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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca 	lendar yea	r, or tax year beginning (C Name of organization	7-01-2008 and e	ending 06-30-200	9	D Employer ider	ntification number		
		pplicable	Please use IRS	Memorial Hermann Founda	tion						
☐ Add		3	label or	Doing Business As	74-1653640 E Telephone number						
∏ Nar		_	print or type. See					(713) 448-4	175		
Init			Specific Instruc-	Number and street (or P O 9301 Southwest Freeway S		vered to street addre	ess) Room/suite	G Gross receipt			
Ter			tions.	,							
☐ Am				City or town, state or coun Houston Texas, TX 77074	try, and ZIP + 4						
App	olication	n pending		·							
				ne and address of Princip olterman	al Officer			s a group return			
				SSNER SUITE 2700			affilia	tes?	ΓYes Γ Nο		
				FON,TX 77024			H(b) Are al	l affiliates include	d?		
<u>I</u> la	x-exen	npt status	5 01(c)) (3) ◀ (insert no)	7(a)(1) or 527		1		See instructions)		
J W	eb sit	e: 🟲 www	w memorial	hermann org			H(c) Grou	ip Exemption Nur	nber ►		
К Туре	e of or	ganization	Corporat	ion trust association	other ►		L Year of Fo	rmation 1969 M S	State of legal domicile TX		
Pa	rt I	Sumi	marv								
	1			e organization's mission	or most significant	tactivities					
2				RAINSING SUPPORT AN							
Governance		ITS TA	X EXEMPT	AFFILIATES AND THE	TAX EXEMPT PRO	GRAMS AND FL	JNCTIONST	HAT THEY CON	DUCT		
₩	١,	Charlet		.6.66.			.f	T0/ of the person			
¥0,	2			if the organization discor							
	3		_	nembers of the governing					28		
8	4			ident voting members of			0)		27		
Ė	5			nployees (Part V, line 2a	•			_	0		
Activities &	6			olunteers (estimate if nec				6 _			
٠.		-		ted business revenue fro ness taxable income from	,	, , ,	•	7a _ 7b	0		
	-	Net unit	erated busi	ness taxable income nor	11 1 01111 9 9 0 - 1 , 1111e		Drie	or Year	Current Year		
	8	Contri	hutions and	d grants (Part VIII, line :		26,205,038	19,985,701				
횰	9			revenue (Part VIII, line :	•			20,203,030	19,903,701		
Rayenue	10	-		ne (Part VIII, column (A				2,260,415	1,541,943		
2	11			art VIII, column (A), line				-19,011	-10,064		
	12			dd lines 8 through 11 (m			e				
		12)						28,446,442	21,517,580		
	13			ar amounts paid (Part IX,		1-3)		29,364,541	7,020,982		
	14			or for members (Part IX, o			_		0		
83	15	Salarıe 10)	es, other co	ompensation, employee b	5-	3,118,719	3,066,950				
Expenses	16a		sional fund	raising fees (Part IX, col		. ,	0				
÷.	ь			penses, Part IX, column (D), li							
ш	17	•		(Part IX, column (A), line			1,389,414	619,630			
	18			·add lines 13-17 (must e	•	-		33,872,674	10,707,562		
	19			penses Subtract line 18				-5,426,232	10,810,018		
ষ্ঠ			<u> </u>				Beginn	ing of Year	End of Year		
9.44 4.44 4.44	20	Total a	assets (Par	rt X, line 16)				52,770,784	62,123,499		
Net Assets or Fund Balances	21		•	Part X, line 26)				1,148,187	1,055,874		
2 E	22		,	d balances Subtract line	21 from line 20			51,622,597	61,067,625		
	t II		ature Blo					5 - 75 - 2 - 75 - 7			
	TT			erjury, I declare that I have ex	amined this return, incl	luding accompanying	schedules and	statements, and to th	ne best of my knowledae		
				correct, and complete Declara							
Please Sign Here		D ===	ature of off	AF	-05-13						
		[]	ature of office				Date				
			ol Aulbaugh C	CFO and Treasurer							
		 	. or print nam	s and the		Т	Charles	D	Can Can Tark		
.		Preparer'			Date		Check If self-	Preparer's PTIN (see Gen Inst)		
Paid			<u> </u>				empolyed 🕨 🦵				
Prepa			ame (or yours nployed),	Ernst and Young US LLP				EIN Þ			
Use (אוויכ		and ZIP + 4	1901 6th Ave N Ste 1200							
				Birmingham, AL 35203				Phone no 🕨 (20	05) 251-2000		
May t	he IR	S discus	s this retu	rn with the preparer show	n above? (See ins	tructions)			✓ Yes No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	
See A	Additional Data Table	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	√ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	▽ No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expens Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and alloc others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 6,330,716 including grants of \$ 5,385,665) (Revenue \$ Disbursements to and on behalf of Memorial Hermann Healthcare System and its affiliates for the funding of the purchase of patient-care refurnishings, and supplies and to fund medical programs for the benefit of various operating departments throughout the hospital locations) lated equipment,
4b	(Code) (Expenses \$ 725,413 including grants of \$ 617,123) (Revenue \$ Disbursements for the benefit of patients, employees, and retired employees of Memorial Hermann Healthcare System and its affiliates who) demonstrated a pood
	for financial assistance because of an existing or continuing hardship including that of a Federally declared disaster area	
4c	(Code) (Expenses \$ 1,138,968 including grants of \$ 968,943) (Revenue \$)
	Disbursements to and on behalf of Memorial Hermann Healthcare System and its affiliates to fund public, physicians, and employee training awareness, continuing education, medical seminars, Physician Graduate Medical Education Programs, and other medical courses of study	programs, health
	(Code) (Expenses \$ 49,251 including grants of \$ 49,251) (Revenue \$ Individual donations and contributions to others)
4d	Other program services (Describe in Schedule O) (Expenses \$ 49,251 including grants of \$ 49,251) (Revenue \$	\
4e	Total program service expenses \$ 8,244,348 Must equal Part IX, Line 25, column (B).	,
	Form program solving expenses φ $\theta_j \in \exists \tau_j \exists \tau \theta$ in the regular rate $i \land j$. The $i \lor j$ containing $i \lor j$.	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$	7		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νo
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 28							
Ь	Enter the number of voting members that are independent 1b 27							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

(713) 448-4175

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DENNIS MCVEIGH 9301 SOUTHWEST FREEWAY STE 600 Houston,TX 77074

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			<u> </u>								
							$\vdash \vdash$				
1b Total			•				▶	1,683,443	5,638,107	1,900,749	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	moi	re thar	1 \$ 1	00,000 ın reportabl	e		

compensation from the organization►10

			103	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
Wayne Foster Entertainment 1940 Kellogg Avenue CARLSBAD, CA 92008	Entertainment	198,302
7. Total number of independent contractors (including those in 1) who receive		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

Form 990 (2008)

Ves No

Part Stat

State	ment	of	Rev	enu
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					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
92 92	1a	Federated camp	paigns 1a	<u> </u>				314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
ੂੰ ਰੂ	c	Fundraising eve	ents 1c	2,078,366				
± ≝a	d		ations 1d	243,750				
2 <u>,≅</u> 2,≝	e	Government grants						
Si,	f	All other contribution	ons, gifts, grants, and 1f	17,663,585				
音画	-	sımılar amounts no	t included above					
置さ	g		butions included in 448,936					
S E	h		s 1a-1f)	🕨	19,985,701			
<u> </u>		<u> </u>	-	Business Code				
e Le	2a			Dusiness Code				
ven	ь							
윤	c							
AC 6	d							
SE SE								
Ē	e ,							
Program Service Revenue	f	A II other progra	ım service revenue					
Ğ	g	Total. Add lines	s 2a-2f	*				
	3		ome (ıncludıng dıvıden	ds, interest				
			nounts)		1,541,943			1,541,943
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gaın or (loss)						
	d	Net gaın or (los	s)		0			
	8a	Gross income f	-					
		events (not incl \$828	luding ,516					
÷ =		of contributions	reported on line 1c)					
듄		See Part IV, lin Attach Schedule	e 18 <i>G if total exceeds</i>					
Other Revenue			a	2,078,366				
	ь	Less direct ex	penses b	838,580				
둦	С	Net income or (loss) from fundraising		-10,064			
J	9a		rom gaming activities					
		See part IV , lin Complete Schedi	e 19 ule G ıf total exceeds					
		\$15,000						
			а					
	Ь		penses b		_			
	100		loss) from gaming acti	vities	0			
	Toa	Gross sales of returns and allo						
			а					
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inv	entory 🟲	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	11a-11d					
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶	21,517,580			1,541,943

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) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,496,795	·	, , , , , , , , , , , , , , , , , , , ,						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	524,187	524,187							
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,097,688	463,383	230,641	403,664					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	1,536,009	400,015		615,272					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,907	11,210	19,960	21,737					
9	Other employee benefits	200,873	63,576	58,879	78,418					
10	Payroll taxes	179,473	61,093	49,707	68,673					
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	0								
С	Accounting	0								
d	Lobbying	0								
	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g g	Other	180,536	85,084	17,663	77,789					
12	Advertising and promotion	7,500	5,625	375	1,500					
	Office expenses		,							
13	·	137,487	23,420	41,695	72,372					
14	Information technology	0								
15	Royalties	0								
16	Occupancy	29,526	9,955	4,687	14,884					
17 18	Travel	55,673	18,995	12,003	24,675					
19	Conferences, conventions and meetings	5,710	1,773	1,010	2,927					
20	Interest	0	1,773	1,010	2,327					
21	Payments to affiliates	0								
	·	0								
22 23	Depreciation, depletion, and amortization	0								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of									
	total expenses shown on line 25 below)									
а	SPECIAL FUNCTION COSTS	149,959	· · · · · · · · · · · · · · · · · · ·	19,100	60,158					
b	DUES AND MEMBERSHIPS	53,239	8,536	17,976	26,727					
С										
d										
е										
d										
e										
е										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	10,707,562	8,244,348	994,418	1,468,796					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	20,707,002		22.,,120						

Part X	Balance	Sheet
IGICA	Dalance	

			(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing	455,297	1	Liid Oi	0
	2	Savings and temporary cash investments	4,026,848	2	1	1,290,291
	3	Pledges and grants receivable, net	13,310,480	3	1	7,015,082
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
y,	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis				
⋖		10a	_			
	b	Less accumulated depreciation Complete Part VI of Schedule D		10c		
	11	Investments—publicly traded securities	31,833,404	11	3	1,797,826
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	411,950	12		353,450
	13	Investments—program-related See Part IV , line 11 $\it Complete Part VIII$ of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	2,732,805	15		1,666,850
	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,770,784	16	6	2,123,499
	17	Accounts payable and accrued expenses .	119,837	17		422,442
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
- =		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	1,028,350	25		633,432
	26	Total liabilities. Add lines 17 through 25	1,148,187	26		1,055,874
<u>~</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.				
ä	27	Unrestricted net assets	29,068	27		29,068
Balance	28	Temporarily restricted net assets	44,451,930	28	5	1,892,358
귤	29	Permanently restricted net assets	7,141,599	29		9,146,199
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete				
5		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Ŋĕţ	33	Total net assets or fund balances	51,622,597	33		1,067,625
_	34	Total liabilities and net assets/fund balances	52,770,784	34	6	2,123,499
Pa	rt XI	Financial Statements and Reporting				
					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		_

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2000

2008

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Open to Public Inspection

remoi	iai iici	illallii i Oulluati	ion					74	-1653640)	
Par	τI	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
				ation because it is (Please						•	
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	\sqcap	A school d	school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)								
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	е Н)
4	\sqcap	A medical	research organı	zatıon operated ın conjunctı	on with a l	nospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	\sqcap	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	om activities rel	ated to its exempt functions	—s ubject	to certair	nexceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	() from bu	sinesses
	_		_	on after June 30, 1975 See					•		
10		-	-	and operated exclusively to	•		•	'			•
11	 ~	one or more the box tha	e publicly suppo it describes the	and operated exclusively fo orted organizations describe ty <u>pe</u> of supporting organi <u>za</u>	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Section 5	09(a)(3). Check
	_		ype I b		Type III				d		III - Other
e	Г	•		rtify that the organization is			•			•	•
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations	aescribea	in section	1509(a)(1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Γ
g		following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			· ·	ng body of the the supported		-	•		` ,	11g	
				erson described in (i) above						11g(
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	oove?				11g(iii) No
h		Provide the	following inform	nation about the organizatio	ns the org	anızatıon	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
,		orted		(described on lines 1 - 9	, -	ation in		inization		ation in	support?
,	J rgan	ıızatıon		above or IRC section (See Instructions))	your go	listed in verning		i) of your oort?		rganized US?	
				(000 1,)	, ,	nent?	347	,,,,,	""		
					Yes	No	Yes	No	Yes	No	1
MEMC											
HERM HOSP	ANN ITAL SY	'STEM	741152597	03	Yes		Yes		Yes		6447544
			I		1	1	I	I	I	I	1

Total

6,447,544

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 74-1653640

Name: Memorial Hermann Foundation

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C lon (d hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
Alvaro Trullenque , Dırector	1 0	Х						0	0	0	
Caralisa Simon , Director	1 0	Х						0	0	0	
Charles H Herder , Director	1 0	Х						0	0	0	
Christopher Kersey MD , Director	1 0	Х						0	0	0	
Donald M Woo , Director	1 0	Х						0	0	0	
Frederick R McCord , Director	1 0	Х						0	0	0	
Gary R Petersen , Director	1 0	Х						0	0	0	
Gerald B Smith , Director	1 0	Х						0	0	0	
Heena Thakkar MD , Director	1 0	Х						0	0	0	
James R Smith , Board Chairman, 2008	1 0	Х						0	0	0	
Jessie Marion , Director	1 0	Х						0	0	0	
Joe R Davis , Board Vice Chairman, 2008	1 0	x						0	0	0	
John M Kırksey , Dırector	1 0	Х						0	0	0	
Leticia F Trauber , Director	1 0	Х						0	0	0	
Mark A Turzillo , Director	1 0	Х						0	0	0	
Oscar R Rosales MD , Director	1 0	Х						0	0	0	
Richard O Hunton , Director	1 0	Х						0	0	0	
Sanford Lubetkın MD , Dırector	1 0	Х						0	0	0	
Sofia Adrogue , Director	1 0	Х						0	0	0	
Stephen Strake , Director	1 0	Х						0	0	0	
Steven J Gibson , Director	1 0	Х						0	0	0	
James T Lawhon MD , Director	1 0	Х						0	0	0	
Terry M Shaikh , Director	1 0	Х						0	0	0	
William F Galtney Jr , Director	1 0	Х						0	0	0	
Michael S Stevens , Director	1 0	Х						0	0	0	
Susie Johnson , Director	1 0	Х						0	0	0	
Mark S Adickes MD , Director	1 0	Х						0	598,867	25,943	
Walt Mischer Jr , Director	1 0	Х						0	0	0	
William E Penland Jr , Director	1 0	Х						0	0	0	
Kevin Slawin MD , Director	1 0	X						0	0	0	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Daniel J Wolterman , Ex-Officio Member, President	51 0	Х		х				0	1,777,931	636,943
Leslie L Alexander , Director	1 0	Х						0	0	0
Philamena Baird , Director	1 0	Х						0	0	0
Carrol E Aulbaugh , CFO & Treasurer	50 0			Х				0	1,000,251	292,567
V Randolph Gleason , Chief Risk Officer	50 0			Х				0	464,161	145,709
Bernard Duco Jr , Chief Legal Officer	50 0			Х				0	606,256	186,746
Dennis P McVeigh , Chief Accounting Officer	50 0			х				0	482,307	141,375
Ileana V Trevino , Chief Executive Officer	50 0			х				378,207	0	107,852
Adrienne Barker , Sys Exec Community Fundraising	50 0				Х			209,314	0	10,529
Elizabeth G Bayless , Sys Exec Community Relations	50 0				х			247,878	0	34,284
Douglass Beckstett , Chief Human Resources Officer	50 0				х			0	708,334	211,269
Richard Kammerer , Sys Exec Campaign & Major Gift	50 0				х			221,863	0	37,230
Kristin Elliott , Dir Community Relations	50 0					Х		122,845	0	14,187
Melissa A Garlington , Dir of Development	50 0					Х		127,435	0	14,542
Susy Smith , Dir of Development	50 0					Х		127,050	0	6,391
Julie Voss , Dir of Development	50 0					Х		120,271	0	20,415
Karen E Zalud , Dır Information Systems	50 0					Х		128,580	0	14,767

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

PROVIDE FUND RAISING SUPPORT AND PROMOTIONAL EFFORTS TO MEMORIAL HERMANN HOSPITAL SYSTEM AND ITS TAX EXEMPT AFFILIATES AND THE TAX EXEMPT PROGRAMS AND FUNCTIONS THAT THEY CONDUCT. Memorial Hermann Healthcare System and all of its affilitates have adopted the following mission and value statement: Memorial Hermann Healthcare System is a not-for-profit, community-owned, health care system with spiritual values, dedicated to providing high quality health services in order to improve the health of the people in Southeast Texas. Values In collaboration with others, we are committed to assessing and creating healthcare solutions which meet the needs of individuals in our diverse communities. We are stewards of community resources and are committed to being medically, socially, financially, legally, and environmentally responsible. We are devoted to providing superior quality and cost-efficient, innovative, and compassionate care. We collaborate with our patients, families, physicians, employ

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As Filed Data -

DLN: 93493133043300

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

terna	al Revenue Service	answered res, to re	orm 990, Part 1 v , line 6, 7, 8, 9, 10, 11, or	12.	Inspecti	on
	me of the organ morial Hermann Fou			Employer identifica	ation number	
		and doll		74-1653640		
Pa			dvised Funds or Other Similar F	unds or Accounts	s. Complete	e if the
	organi	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and o	other accoun	ts
1	Total number a	at end of year	(a) belief davised fallas	(2) ranas ana	other decount	
		ntributions to (during year)				
	Aggregate Gra	nts from (during year)				
	Aggregate valu	ue at end of year				
	•		sors in writing that the assets held in do organization's exclusive legal control?	nor advised	☐ Yes	┌ No
•	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or othe		☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part I	V, line 7.	
1	Protection Preservat Complete lines	ion of land for public use (e g , recreating of natural habitat ion of open space s 2a–2d if the organization held a quali y of the tax year		n historically importan ertified historic structi n of a conservation ea	ure	
	on the last day	, of the tax year		Held at	the End of t	he Yea
а	Total number	of conservation easements		2a		
o	Total acreage	e restricted by conservation easement	S	2b		
:	Number of co	nservation easements on a certified hi	storic structure included in (a)	2c		
d	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminat	ed by the organization	during	
	the taxable ye	ar ►				
	Number of stat	tes where property subject to conserva	ation easement is located ►			
	_	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, vio	lations, and	☐ Yes	┌ No
	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►		
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$		
		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	☐ Yes	┌ No
	balance sheet, the organization	, and include, if applicable, the text of t on's accounting for conservation easen		I statements that des	crıbes	
aı			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
а	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear ancial statements that describes these	rch in furtherance of pi		,
b	If the organiza historical treas	tion elected, as permitted under SFAS	116, to report in its revenue statement public exhibition, education, or research	and balance sheet wor		
	(i) Revenues i	included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X		► \$		
	If the organiza	,	orical treasures, or other similar assets f S 116 relating to these items	- +	de the	
а	Revenues incli	uded in Form 990, Part VIII, line 1		F \$		
b	Assets include	ed in Form 990, Part X		► \$		

3	Using the organization's accession and othe	•				•			. S (CO	ntinuea)
	items (check all that apply)			_						
а	Public exhibition		d		Loan or excha	nge programs				
b	Scholarly research		e [Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explair	n how t	hey	/ further the org	janization's ex	empt purpos	e in		
5	During the year, did the organization solicit o						ılar	_		_
В-	assets to be sold to raise funds rather than t	<u>:</u>								No
26	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					Zauon answ	ered Yes	to For	111 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	liary fo	rс	ontributions or	other assets 1	not	┌	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9							
								A moun	it	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b) P	rıor	Year (c)Two	Years Back (d)	Three Years Ba	ck (e) F	our Ye	ears Back
la	Beginning of year balance	51,669,904								
Ь	Contributions	17,064,811								
С	Investment earnings or losses	-76,012								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	7,134,180								
f	Administrative expenses	485,966								
g	End of year balance	61,038,557								
_	·		_							
2 -	Provide the estimated percentage of the yea	r end balance neid as	•							
а	Board designated or quasi-endowment									
Ь	Permanent endowment 🕨 12 %									
C	Term endowment ► 88 %									
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	tion tha	ata	ire held and adr	ninistered for	the	Г	Yes	No
	(i) unrelated organizations						[:	Ba(i)	163	No
	(ii) related organizations			-			_	Ba(ii)		No
Ь	If "Yes" to 3a(II), are the related organization						` . ` . ` . 	3b		
4	Describe in Part XIV the intended uses of th							•		
Pai	t VI Investments—Land, Buildings	s, and Equipmen	t. See) F	orm 990, Par	t X, line 10.				
	Description of investment			(:	a) Cost or other	(b)Cost or othe	(c) Deprec	iation	/4) B	ook value
				ba 	sis (investment)	basıs (other)	(c) befried	ia tio II	(u) D	ook value
1a	Land						_			
b	Buildings		.							
c	Leasehold improvements		.							
	Equipment		.							
	Other		.							
е							1			

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	253,450	F
	+	
Table (California (h) abaseld agual Farra (000 Bart V, ast (0) base 43.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	1	
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X,		
(a) Descr	ription	(b) Book value
CHARITABLE REMAINIDER UNITRUST		1,063,136
RECEIVABLE HOSPITAL SYSTEM		603,714
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	.
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CHARITABLE REMAINDER TRUST NPV	633,432	
CHARITABLE REMAINDER TROOT IN V	033,432	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	633,432	

-	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,517,580
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,707,562
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,810,018
4	Net unrealized gains (losses) on investments	4	-1,617,955
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
_	Total adjustments (net) Add lines 4 - 8	9	-1,617,955
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	9,192,063
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · ·
1	Total revenue, gains, and other support per audited financial	/CI K	20,738,205
	statements	1	, ,
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-779,375
3	Subtract line 2e from line 1	3	21,517,580
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,517,580
Part	111 Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	11,369,552
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	838,580
3	Subtract line 2e from line 1	3	10,530,972
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	176,590
5 Part	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,707,562

Ident if ier	Return Reference	Explanation
Reconciliation of Revenue to Audit Financial Statements	Part XII, Line 2a	Net Unrealized Losses of Market Value on Investments
Reconciliation of Expenses to Audit	Part XIII, Line 2d	Expenses related to the annual Gala
Reconciliation of Expenses to Audited Financial Statements	Part XIII, Line 2d	Expenses related to the annual Gala
Reconciliation of Expenses to Audited Financial Statements	Part XIII, Line 4b	Adjustments to Charitable Remainder Unitrust for beneficiary distributions and net present value adjustment to future liability reclassification for GAAP financial statements
FIN 48 Tax Statement in Audit Financial Report Footnotes	Form 990, Schedule D, Part X	The Memorial Hermann Foundation does have an annual financial audit conducted although the financial accounts of the Foundation are also included in the financial statements that are audited by an independent public accounting firm of the consolidated Memorial Hermann Healthcare System entities and its related affiliates. The paragraph included in the last issued audited financial statements of the Foundation was. Taxes The Foundation was incorporated to raise funds to support the Memorial Hermann Healthcare System and certain other of its non-for-profit direct affiliates. The Foundation applies the provisions of FASB Interpretation No. 48, Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No. 109 (FIN. 48), which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. FIN. 48 also provides guidance or de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Foundation does not believe its financial statements include or reflect any uncertain tax positions.
Intended Uses of the Organization's Endowment Funds	Schedule D, Part V, Line 4	The endowment funds of the Foundation consist of both term and permanent endowment funds obtained from planned solicitations and donor inititatives for charitable contributions. The term funds consist of donations and investment income whose use is governed by time or a specific event. The permanent funds consist of donations and investment income for which the donor's stipulations restrict the Foundation to using only the income resulting from the investment of the donation. The assets of the term funds and the permanent funds income may only be used to support the charitable exempt operations, programs and purposes of Memorial Hermann Hospital System throught the purchase of supplies, equipment, and other expenditures necessary for the performance of those operations and programs.

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As Filed Data -

DLN: 93493133043300

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

ame of the organization					Employer idei	ntification number
emorial Hermann Foundation					74 1652640	
					74-1653640	
Part I Fundraising Ac	tivities. Complet	e if the or	ganızat	ion answered "Yes" i	to Form 990, Part IV	, line 17.
Indicate whether the orga	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
b Email solicitations				f Solicitation of	government grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations	5					
a Did the organization have or key employees listed in			•	,		Г _{Yes} Г
b If "Yes," list the ten highe to be compensated at leas						
		(iii)				
(i) Name of individual		fundrais	er have	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity		erhave dy or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(or retained by)
• •	(ii) A ctivity	fundrais custo	er have dy or ol of	` '	(or retained by)	1
	(ii) Activity	fundrais custo contr	er have dy or ol of	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
. ,	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 Annual Gala (event type)	(b) Event #2	(c) O ther Events 0 (total number)	(d) Tot (Add col co		
₽	1	Gross receipts	2,078,366		(**************************************		2,07	8,366
Revenue	2	Less Charitable contributions	1,249,850				1,24	9,850
	3	Gross revenue (line 1 minus line 2)	828,516				82	8,516
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	270,491				27	0,491
西西	7	Other direct expenses	568,089				56	8,089
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			83	8,580
	9	Net income summary Combine li	nes 3 and 8 in column (d)	•		-1	0,064
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue		,, ···	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
စ္	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u> ថ្ល	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	🛌			
9	Ent	or the state(s) in which the organize	tion operator gaming ac	tuutiaa			Yes	No
a		er the state(s) in which the organiza he organization licensed to operate:				. 9a		
b	If"	No," Explain						
10a		re any of the organization's gaming	ıcenses revoked, susper	nded or terminated during	g the tax year?	10a		
b	11	Yes," Explain						
11 12		es the organization operate gaming a the organization a grantor, beneficia				11	\perp	
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

DLN: 93493133043300 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion Employer identification number

1emorial Hermann Foundation						74-1653640	
Part I General Inform 1 Does the organization mathe selection criteria use 2 Describe in Part IV the o	aintain records to s d to award the gran	nts or assistance?	t of the grants or assista				
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,00	00. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Memorial Hermann Hospital System and Affiliates9301 Southwest Freeway Ste 600 Houston,TX 77074	76-0025117	501(c)(3)	6,447,544				Disbursement to and on behalf of the Hospital in support of its tax exempt purposes for equipment, furnishings, supplies and other financial assistance
Holocaust Museum Houston 5401 Caroline Street Houston, TX 77004	76-0331398	501(c)(3)	13,250				General fund raising events
Houston Children's Charity 5177 Richmond Avenue Ste 575 Houston, TX 77056	76-0135741	501(c)(3)	10,000				General fund raising events
Enter total number of sec organizations					•		3

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial Assistance to Employees	418	524,187			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

occ // dufficital bata Table		
Ident if ier	Return Reference	Explanation
Use of Grant Funds	Schedule I, Part I, Line 2	Grants and Assistance The main purpose of Memorial Hermann Foundation is to solicit funds for the charitable purposes of Memorial Hermann Hospital System and its affiliates. The disbursement of those funds to the Hospital System is made through the application for reimbursement of purchases or expenditures made by an operating program manager and authorized by a senior executive of the Hospital System. Disbursement of funds to employees of the Hospital System is made after a review of the financial need and emergency hardship determination by an independent Employee Assistance Program agency and funding approval has been authorized by a committee of Hospital System managers.

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DLN: 93493133043300

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization Memorial Hermann Foundation

Employer identification number

74-1653640

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		·			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control [payment	:?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Mark S Adickes MD	(1) (11)	0 605,336	0	-6,469	7,690	18,253	0 624,810	C
Daniel J Wolterman	(1) (11)	0 908,670	823,500	45,761	618,838	18,105	0 2,414,874	C
Carrol E Aulbaugh	(1) (11)	0 507,777	323,121	169,353	278,785	13,782	0 1,292,818	95,063
V Randolph Gleason	(1) (11)	0 271,779	139,921	52,461	133,071	12,638	0 609,870	29,520
Bernard Duco Jr	(1) (11)	0 362,414	215,558	28,284	175,483	11,263	0 793,002	C
Dennis P McVeigh	(1) (11)	0 255,497	145,054	81,756	134,597	6,778	0 623,682	28,104
Ileana V Trevino	(1) (11)	217,520 0	123,749	36,938	90,473	17,379	486,059 0	5,221
Adrienne Barker	(1) (11)	126,532 0	69,295	13,487	6,346	4,183	219,843 0	C
Elizabeth G Bayless	(ı) (ıı)	136,134 0	69,651	42,093	33,588	696	282,162 0	16,379
Douglass Beckstett	(1) (11)	0 366,590	226,653	115,091	198,765	12,504	0 919,603	70,715
Richard Kammerer	(1) (11)	115,384 0	67,077	39,402	31,352	4,878	258,093 0	C
	(ii) (i)							
	(ii)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
•	Form 990, Schedule J, Line 4-b	Memorial Hermann Healthcare System (of which the Foundation is a part) sponsors two nonqualified retirement plans for certain executives who are part of a select group of highly compensated or management employees. The first plan is a make-up plan and provides for an annual payment (upon achieving full vesting in the qualified retirement plan) equivalent to the amount of contribution from the employer that is lost to the employee due to the limits on compensation and benefits in the Internal Revenue Code. The second plan is called the Deferred Compensation Plan, and it provides for a payment (upon full vesting in the plan). In this plan, certain executives who are part of a select group of highly compensated or management employees are provided with a payment such that the total retirement contribution for the participant is based on a percentage of the participant's base salary. For example, someone earning a base salary in the range of \$200,000 to \$350,000 will receive a payment such that the total amount of retirement contributions from the qualified cash balance pension plan, the make-up plan and this plan equal 20%. Base salary range >\$600,000 Total Contributions @ 27.5% of base salary, \$350,000 to \$600,000 @ 24%, \$200,000 to \$350,000 @ 20%, <\$200,000 @ 17.9% Applicable amounts paid for the persons listed. AULBAUGH, CARROL 95,063 BAYLESS, ELIZABETH 16,379 BECKSTETT, DOUGLAS 70,715 GLEASON, RANDY 29,520 McVEIGH, DENNIS 28,104 TREVINO, ILEANA 5,221
Non Fixed Payments of Compensation		Memorial Hermann Healthcare System (of which the Foundation is a part) sponsors an executive compensation philosophy that is based on competitive market and pay-for-performance principles. The Compensation Committee of the System implements this philosophy by, generally, setting base salaries at the median of the organization's talent market and using an annual incentive plan and long-term incentive plan that make incentive payments based on the achievement of performance goals determined by the Committee at the beginning of the year for the annual plan or at the beginning of the three year cycle for the long-term performance plan. In all cases, the incentive targets are set so that all payments will be reasonable.
Tax Indemnification and Gross Up Payments	Form 990, Schedule J, Line 1a	Memorial Hermann provides certain cash payments to employees for non-wage purposes that are grossed up for tax indemnification. These could include moving related expenses, special recognition rewards, and holiday awards. The payments are included in each employee's W-2 as taxable income on a grossed-up basis. Memorial Hermann provides certain cash payments to employees for non-wage purposes that are grossed up for tax indemnification. These could include moving related expenses, special recognition rewards, and holiday awards. The payments are included in each employee's W-2 as taxable income on a grossed-up basis.
_	Schedule J-2, Col B	Corporate officers, key employees, and highly compensated employees work an average of 50 hours per week for the reporting organization, related organizations included in Schedule R, and all other affiliated entities

Software ID: Software Version:

EIN: 74-1653640

Name: Memorial Hermann Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

roini 990, Schedule 3, F	<u> </u>	TI Officers, Dire	stors, rrustees, k	zy Employees, and	1 mgnest compen.	Satea Employees		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Mark S Adickes MD	(I) (II)		,	-6,469	7,690	18,253	0 624,810	0
Daniel J Wolterman	(I) (II)		823,500	45,761	618,838	18,105	0 5 2,414,874	. 0
Carrol E Aulbaugh	(1) (11)		323,121	1 169,353	278,785	13,782	0 1,292,818	95,063
V Randolph Gleason	(I) (II)		139,921	52,461	133,071	12,638	0 609,870	29,520
Bernard Duco Jr	(I) (II)		215,558	3 28,284	175,483	11,263	0 793,002	0
Dennis P McVeigh	(ı) (ıı)		145,054	81,756	134,597	6,778	0 623,682	28,104
Ileana V Trevino	(I) (II)		123,749	36,938	90,473	17,379	486,059	5,221
Adrienne Barker	(1) (11)		69,295	13,487	6,346	4,183	219,843	0
Elizabeth G Bayless	(1) (11)		69,651	42,093	33,588	696	282,162	16,379
Douglass Beckstett	(ı) (ıı)		226,653	115,091	198,765	12,504	0 4 919,603	70,715
Richard Kammerer	(ı) (ıı)		67,077	7 39,402	31,352	4,878	258,093	0

DLN: 93493133043300

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Non-Cash Contributions

Attach to Form 990 Internal Revenue Service

Name of the organization **Employer identification number** Memorial Hermann Foundation 74-1653640 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution (historic structures) Qualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . Tickets to Entertainment 54,462 FMV Other (describe Venues Gala Invitation and Program Printing of 43,283 FMV Χ 2 **26** Other (describe Materials Construction of Ronald McDonald House in Other (describe TMC 168,923 FMV Manual and Electric Other (describe Wheelchairs) Х 57,192 FMV Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at			
	least three years from the date of the initial contribution, and which is not required to be used for exempt purposes			
	for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		Νo
ь 33	If "Yes", describe in Part II If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II Supplemental Infor 32b, and 33. Also com	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

74-1653640

OMB No 1545-0047

Inspection **Employer identification number**

Name of the organization Memorial Hermann Foundation

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Return **Explanation** Identifier Reference The employees of the Memorial Hermann Foundation are record-kept and paid through the payroll system of Memorial Hermann Hospital System and reported under the Hospital System's EIN for Form 941 and Form W-2 Payroll record | Form 990, Part purposes All costs of the compensation and benefits of the Foundation employees are reimbursed to the V, Line 2b keeping Hospital System

Identifier	Return Reference	Explanation
Members of Corporation	I Section A Line h	The Memorial Hermann Foundation has as its sole member Memorial Hermann Healthcare System, both of which are a 501(c)(3) non-profit entity. The member has the authority to annually elect the board members of the organization and to terminate and replace them at its discretion. The member has approval authority over the decisions of the board for amendments to the bylaw's and articles of incorporation, annual operating and capital budget, the purchase or sale of substantial assets, and the merger or dissolution of the organization.

ldentifier	Return Reference	Explanation
Review of Form 990	Form 990, Part VI, Section A, Line 10	The Memorial Hermann Foundation provides a copy of the Form 990 to any member of the governing body that requests one. The Form 990 is reviewed by Memorial Hermann financial accounting staff, by specific departments involved in related sections of the return, by the Memorial Hermann Chief Financial Officer, and by Memorial Hermann's public accounting firm Ernst & Young prior to its filing

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12c	The Memorial Hermann Healthcare System began utilizing conflict of interest surveys in the 1970's and codified its procedure in a policy in 1980. The policy is monitored by our Corporate Compliance Department through annual surveys of board members, corporate officers, management level employees, and other selected employees, physicians and vendors for all of its entities and related affiliates. In addition to responding to the survey, each recipient affirms that they have received a copy of the policy, has read and understood it, has agreed to comply with it, and understands that Memorial Hermann is a charitable organization that must engage in primarily taxexempt purpose activities. The Corporate Compliance Department, Chief Legal Officer and the Corporate Audit Committee, consisting of independent board members, review and investigate all survey responses and report to the Corporate Board of Directors on the existence of any conflicts.

ldentifier	Return Reference	Explanation
Compensation of Directors, Officers, and Key Employees	Form 990, Part VI, Section C, Line 15a and Line 15b	The process for determining compensation for the Organization's CEO and other top management is modeled after the requirements in Internal Revenue Code Section 4958 to establish the presumption of reasonable compensation. Compensation was reviewed and approved by a Compensation Committee (the "Committee") of the Board of Memorial Hermann Healthcare System, which is comprised of independent persons. By engaging an independent compensation consultant, the Committee considered comparable market data from published surveys and Form 990 of comparable organizations in evaluating the compensation for each individual. The Committee conducted a review of this comparability data and documented its deliberation and discussion in minutes that are retained with the other governance materials of the Organization. The Committee followed the process to establish the presumption that compensation paid to the Organization's CEO and other top management for purposes of Section 4958 by relying on professional advice in the written opinion of reasonableness from the independent compensation consultant.

ldentifier	Return Reference	Explanation
Disclosure of Corporate Organizational Documents	Form 990, Part VI, Section C, Line 19	The articles of incorporation, corporate bylaws, conflict of interest policy and financial statements of Memorial Hermann Healthcare System and its affiliates are generally not made available to the public If the inquirer provided a valid reason for desiring a copy of the documents that are related to the business interests of any of the Memorial Hermann Healthcare System corporate entities, wie would consider doing so

ldentifier	Return Reference	Explanation
Audited Financial Statement Oversight	Form 990, Part II, Line 2c	Memorial Hermann Healthcare System has independent committees for audits, governance, and compensation which perform their respective functions on a consolidated basis for all corporate entities, including the Foundation. The audit committee hires the independent accounts and oversees all audits that are conducted within all affiliated entities for financial information, grants and awards, and qualified plans.

ldentifier	Return Reference	Explanation
Business Relationship between Directors, Officers, and Key Employees	Form 990, Part VI, Section A, Line 2	Director Alvaro Trullenque and Director Richard Hunton have a business relationship unrelated to the activities of Memorial Hermann Foundation

ldentifier	Return Reference	Explanation
Corporate Compliance and Fraud and Abuse	Form 990, Part VI, Section B, Line 13	Memorial Hermann Healthcare System is committed to providing all services in full compliance with all applicable laws, regulations and guidelines, as well as with its own policies and procedures. Memorial Hermann is particularly sensitive to requirements applicable to federal and state healthcare programs and the submission of accurate bills for all services provided. Compliance by vendors, contractors and consultants conducting business on behalf of Memorial Hermann or in the Memorial Hermann work environment is important to Memorial Hermann has developed False Claims Policies. These policies state that Memorial Hermann is committed to complying with all applicable laws and regulations and supports the efforts of federal and state authorities in identifying incidents of fraud and/or abuse and has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and/or abuse in accordance with contractual, regulatory and statutory requirements. All contractors or agents of Memorial Hermann must comply with the Memorial Hermann False. Claims Policies which are modeled after the state and federal policies. The MHHCS Compliance Program includes these 7 elements. A Compliance Officer and Committee to oversee and advise the Compliance Program includes these 7 elements. A Compliance Compliance Training and Education to ensure appropriate education on areas of legal and regulatory compliance. Auditing and Monitoring to conduct periodic and ongoing auditing and monitoring of high-risk areas and adherence to policies and procedures. Corrective Action to develop plans to resolve identified issues, prevent them from happening again and avoid the risk of the same or similar issues occurring in other areas, departments or facilities. Disciplinary Guidelines may be necessary to encourage prompt reporting of Compliance concerns, to ensure non-retaliation for reporting concerns and to encourage cooperation with compliance compliance concerns and non-retaliation for reporting a compliance concern in go

compliance concern in good faith

Identifier	Return Reference	Explanation
Community Benefits and Needs	Needs	Each decision made by Memoral Hermann to invest its people, resources, and talents in community benefit afforts is data driven. Govern that 25% of the Houston area is unresured, numerous community needs analyses contex around the University of Texas School of Teleth Houston area is unresured. International community of the School of Teleth Houston area is unresured. The School of Teleth Houston area of the Community of the School of Teleth Houston and the International Community of the Communit

ldentifier	Return Reference	Explanation
Community Benefits contiunued	Needs Assessment continued	Memorral Hermann's Neighborhood Health Center's are strategically boated near three of houston's busiest ENs and provide are to working families without access to insurance and which on disqualy for other programs. The goal is to proved the journal production with a madical home for routine care, and prevent these doese's from scalading of a to prove the journal production of the programs. The goal of the programs of the progr

DLN: 93493133043300

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization **Employer identification number** Memorial Hermann Foundation 74-1653640 Part I **Identification of Disregarded Entities** (B) (D) (A)
Name, address, and EIN of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Memorial Hermann Healthcare System NΑ 9301 Southwest Freeway Ste 600 ΤX 11 Healthcare 501(c)(3) Houston, TX77074 76-0025117 Memorial Hermann Hospital System NA 9301 Southwest Freeway Ste 600 Healthcare TX 501(c)(3) lз Houston, TX77074 74-1152597 Memorial Hermann Community Benefits NΑ 9301 Southwest Freeway Ste 600 Healthcare ΤX 501(c)(3) 11 Houston, TX77074 68-0511504 Memorial Hermann TIRR Hospital NA lз 9301 Southwest Freeway Ste 600 Healthcare ΤX 501(c)(3) Houston, TX77074 Memorial Hermann Medical Group NA 9301 Southwest Freeway Ste 600 Healthcare ΤX 3 501(c)(3) Houston, TX77074 20-4923281 MHS Physicians of Texas NA 9301 Southwest Freeway Ste 600 Healthcare ΤX 501(c)(3) 3 Houston, TX77074 76-0385980

(A) Name, address, and EIN of related organization	(B) Primary act	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	prtionate	Code V—UBi on Box 20 o		(J) Gener mana partn	al or ging
								Yes	No			Yes	No
								•		ı			
Part IV Identification of Re	lated Org	anizations	Taxable	e as a Corporation	or Trust								
(A) Name, address, and EIN of related orga	ınızatıon	(B) Primary activ	'ity	(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 inc	ome	Sh end-	(G) are of of-year ssets	(F Perce owne	ntage	
Memorial Hermann Healh Network Providers 9301 Southwest Freeway Ste 600 Houston, TX77074 76-0074819		Claims Admin		ТХ	NA	C Corp		0		0	0 %		
Memorial Health Ventures 9301 Southwest Freeway Ste 600 Houston, TX77074 74-2211474		Investments		ТХ	NA	C Corp		0		0	0 %		

No

No

No

No No

No

No

No

No

1a

1b Yes

1c

1d

1e

1f

1i

Yes

Part V Transactions with Related Organizations		
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Yes	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- h Exchange of assets

(5)

(6)

- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)						
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
o	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
			'			
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including covered relationships	and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)	NA					
(2)						
(3)						
/41						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	loidatiisatiotis.		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

Software ID: Software Version:

EIN: 74-1653640

Name: Memorial Hermann Foundation

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Memorial Hermann Healthcare System					
9301 Southwest Freeway Ste 600 Houston, TX77074 _76-0025117	Healthcare	тх	501(c)(3)	11	NA
Memorial Hermann Hospital System					
9301 Southwest Freeway Ste 600 Houston, TX77074 _74-1152597	Healthcare	тх	501(c)(3)	3	NA
Memorial Hermann Community Benefits					
9301 Southwest Freeway Ste 600 Houston, TX77074 68-0511504	Healthcare	тх	501(c)(3)	11	NA
Memorial Hermann TIRR Hospital					
9301 Southwest Freeway Ste 600 Houston, TX77074 _74-1334678	Healthcare	тх	501(c)(3)	3	NA
Memorial Hermann Medical Group					
9301 Southwest Freeway Ste 600 Houston, TX77074 20-4923281	Healthcare	тх	501(c)(3)	3	NA
MHS Physicians of Texas					
9301 Southwest Freeway Ste 600 Houston, TX77074 76-0385980	Healthcare	тх	501(c)(3)	3	NA