DORMAN	Cuier	JPE	VECOIIA		<b>├</b> ^-	39,330.		<del>                                     </del>		<u> </u>			<del> </del>				
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	omplete if the o	rganization a	nswer	ed "Yes" on f	Form 9	990. Pa	art IV, line 27											
	of interested p			Relationship			(c) Amount of	(d) Type	of		(e	) Purp	ose of					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

832131 10-25-18

#### **SCHEDULE 0** (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.

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

OMB No 1545-0047 18 Open to Public Inspection

Name of the organization

TEXAS MEDICAL ASSOCIATION

**Employer identification number** 74-1078510

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CARE OF PATIENTS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEMBERS AND COMPONENT ORGANIZATIONS, TO SECURE ENACTMENT OF APPROPRIATE MEDICAL AND HEALTH CARE LEGISLATION, TO EXTEND MEDICAL KNOWLEDGE AND ADVANCE MEDICAL SCIENCE, AND TO STRIVE FOR THE PREVENTION AND CURE OF DISEASE AND THE IMPROVEMENT OF PUBLIC HEALTH. FORM 990, PART VI, SECTION A, LINE 6: TEXAS MEDICAL ASSOCIATION IS A PROFESSIONAL ASSOCIATION REPRESENTING TEXAS AT 12/31/18, THE ASSOCIATION HAD 52,634 PHYSICIANS AND MEDICAL STUDENTS. MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES SHALL BE COMPOSED OF NINE AT-LARGE MEMBERS AND ONE YOUNG PHYSICIAN ELECTED BY THE HOUSE OF DELEGATES, ONE RESIDENT MEMBER, ONE STUDENT MEMBER, AND, AS EX OFFICIO MEMBERS: THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, SECRETARY/TREASURER, SPEAKER OF THE HOUSE OF DELEGATES, AND VICE SPEAKER OF THE HOUSE OF DELEGATES. THE HOUSE OF DELEGATES, THE LEGISLATIVE AND POLICY-MAKING BODY OF THE ASSOCIATION, SHALL ELECT THE OFFICERS EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY THE DIRECTOR OF THE ASSOCIATION ACCOUNTING

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

DEPARTMENT. PRIOR TO FILING, THE RETURN IS THOROUGHLY REVIEWED BY THE

832211 10-10-18

Name of the organization **Employer identification number** TEXAS MEDICAL ASSOCIATION 74-1078510 EXECUTIVE VICE PRESIDENT AND THE CHIEF OPERATING OFFICER. THE RETURN IS MADE AVAILABLE TO ALL OFFICERS AND TRUSTEES UPON COMPLETION. FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE OF AFFILIATIONS QUESTIONNAIRE IS SUBMITTED BY ALL OFFICERS AND TRUSTEES ANNUALLY. THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE BEGINNING OF ALL BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT COMPENSATION CONSULTANT DEVELOPS COMPENSATION STRATEGY BY EVALUATING MARKET TRENDS AND ORGANIZATIONAL GOALS/PHILOSOPHY WHILE ENSURING ONGOING COMPETITIVENESS AND COMPLIANCE. THIS RECOMMENDATION IS PRESENTED TO THE ASSOCIATION'S COMPENSATION COMMITTEE FOR REVIEW. FINAL PLAN IS THEN SUBMITTED TO BOARD OF TRUSTEES FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO TEXAS MEDICAL ASSOCIATION MEMBERS UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: TRANSFER FROM DEFERRED LIABILITY TO NET ASSETS 467,569. ROUNDING ADJUSTMENT 4. TOTAL TO FORM 990, PART XI, LINE 9 467,573. FORM 990, PART XII, LINE 2C: THE BOARD OF TRUSTEES APPROVES SELECTION OF INDEPENDENT AUDITOR. THE ANNUAL AUDIT REPORT IS FORMALLY PRESENTED TO THE BOARD BY THE AUDIT FIRM PARTNER RESPONSIBLE FOR THE ENGAGEMENT. THE BOARD MEETS WITH THE Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

		00 or 990-EZ) (2018)								Page 2
Name of the or	ganıza	TEXAS 1	MEDICAL A	A <u>SS</u>	OCIATION				Employer identi 74-107	fication number 8510
AUDITOR	IN	EXECUTIVE	SESSION	то	DISCUSS	ANY	QUESTIONS	AND	CONCERNS	IN
ABSENCE	OF	ASSOCIATIO	ON STAFF	<u>.                                    </u>			_ <del>-</del>			<del> </del>
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#### SCHEDULE R (Form 990)

### **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

TEXAS MEDICAL ASSOCIATION

Employer identification number 74-1078510

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
FMA PRACTICE MANAGEMENT HOLDINGS, LLC -					
31-4734874, 401 WEST 15TH ST, AUSTIN, TX	ACCOUNTABLE CARE				TEXAS MEDICAL
78701	ORGANIZATION DEVELOPMENT	TEXAS	-2,723.	40,920.	ASSOCIATION
TMA SPECIALTY SERVICES LLC - 82-3596032					
101 WEST 15TH ST	VALUE BASED CARE ADVISORY	ļ.			TMA PRACTICE MANAGEMENT
AUSTIN, TX 78701	SERVICES	TEXAS	771,344.	768,071.	HOLDINGS, LLC
			!	ŀ	1

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled uty?
		<u> </u>		501(c)(3))		Yes	No
DR S E THOMPSON SCHOLARSHIP FUND -		İ					ĺ
74-6047346, 401 WEST 15TH ST, AUSTIN, TX		1		509(A)(3)	TEXAS MEDICAL		
78701	MEDICAL STUDENT LOAN FUND	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	ĺ
MAY OWEN IRREVOCABLE TRUST - 23-7377962			T				
401 WEST 15TH ST	= 7		İ	509(A)(3)	TEXAS MEDICAL	}	ł
AUSTIN, TX 78701	MEDICAL STUDENT LOAN FUND	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	
ANNIE LEE THOMPSON LIBRARY TRUST FUND -							
74-6087355, 401 WEST 15TH ST, AUSTIN, TX	<del></del>			509(A)(3)	TEXAS MEDICAL		
78701	MEDICAL LIBRARY SUPPORT	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	ł
TEXAS MEDICAL ASSOCIATION LIBRARY -			1	<b>†</b>		_	
23-7042275, 401 WEST 15TH ST, AUSTIN, TX	7			509(A)(3)	TEXAS MEDICAL	1	i
78701	MEDICAL LIBRARY SUPPORT	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	1

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
	1			501(c)(3))		Yes	No
PHYSICIANS BENEVOLENT FUND - 74-6050660	PROVIDE SUPPORT TO						
401 WEST 15TH ST	INDIGENT PHYSICIANS AND	1	[	509(A)(3)	TEXAS MEDICAL		i
AUSTIN, TX 78701	DISASTER RELIEF TO	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	<b>!</b>
TEXAS MEDICAL ASSOCIATION SPECIAL FUNDS				T			
FOUNDATION - 74-2749879, 401 WEST 15TH ST,	7			509(A)(3)	TEXAS MEDICAL	J	]
AUSTIN, TX 78701	MEDICAL STUDENT LOAN FUNDS	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	X	
TEXAS MEDICAL ASSOCIATION POLITICAL ACTION	<u> </u>	1		1	ļ ————————————————————————————————————		
COMMITTEE - 74-1482481, 401 WEST 15TH ST,	7				TEXAS MEDICAL		
AUSTIN TX 78701	POLITICAL ACTION COMMITTEE	TEXAS	527		ASSOCIATION	Х	ŀ
TEXAS MEDICAL ASSOCIATION FOUNDATION -	PROVIDE SUPPORT TO PUBLIC			†		T	
74-6073346, 401 WEST 15TH ST, AUSTIN, TX	HEALTH, EDUCATION AND		1	509(A)(3)	TEXAS MEDICAL	1	
78701	MEDICAL PROGRAMS	TEXAS	501(C)(3)	TYPE 1	ASSOCIATION	х	
TEXAS MEDICAL ASSOCIATION ALLIANCE -	SPONSOR AND SUPPORT		<u> </u>	<del> </del>	<del> </del>		
74-6050698, 401 WEST 15TH ST, AUSTIN, TX	PROGRAMS TO ADVANCE	<u> </u>	1	1	İ	1	1
78701	MEDICINE AND PUBLIC HEALTH	TEXAS	501(C)(6)	1	N/A	İ	X
THE PHYSICIAN'S FOUNDATION INC - 20-0914085	<del> </del>	<del></del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
401 WEST 15TH ST	AWARDS AND GRANTS TO			509(A)(3)		]	İ
AUSTIN TX 78701	PHYSICIAN ORGANIZATIONS	TEXAS	501(C)(3)	TYPE 1	N/A	1	X
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Page 2

Identification of Related Organizations Taxable a

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)	(b)	(c)	(d)	(e)	(1)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		orbonate ibons?	Code V-UBI amount in box 20 of Schedule	partne	·?
		country)		sections 512-514)			Yes	No		Yes	lo
TMA PRACTICEEDGE LLC - 47-2995992, 401 WEST 15TH ST,	MEDICAL PRACTICE		TEXAS MEDICAL								
AUSTIN, TX 78701	SERVICES	ХT	ASSOCIATION	UNRELATED	0.	1,686,178.	Х	1	N/A	X	43.33%

[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	contr	tion b)(13) rolled bty?
TEXAS MEDICAL ASSOCIATION INSURANCE TRUST - 74-6128660, 401 WEST 15TH ST, AUSTIN, TX 78701	INSURANCE SERVICES	1	TEXAS MEDICAL ASSOCIATION	C CORP				x	
			_						

Page 3

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 transaction	ns with one or more re	elated organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ту				1a	Х	
b Gift, grant, or capital contribution to related organization(s)					1b	X	
c Gift, grant, or capital contribution from related organization(s)			•		1c	X	
d Loans or loan guarantees to or for related organization(s)		•			1d_		X
e Loans or loan guarantees by related organization(s)	•				1e		X
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)		•			1g		X
h Purchase of assets from related organization(s)			•		1h		X
i Exchange of assets with related organization(s)					1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)					1j	Х	
							1
k Lease of facilities, equipment, or other assets from related organization(s)		· ·	• •		1k		X
I Performance of services or membership or fundraising solicitations for related org	anization(s)				11	X	
m Performance of services or membership or fundraising solicitations by related org	anızatıon(s)	•			1m	<u>.</u>	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)				1n	X	
Sharing of paid employees with related organization(s)		•		-	10	X	
						<del></del>	
p Reimbursement paid to related organization(s) for expenses			•		1p	X	
q Reimbursement paid by related organization(s) for expenses		•			1q	X	
						<b> </b>	
r Other transfer of cash or property to related organization(s)					1r	<u> </u>	X
s Other transfer of cash or property from related organization(s)	<del> </del>	<del> </del>	<del></del>		1s	<u> </u>	Λ
2 If the answer to any of the above is "Yes," see the instructions for information on	1	1	relationships and transaction t	hresholds			
(a) Name of related organization	(b)	(c)	Math and of data-	(d)	امميا		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determ	nining amount invi	oiveu		
	77 (5.3)						
1) DR S E THOMPSON SCHOLARSHIP FUND	l A	45,370.					
IJ DR B D I HOM BON BONDARDIII TOND	<del>                                     </del>	13,3701		<del></del> _	-		
2) DR S E THOMPSON SCHOLARSHIP FUND	J	8,930.					
2, 21, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	<del>                                     </del>						
3) DR S E THOMPSON SCHOLARSHIP FUND	0	230,794.					
<u> </u>							
4) DR S E THOMPSON SCHOLARSHIP FUND	Q	395,226.					
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		<del></del>				
5) MAY OWEN IRREVOCABLE TRUST	A	35,631.					
				····			
6) MAY OWEN IRREVOCABLE TRUST	J	4,750.					
							_

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MAY OWEN IRREVOCABLE TRUST	0	120,934.	
(8)MAY OWEN IRREVOCABLE TRUST	Q	102,746.	
(9)TEXAS MEDICAL ASSN FOUNDATION	A	43,727.	
(10)TEXAS MEDICAL ASSN FOUNDATION	В	129,530.	
(11)TEXAS MEDICAL ASSN FOUNDATION	С	419,178.	
(12)TEXAS MEDICAL ASSN FOUNDATION	L	0.	
(13)TEXAS MEDICAL ASSN FOUNDATION	P	916,216.	
(14)ANNIE LEE THOMPSON LIBRARY TRUST	C	69,226.	·
(15)ANNIE LEE THOMPSON LIBRARY TRUST	N	0.	
(16)ANNIE LEE THOMPSON LIBRARY TRUST	Q	74,270.	~_ <del></del>
(17)TEXAS MEDICAL ASSN LIBRARY	В	105,562.	
(18)TEXAS MEDICAL ASSN LIBRARY	С	44,180.	
(19)TEXAS MEDICAL ASSN LIBRARY	L	0.	
(20)TEXAS MEDICAL ASSN LIBRARY	N	0.	
(21)TEXAS MEDICAL ASSN LIBRARY	Q	16,247.	
(22)PHYSICIANS BENEVOLENT FUND	A	8,658.	<del></del>
(23)PHYSICIANS BENEVOLENT FUND	J	5,320.	
(24)PHYSICIANS BENEVOLENT FUND	0	135,106.	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)PHYSICIANS BENEVOLENT FUND	Q	118,642.	
(8)TEXAS MEDICAL ASSN SPECIAL FUNDS FNDTN	В	296,538.	
(9)TEXAS MEDICAL ASSN SPECIAL FUNDS FNDTN	P	122,214.	
(10)TEXAS MEDICAL ASSN SPECIAL FUNDS FNDTN	N	0.	
(11)TEXAS MEDICAL ASSN POLITICAL ACTION CMTE	L	0.	
(12)TEXAS MEDICAL ASSN POLITICAL ACTION CMTE	NN	0.	
(13)TEXAS MEDICAL ASSN ALLIANCE	В	15,500.	
(14)TEXAS MEDICAL ASSN INSURANCE TRUST	С	2,520,000.	
(15)TEXAS MEDICAL ASSN INSURANCE TRUST	L	147,990.	<del></del>
(16)TEXAS MEDICAL ASSN INSURANCE TRUST	Q	1,317,889.	
(17)TMA PRACTICEEDGE LLC	A	41,060.	
(18)TMA PRACTICEEDGE LLC	В	23,739.	
(19)TMA PRACTICEEDGE LLC	L	371,842.	
(20)TMA PRACTICEEDGE LLC	0	123,739.	
(21)TMA PRACTICEEDGE LLC	P	22,302.	
(22)THE PHYSICIANS FOUNDATION INC	С	70,000.	
(23)THE PHYSICIANS FOUNDATION INC	L	100,000.	
(24)THE PHYSICIANS FOUNDATION INC	0	20,238.	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (a) (c) (d) Method of determining Transaction Amount involved Name of other organization type (a-r) amount involved (7) THE PHYSICIANS FOUNDATION INC Q 19,909. (8) (10) (11) (12) (13) (14) (16) (17) (18) (19) (20) (21) (22) (23) (24)

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners sec	Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentag
of entity		(state or foreign	excluded from tax under	orgs ?	total	end-of-year	allocations?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	}
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Schedule R (Form 990) 2018 TEXAS MEDICAL ASSOCIATION	/4-10/8510	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions	<del></del>	<del></del>
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	•	
	<del></del>	
NAME OF RELATED ORGANIZATION:		
PHYSICIANS BENEVOLENT FUND		
PRIMARY ACTIVITY: PROVIDE SUPPORT TO INDIGENT PHYSICIANS AND	DISASTER	
RELIEF TO PHYSICIANS		
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		<del></del>