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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: TEXAS MEDICAL CENTER. Doing Business As. Number and street (or P.O. box if mail is not delivered to street address): 2450 HOLCOMBE BLVD SUITE 1. Room/suite. City or town, state or country, and ZIP + 4: HOUSTON, TX 770212040

D Employer identification number: 74-1030788. E Telephone number: (713) 791-6104. G Gross receipts \$ 227,623,047

F Name and address of principal officer: RICHARD E WAINERDI PE PHD, 2450 HOLCOMBE BLVD, HOUSTON, TX 770212040

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: www.tmc.edu

K Form of organization: Corporation

L Year of formation: 1945

M State of legal domicile: TX

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 1. Mission statement, 2. Discontinued operations, 3-7a. Governance and revenue metrics, 8-12. Revenue breakdown, 13-19. Expenses breakdown, 20-22. Net assets and fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: DENISE CASTILLO-RHODES, president, ceo, and coo. Date: 2010-10-13

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name: PricewaterhouseCoopers LLP, 125 High Street, Boston, MA 02110. EIN, Phone no: (617) 530-5000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 58,386,796 including grants of \$ 67,537 ) (Revenue \$ 80,380,258 )  
SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 4,356,253 including grants of \$ 0 ) (Revenue \$ 3,066,570 )  
SEE SCHEDULE O

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 62,743,049

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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 <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes	
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or 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 <input checked="" type="checkbox"/>		No
<b>7</b>	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 <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b>	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 <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <input checked="" type="checkbox"/>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No
<b>15</b>	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 U S? If "Yes," complete Schedule F, Part II		No
<b>16</b>	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 U S? If "Yes," complete Schedule F, Part III		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 131		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 317		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> _____
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> DENISE CASTILLO-RHODES 2450 HOLCOMBE BLVD SUITE 1 HOUSTON, TX 770212040 (713) 791-6104

**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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										



<b>1b Total</b> . . . . .	3,048,523	0	795,410
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**25

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SCHEIDT BACHMANN 25025 I-45 NORTH THE WOODLANDS, TX 77380	PARKING SYSTEM	4,067,237
FONTANA MANAGEMENT INC 6550 bertner avenue HOUSTON, TX 77030	FOOD SERVICES	1,506,234
METROPOLITAN TRANSIT AUTHORITY PO BOX 61429 HOUSTON, TX 772081429	SHUTTLE SERVICES	1,426,028
OFF DUTY SERVICES 6701 HWY 90 KATY, TX 77494	SECURITY	1,278,924
TEXAS STERLING CONSTRUCTION LP 20810 FERNBUSH LANE HOUSTON, TX 77073	CONSTRUCTION	2,715,740

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**62

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	830,178					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	448,298					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 403,398						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	1,278,476					
<b>Program Service Revenue</b>	<b>2a</b>	SERVICES TO THE TMC COMMUNITY	900,099	80,380,258	77,446,174	934,312		
	<b>b</b>	COMMONS MAINTENANCE & SECURITY	900,099	3,066,570	3,066,570			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	83,446,828					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	5,109,977			5,109,977		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶	0					
	<b>5</b>	Royalties . . . . . ▶	0					
	<b>6a</b>	Gross Rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	137,413,580				
			(ii) Other	127,973				
			<b>b</b>	Less cost or other basis and sales expenses	140,778,806			35,682
			<b>c</b>	Gain or (loss)	-3,365,226			92,291
<b>d</b>	Net gain or (loss) . . . . . ▶	-3,272,935			-3,272,935			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from fundraising events . . . ▶	0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from gaming activities . . . ▶	0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>							
		<b>b</b>	Less cost of goods sold . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . . ▶	0				
	Miscellaneous Revenue	Business Code						
<b>11a</b>	MISCELLANEOUS	900,099	246,213			246,213		
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	246,213						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶	86,808,559	80,512,744	934,312		4,083,027		

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	67,537	67,537		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,756,639	1,371,772	1,384,867	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	14,446,137	11,207,991	3,238,146	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,498,541	1,792,555	705,986	
<b>9</b>	Other employee benefits . . . . .	3,339,048	2,738,270	600,778	
<b>10</b>	Payroll taxes . . . . .	1,222,992	927,133	295,859	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	273,214	273,214		
<b>b</b>	Legal . . . . .	297,596	2,305	295,291	
<b>c</b>	Accounting . . . . .	221,622		221,622	
<b>d</b>	Lobbying . . . . .	310,140	220,000	90,140	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	481,402		481,402	
<b>g</b>	Other . . . . .	879,287	426,390	452,897	
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	1,835,961	1,145,837	690,124	
<b>14</b>	Information technology . . . . .	109,473	22,152	87,321	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	5,148,018	5,148,018		
<b>17</b>	Travel . . . . .	60,835	28,563	32,272	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	98,599	25,376	73,223	
<b>20</b>	Interest . . . . .	10,278,119	10,245,345	32,774	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	12,652,338	11,942,368	709,970	
<b>23</b>	Insurance . . . . .	1,285,619	1,156,404	129,215	
<b>24</b>	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 )				
<b>a</b>	FOOD SERVICE EXPENSES	2,200,667	2,200,667		
<b>b</b>	FACILITIES MAINTENANCE	5,943,672	5,880,212	63,460	
<b>c</b>	TRANSPORTATION AGREEMENTS	1,384,120	1,384,120		
<b>d</b>	SECURITY AGREEMENTS	2,001,237	1,945,591	55,646	
<b>e</b>	PARKING MAINTENANCE	479,321	479,321		
<b>f</b>	All other expenses	3,149,559	2,111,908	1,037,651	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	73,421,693	62,743,049	10,678,644	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,138,665	<b>1</b>	4,892,636
	<b>2</b> Savings and temporary cash investments . . . . .	4,811,985	<b>2</b>	7,242,447
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	10,382,364	<b>4</b>	6,429,884
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	358,351	<b>8</b>	171,749
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,414,661	<b>9</b>	1,398,268
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	327,411,993		
	<b>b</b> Less accumulated depreciation . . . . .	127,155,647	199,666,759	<b>10c</b> 200,256,346
	<b>11</b> Investments—publicly traded securities . . . . .	132,964,303	<b>11</b>	142,564,793
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,411,396	<b>12</b>	2,834,808
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	32,007,215	<b>15</b>	36,440,518
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	388,155,699	<b>16</b>	402,231,449	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,694,754	<b>17</b>	10,917,718
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,418,324	<b>19</b>	5,260,315
	<b>20</b> Tax-exempt bond liabilities . . . . .	230,771,580	<b>20</b>	230,445,217
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	5,865,875	<b>24</b>	886,176
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	19,162,630	<b>25</b>	14,374,484
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	273,913,163	<b>26</b>	261,883,910
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	110,383,130	<b>27</b>	136,371,287
	<b>28</b> Temporarily restricted net assets . . . . .	3,313,406	<b>28</b>	3,430,252
	<b>29</b> Permanently restricted net assets . . . . .	546,000	<b>29</b>	546,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	114,242,536	<b>33</b>	140,347,539	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	388,155,699	<b>34</b>	402,231,449	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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? . . . . .	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS MEDICAL CENTER

Employer identification number

74-1030788

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	996,867	901,529	398,343	234,512	1,278,476	3,809,727
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	63,906,561	72,640,018	74,384,034	78,075,381	80,512,744	369,518,738
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	4,244,375	4,599,806	4,733,189	4,185,420	1,999,772	19,762,562
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	69,147,803	78,141,353	79,515,566	82,495,313	83,790,992	393,091,027
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	300,000	10,200	15,000	0	20,000	345,200
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	37,146,014	43,454,925	43,862,652	49,379,543	47,486,053	221,329,187
<b>c</b> Add lines 7a and 7b	37,446,014	43,465,125	43,877,652	49,379,543	47,506,053	221,674,387
<b>8 Public Support</b> (Subtract line 7c from line 6)						171,416,640

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	69,147,803	78,141,353	79,515,566	82,495,313	83,790,992	393,091,027
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,212,917	7,052,192	7,006,039	6,264,876	5,109,977	30,646,001
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	5,212,917	7,052,192	7,006,039	6,264,876	5,109,977	30,646,001
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		314,699	301,928	28,361	246,213	891,201
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	74,360,720	85,508,244	86,823,533	88,788,550	89,147,182	424,628,229
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	40.369 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	42.160 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	7.217 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	7.230 %
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		



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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-1030788  
**Name:** TEXAS MEDICAL CENTER

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD E WAINERDI PRESIDENT, CEO, COO	40 0	X		X				782,309	0	254,387
ANDREW M ALEXANDER DIRECTOR	1 0	X						0	0	0
ROBERT H ALLEN DIRECTOR (until 5/20/09)	1 0	X						0	0	0
THOMAS D BARROW PHD DIRECTOR	1 0	X						0	0	0
PAUL GERVAIS BELL DIRECTOR	1 0	X						0	0	0
A T BLACKSHEAR JR DIRECTOR	1 0	X						0	0	0
JACK S BLANTON DIRECTOR	1 0	X						0	0	0
JOHN F BOOKOUT DIRECTOR	1 0	X						0	0	0
J DOWNEY BRIDGWATER DIRECTOR	1 0	X						0	0	0
ALAN R BUCKWALTER III DIRECTOR	1 0	X						0	0	0
PHILIP J CARROLL DIRECTOR	1 0	X						0	0	0
JOHN T CATER DIRECTOR	1 0	X						0	0	0
ANTHONY R CHASE DIRECTOR	1 0	X						0	0	0
H SCOTT CAVEN JR DIRECTOR (until 2/11/09)	1 0	X						0	0	0
O HOLCOMBE CROSSWELL DIRECTOR	1 0	X						0	0	0
ROBERT J CRUIKSHANK DIRECTOR	1 0	X						0	0	0
LYNN ELSENHANS DIRECTOR	1 0	X						0	0	0
GIBSON GAYLE JR DIRECTOR	1 0	X						0	0	0
ELIZABETH L GHRIST DIRECTOR	1 0	X						0	0	0
ROBERT G GREER DIRECTOR	1 0	X						0	0	0
CHARLES W HALL DIRECTOR	1 0	X						0	0	0
BRADLEY N HOWELL DIRECTOR	1 0	X						0	0	0
R BRUCE LABOON DIRECTOR	1 0	X						0	0	0
mrs ROBERT C LANIER DIRECTOR	1 0	X						0	0	0
SANFORD E MCCORMICK DIRECTOR	1 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
QUENTIN R MEASE DIRECTOR (until 2/24/09)	1 0	X						0	0	0
RALPH S O'CONNOR DIRECTOR	1 0	X						0	0	0
PATRICK C OXFORD DIRECTOR	1 0	X						0	0	0
GEORGE A PETERKIN JR DIRECTOR	1 0	X						0	0	0
ms VALE ASCHE RUSSELL DIRECTOR	1 0	X						0	0	0
DAVID M UNDERWOOD CHAIRMAN	1 0	X						0	0	0
BERNARD L WEINGARTEN DIRECTOR	1 0	X						0	0	0
WALLACE S WILSON DIRECTOR	1 0	X						0	0	0
STEPHEN H DONCARLOS DIRECTOR	1 0	X						0	0	0
A TOM GARCIA DIRECTOR	1 0	X						0	0	0
JANIECE LONGORIA DIRECTOR (from 2/12/09)	1 0	X						0	0	0
MARC J SHAPIRO DIRECTOR (from 5/21/09)	1 0	X						0	0	0
ROBERT STOTT EXECUTIVE VICE PRESIDENT	40 0			X				307,616	0	64,755
JOYCE H CAMP SENIOR VP (until 2/4/09)	40 0			X				113,204	0	18,474
PATRICIA C MITCHELL SENIOR VP	40 0			X				196,954	0	51,719
DENISE CASTILLO-RHODES EXECUTIVE VP & CFO	40 0			X				326,370	0	59,198
JOHN KAJANDER SENIOR VP	40 0			X				201,334	0	52,227
ALYNE ASSUNTO SENIOR VP & GENERAL COUNSEL	40 0			X				172,061	0	44,204
EDGAR TUCKER SENIOR VP (from 3/2/09)	40 0			X				169,606	0	43,068
gary e ellison senior vp (until 2/20/09)	40 0			X				76,171	0	14,647
EVELYN F HEIM-GRUBB VICE PRESIDENT	40 0					X		143,356	0	45,544
AKBAR TAVANGARIAN VICE PRESIDENT	40 0					X		137,983	0	39,856
MARIA L RODRIGUEZ CONTROLLER	40 0					X		122,934	0	35,865
BASSEM ABI-NASSIF VICE PRESIDENT	40 0					X		166,471	0	39,246
kevin leonard DIRECTOR, INFO TECHNOLOGY	40 0					X		132,154	0	32,220

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE EXPENSES	2,200,667	2,200,667		
FACILITIES MAINTENANCE	5,943,672	5,880,212	63,460	
TRANSPORTATION AGREEMENTS	1,384,120	1,384,120		
SECURITY AGREEMENTS	2,001,237	1,945,591	55,646	
PARKING MAINTENANCE	479,321	479,321		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization TEXAS MEDICAL CENTER

Employer identification number

74-1030788

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

\$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955

\$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

\$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes No

4a Was a correction made?

Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

\$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

\$

4 Did the filing organization file Form 1120-POL for this year?

Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	329,481													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	329,481													
<b>d</b>	Other exempt purpose expenditures	73,092,212													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	73,421,693													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	10,539	142,657	264,678	329,481	747,355
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	726	0	0	0	726

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

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

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization TEXAS MEDICAL CENTER

Employer identification number 74-1030788

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- (i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

- a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X



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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	5,127,303	5,540,686			
<b>b</b> Contributions . . . . .	33,540				
<b>c</b> Investment earnings or losses . . . . .	319,787	-394,787			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	171,571	66,340			
<b>f</b> Administrative expenses . . . . .	20,099	21,444			
<b>g</b> End of year balance . . . . .	5,288,960	5,058,115			

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 25 000 % %
- b** Permanent endowment ▶ 10 000 % %
- c** Term endowment ▶ 65 000 % %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		50,169,975		50,169,975
<b>b</b> Buildings . . . . .		243,860,123	110,540,916	133,319,207
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		29,402,604	16,614,731	12,787,873
<b>e</b> Other . . . . .		3,979,291		3,979,291
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				200,256,346



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	86,808,559
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	73,421,693
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	13,386,866
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	13,257,444
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-539,307
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	12,718,137
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	26,105,003

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	99,616,843
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	13,257,444
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	32,242
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	13,289,686
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	86,327,157
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	481,402
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	481,402
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	86,808,559

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	72,972,533
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	32,242
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	32,242
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	72,940,291
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	481,402
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	481,402
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	73,421,693

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
intended uses of endowment funds	form 990, schedule d, part V, line 4	endowments are used for activities related to the treatment and care of cancer patients, studies of tuberculosis, congenital cardiovascular disease education and research, a lecture series on medical ethics, and for general purposes, including expenses to implement new cooperative projects involving several institutions for the benefit of the medical center as a whole
uncertain tax positions	form 990, schedule d, part x	As of December 31, 2009 and 2008, THE CORPORATION (Texas Medical Center) has no material liabilities related to uncertain tax positions OTHER CHANGES IN NET ASSETS FORM 990, SCHEDULE D, PART XI, LINE 8 LOSS ON EARLY EXTINGUISHMENT OF DEBT (\$710,897) PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$171,590 _____ TOTAL (\$539,307)
other revenue included on books but not on return	form 990, schedule d, part xii, line 2d	TMC ANNUAL ASSESSMENT CONTRIBUTION \$32,242
OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN	form 990, schedule d, part xiiI, line 2d	TMC ANNUAL ASSESSMENT CONTRIBUTION \$32,242
OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS	FORM 990, SCHEDULE D, PART XIII, LINE 4B	INVESTMENT MANAGER FEES \$481,402

**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2009**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS MEDICAL CENTER

Employer identification number  
74-1030788

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA rm 206 HOUSTON, TX 77030	741613878	501(c)(3)	25,000				howell nursing research grant
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CTRPO BOX 20036 HOUSTON, TX 772250036	741761309	state of texas	25,000				howell nursing research grant
GREATER HOUSTON PARTNERSHIP1200 SMITH STE 700 HOUSTON, TX 77002	760267896	501(C)(6)	7,333				OPPORTUNITY HOUSTON FUND

<b>2</b> Enter total number of section 501(c)(3) and government organizations . . . . .	2
<b>3</b> Enter total number of other organizations . . . . .	1



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS MEDICAL CENTER

Employer identification number

74-1030788

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

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

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

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD E WAINERDI	(i)	748,666	0	33,643	235,139	19,248	1,036,696	0
	(ii)	0	0	0	0	0	0	0
ROBERT STOTT	(i)	252,602	0	55,014	43,473	21,282	372,371	0
	(ii)	0	0	0	0	0	0	0
PATRICIA C MITCHELL	(i)	153,066	0	43,888	34,437	17,282	248,673	0
	(ii)	0	0	0	0	0	0	0
DENISE CASTILLO-RHODES	(i)	278,440	0	47,930	43,473	15,725	385,568	0
	(ii)	0	0	0	0	0	0	0
EVELYN F HEIM-GRUBB	(i)	116,459	0	26,897	25,868	19,676	188,900	0
	(ii)	0	0	0	0	0	0	0
AKBAR TAVANGARIAN	(i)	103,918	0	34,065	23,848	16,008	177,839	0
	(ii)	0	0	0	0	0	0	0
MARIA L RODRIGUEZ	(i)	101,868	0	21,066	21,789	14,076	158,799	0
	(ii)	0	0	0	0	0	0	0
JOHN KAJANDER	(i)	158,761	0	42,573	34,151	18,076	253,561	0
	(ii)	0	0	0	0	0	0	0
BASSEM ABI-NASSIF	(i)	156,049	0	10,422	23,268	15,978	205,717	0
	(ii)	0	0	0	0	0	0	0
kevin leonard	(i)	131,619	0	535	18,269	13,951	164,374	0
	(ii)	0	0	0	0	0	0	0
ALYNE ASSUNTO	(i)	128,989	0	43,072	29,733	14,471	216,265	0
	(ii)	0	0	0	0	0	0	0
EDGAR TUCKER	(i)	129,516	0	40,090	28,847	14,221	212,674	0
	(ii)	0	0	0	0	0	0	0

**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.

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	FORM 990, SCHEDULE J, LINE 4A	TEXAS MEDICAL CENTER'S PRACTICE HAS BEEN TO PAY SEVERANCE TO CERTAIN TERMINATED EMPLOYEES DURING 2009, TEXAS MEDICAL CENTER PAID \$41,926 of SEVERANCE TO joyce camp no additional amount of severance is payable in future years FORM 990, SCHEDULE J, LINE 4b Effective in 2008, the Compensation Committee of Texas Medical Center's Board of Directors awarded Dr Wainerd deferred compensation in the form of a nonqualified retirement plan Dr Wainerd is a participant in Texas Medical Center's Retirement Plan but was not eligible to accrue any additional benefits since reaching age 65 The purpose of this additional compensation was to restore to Dr Wainerd the value of certain retirement benefits which were reduced by changes in the Internal Revenue Code and regulatory guidance Effective January 1, 2007, the tax regulations changed the manner that the lump sum value of an individual's pension benefit under the Texas Medical Center Retirement Plan is calculated and reduced the value of his pension Therefore, the agreement was designed to make-up the value of the lost pension benefit and to incentivize Dr Wainerd to continue to serve Texas Medical Center The deferred incentive vests January 1, 2011 The amount accrued for 2009 was \$191,667



**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

**2009**

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS MEDICAL CENTER

Employer identification number  
74-1030788

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
<b>A</b>	HARRIS COUNTY CULTURAL EDUCATION FACIL FIN CORP	76-0337885	414010AE8	12-01-2008	55,700,000	REFUND PRIOR ISSUE 04/19/2006		X		X
<b>B</b>	HARRIS COUNTY CULTURAL EDUCATION FACIL FIN CORP	76-0337885	414010AA6	10-22-2008	120,000,000	REFUND PRIOR ISSUES		X		X
<b>C</b>	HARRIS COUNTY CULTURAL EDUCATION FACIL FIN CORP	76-0337885	414010AS7	04-09-2009	54,480,408	REFUND PRIOR ISSUES		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Total proceeds of issue			55,700,000		120,000,000		55,000,000			
<b>2</b> Gross proceeds in reserve funds			5,500,000				5,500,000			
<b>3</b> Proceeds in refunding or defeasance escrows										
<b>4</b> Other unspent proceeds										
<b>5</b> Issuance costs from proceeds										
<b>6</b> Working capital expenditures from proceeds										
<b>7</b> Capital expenditures from proceeds			55,700,000		120,000,000		54,480,408			
<b>8</b> Year of substantial completion			2008		2008		2008			
<b>9</b> Were the bonds issued as part of a current refunding issue?	X				X		X			
<b>10</b> Were the bonds issued as part of an advance refunding issue?			X				X			
<b>11</b> Has the final allocation of proceeds been made?	X				X		X			
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X		X			

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %				
<b>6</b> Total of lines 4 and 5		0 %		0 %		0 %				
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
<b>2</b> Is the bond issue a variable rate issue?	X		X			X				
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X				
<b>b</b> Name of provider		JP MORGAN CHASE BANK		JP MORGAN CHASE BANK						
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X				
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate?	X		X		X					

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TEXAS MEDICAL CENTER

**Employer identification number**  
74-1030788

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

<b>1</b>	<b>(a)</b> Name of disqualified person	<b>(b)</b> Description of transaction	<b>(c)</b> Corrected?
			<b>Yes No</b>

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	Total . . . . . ▶ \$ _____									

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of grant or type of assistance
--------------------------------------	--	--

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
fulbright jaworski llp	1 PARTNER - DIRECTOR	244,147	LEGAL SERVICES		No
centerpoint energy	2 BOARD MEMBERS- DIRECTORS	209,495	utility services		No
BVAA compass bank	2 DIRECTORS - DIRECTORS	184,353	BOND FEES		No
JP MORGAN CHASE BANK	1 DIRECTOR - DIRECTOR	797,322	BANK FEES, LINE OF CREDIT FEES		No

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization TEXAS MEDICAL CENTER

Employer identification number 74-1030788

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

**Part II**

**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	Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE number OF CONTRIBUTIONS	

**Schedule M (Form 990) 2009**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

**▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TEXAS MEDICAL CENTER

**Employer identification number**

74-1030788

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1	THE MISSION OF THE TEXAS MEDICAL CENTER IS TO PROMOTE THE HIGHEST QUALITY HEALTH STATUS FOR ALL PEOPLE BY ASSISTING INSTITUTIONS OF THE TEXAS MEDICAL CENTER TO ACHIEVE INDIVIDUAL AND COLLECTIVE GOALS OF THE HIGHEST POSSIBLE STANDARDS OF PATIENT AND PREVENTIVE CARE, OF RESEARCH AND EDUCATION, AND OF LOCAL, NATIONAL AND INTERNATIONAL COMMUNITY WELL-BEING

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1	form 990, part III, LINE 4A	<p>SERVICES TO THE TEXAS MEDICAL CENTER COMMUNITY The State of Texas created the charter for Texas Medical Center to promote and provide for the common good Acting through a series of Board of Director Committees, such as Forward Planning Committee and the Building and Lands Committee, the Board of Directors guides the development and effective uses of our land resources through strategic and master planning Acting through the Policy Council and 16 other councils and committees, Texas Medical Center promotes member institutional collaboration and moderates campus-wide issues such as the elimination of smoking on our campuses and our unified preparations for pandemic flu Once consensus is reached among the members, Texas Medical Center implements campus policy Texas Medical Center continues to plan for growth and development by acting as a central repository for institutional growth plans and working with urban planners and consultants As the organization charged with promoting and providing support for this medical city within a city, Texas Medical Center is dedicated to the following goals and objectives -To provide the highest quality healing environment for patients and their families -To provide the highest quality learning environment for students and faculty -To demonstrate stewardship of the land dedicated to the Texas Medical Center -To reflect a commitment to multi-discipline collaboration, institutional partnerships and encourage the exchange of ideas in research, education, and patient care -To expand, enhance and support initiatives that contribute to the common good -To promote collaborative planning efforts to manage the expansion of Texas Medical Center -To plan for parking, wayfinding signage, landscape and other shared facilities and services consistent with planned growth -To prepare for hazardous conditions and plan to mitigate campus vulnerabilities -To ensure access to and within the campus, with an emphasis on public transit -To integrate mixed use (live/work) facilities into the Texas Medical community To carry out Texas Medical Center's Mission, Texas Medical Center's various roles and responsibilities include, but are not limited to -Managing the common area infrastructure/landscape and parking facilities for visitors and employees -Moderator of campus-wide issues and concerns -Creating and maintaining shared facilities -Coordinating access to and mobility within the Texas Medical Center campus -Land management and real estate -Special services for the many international guests who visit the Texas Medical Center annually -Creating cost-effective economies of scale -Economic development to attract advanced medical technology to the area -Master planning vision for long-term growth and development Managing Campus Property Texas Medical Center provides emergency preparedness and hazard mitigation planning services in addition to campus-wide long-range infrastructure master planning to address future growth Texas Medical Center owns and operates more than 45,000 parking spaces and utilizes METRO LIGHTRAIL (HOUSTON'S LIGHT RAIL SYSTEM) AND BUSES TO SHUTTLE employees from ITS satellite parking locations Moderator of Campus-Wide Issues and Concerns As the independent neutral organization founded to promote and provide for the common good, Texas Medical Center serves as convener and facilitator to promote collaboration among its 48 member institutions Texas Medical Center brings representatives from our member institutions together on a daily basis to create unique synergies leading to innovative programs that enhance the lives of those who work, study and seek treatment at Texas Medical Center institutions, as well as the community at large To resolve shared issues and concerns, Texas Medical Center hosts 17 councils, each devoted to a particular area of interest, whether it be nursing, security, pharmacy, parking and mobility, construction, volunteer services, etc Each council includes a representative of each Texas Medical Center institution, making it possible to cross-pollinate ideas, share best practices and foster campus cooperation To maintain positive relationships with our neighboring communities, representatives from the Texas Medical Center attend neighborhood civic club meetings and other events designed to foster goodwill and cooperation Creating and Developing Shared Facilities Texas Medical Center owns and operates several shared facilities as a service to all member institutions The John P McGovern Texas Medical Center Commons building is located in the heart of the main campus within easy walking distance of most member institutions The 288,000 square-foot building is a convenient central meeting place for patients, visitors, employees and volunteers to eat, socialize and park under one roof Amenities include a variety of casual eateries and an upscale restaurant named Trevisio In addition, Trevisio offers private meeting and dining rooms for conferences and receptions The award-winning building design includes a pair of 64 foot water walls, adding beauty to the Texas Medical Center main campus The John P McGovern Campus, an award winning renovation project of the former Nabisco bakery site at Holcombe Blvd and Almeda Road, serves as a gateway to the Texas Medical Center campuses from the southeast The building is home to not only Texas Medical Center staff, but it also provides significant lease space to accommodate the growth of member institutions that have outgrown their existing facilities For example, several institutions have relocated research laboratories, information technology departments, schools, human resources departments, health clinics and other non-patient care departments to this burgeoning campus facility Relocating these activities to the perimeter of the Texas Medical Center campus has freed up space within the main campus for more critical needs In addition, bringing multiple institutions together under one roof helps nurture and develop collaboration between member organizations Texas Medical Center owns and operates the National Center for Human Performance, located at the John P McGovern Campus, for the benefit of its member institutions Organized in 2003, the center is a collaborative scientific institute with a mission to maintain and enhance human performance through the ethical and appropriate application of research and education in medicine and related sciences In addition to fostering groundbreaking research, the organization has been established to collect, archive, and disseminate information on human performance Through the development of collaborative programs, the center serves to connect scientists and researchers who are interested in human performance Texas Medical Center publishes one of the largest circulation newspapers in the state of Texas Texas Medical Center News, founded in 1979 and published twice a month, is the only campus-wide newspaper dedicated to reporting news and developments from the entire Texas Medical Center community Through news articles, in-depth features and editorials, this award-winning publication keeps its diverse audience of physicians, nurses, employees, patients, visitors, volunteers, students, faculty AND OTHER AREA LEADERS ON TOP OF THE VERY LATEST IN WHAT'S NEW AT THE TEXAS Medical Center, and at the member institutions Texas Medical Center News is distributed free of charge from racks located throughout the campus area In addition, the newspaper is published online and hosts more than 25,000 readers each month A distribution list of 8,000+ targeted subscribers puts the newspaper in the hands of legislators, hospital administrators, news media, health policy makers and civic, business and academic leaders throughout the state Texas Medical Center owns and operates a residential apartment tower in the heart of the campus The Laurence H Favrot Tower Apartments provide an apartment home to residents who work for or study at a Texas Medical Center institution Improving Access and Mobility for the Texas Medical Center Texas Medical Center works closely with City of Houston, Harris County and METRO (Metropolitan Transit Authority of Harris County) and TxDot (Texas Department of Transportation) officials to coordinate improved access to and movement within the Texas Medical Center campuses This includes comprehensive traffic analyses, including coordination of future roadway configurations, traffic signal planning, congestion reduction, pedestrian safety, METRO light rail initiatives, buses and other public transportation concerns Through wayfinding signage, maps, printed materials and guidebooks, Texas Medical Center has been instrumental in guiding the more than 160,000 daily patients, visitors and employees around the campus to reach their desired destinations</p>

Identifier	Return Reference	Explanation
Texas Medical Center has developed a master plan for expanding the	skybridge network on the main campus with connections to the ground	<p>transportation system A series of pedestrian sky bridges designed by our member institutions arch over busy streets within the Texas Medical Center main campus, connecting hospitals, clinic buildings, parking garages and other campus facilities Pedestrians move freely and safely across these bridges to reach their destinations In addition, Texas Medical Center has been successful in facilitating and coordinating with the City of Houston and Harris County to fund and build bridges across THE Brays Bayou on both Bertner Avenue and Cambridge Street, creating more signature highways in and out of the Texas Medical Center The bridge crossing the bayou at Cambridge STREET provides emergency vehicles with a new, less flood prone route from sh 610 to houston's only two Level 1 trauma centers Real Estate and Land Stewardship Activities The Texas Medical Center is nestled between a variety of neighborhoods, retail and industrial-use areas approximately five miles southeast of DOWNTOWN HOUSTON THE CAMPUS' ADJOINING NEIGHBORHOODS ARE AS DIVERSE AS the city of Houston is itself The Texas Medical Center campus is bordered to the north by the city-owned Hermann Park, to the east by Highway 288 and a variety of mixed business and residential neighborhoods, to the south by multi-family housing, industrial areas and the Reliant sports and conference center complex, and to the west by the Rice University Village and surrounding neighborhoods As a good neighbor, Texas Medical Center works with scores of surrounding neighborhood and resident associations to identify and resolve issues of interest to all What began as a 134-acre purchase has grown to more than 1,000 acres today The Texas Medical Center has enjoyed tremendous growth to the south of the campus in recent years International Guest Services Texas Medical Center often serves as the initial gateway to help introduce international visitors to the Texas Medical Center and to the various facilities and services its member institutions offer As a result, Texas Medical Center provides special services to international travelers to help make their visit to the Texas Medical Center easier and more welcoming For example, in the aftermath of Sept 11, 2001, visa requirements have become more complicated for international patients entering the United States for health care needs Texas Medical Center assists international visitors with visa applications and other paperwork to help facilitate their entry permission process In addition, Texas Medical Center staff set up and facilitate tours and meetings for international health care colleagues who come from around the world and wish to explore the feasibility of establishing similar patient care, educational and research centers in their respective countries Officials from more than 30 cities around the world have visited to learn how the Texas Medical Center is arranged and operated, but so far, no one has been able to duplicate it Texas Medical Center was also instrumental in establishing the Texas medical center visitors' center in the international terminal at George Bush Intercontinental Airport, to greet and help orient international patients headed to the Texas Medical Center Initiated in 2005 and developed in cooperation with the Houston Airport System, the center is staffed by more than 20 people who speak 30 or more different languages with additional interpreters on call Center employees greet international patients at the plane as interpreters who help guide them through customs and luggage pick-up, as well as help arrange transportation to the specific Texas Medical Center institution needed in addition, the center offers a lounge, telephones, and a children's area complete with toys and books Develop Member Cost Savings through Common Economies of Scale Services Texas Medical Center also provides cost-saving common services that deliver economies of scale to the member institutions For example, Texas Medical Center was instrumental in developing BOTH a thermal energy cooperative that provides lower-cost utility services to Texas Medical Center member institutions and a hospital laundry cooperative both have spun off to become Texas Medical Center member institutions in their own right Economic Development to Attract Advanced Medical Technology to Area Since its initial charter in 1945, Texas Medical Center has sought to attract and recruit non-profit, academically oriented institutions dedicated to medical care, health care, education and research to join the Texas Medical Center THE COMBINED Texas Medical Center institutions represent the single largest employment region within the greater Houston metropolitan area More than 72,600 people work around the clock as physicians, nurses, educators, clinical caregivers, technicians and other support staff Today, the Texas Medical Center is as dense as New York's Wall Street, twice as dense as downtown Houston, three times as dense as the Houston Galleria area, and the same size as Chicago inside the loop With its 48 member institutions, the Texas Medical Center provides a healthy boost to Houston's economy, confirmed by a report from the Federal Reserve Bank, whose most recent figures show the Texas Medical Center, in a one-year period, contributed \$14 billion TO Harris County and the surrounding region Master Planning Vision for Long-Term Growth and Development Texas Medical Center has taken the lead in developing a comprehensive 50-year master planned approach to managing growth challenges for the campus of the future The plan is a unique collaboration among Texas Medical center's member institutions and neighbors because change in one area impacts all involved, Texas Medical Center's role as convener of the master plan ensures that everyone's needs are taken into consideration when mapping future growth For example, one of the most important master planning roles Texas Medical Center has provided during this decade is leadership and guidance in bringing together member institutions and municipal, county and federal officials in the wake of Tropical Storm Allison, which brought unprecedented flooding to Houston and the region, including the Texas Medical Center, in June 2001 More than EIGHT years later, this effort has resulted in significant regional flood control and area mobility, transportation studies and improved unified emergency response and stormwater management initiatives that are benefiting Texas Medical Center AND surrounding neighbors as well Our Public Voice to Educate and Advocate Public Health Issues and Concerns Texas Medical Center fulfills an external leadership role as a catalyst for action to improve wellness and quality of life in Houston, the state of Texas and beyond Texas Medical Center issues calls to action, calling upon corporate, public and civic leaders to address child immunization issues, the high percentage of underinsured and uninsured citizens, the push for greater health awareness and other pressing health concerns that impact quality of life and area economics Texas Medical Center also assists area legislators in acquiring the information they need about the Texas Medical Center or about health policy issues as they help to shape health policy at the local, state and national levels Synergies Greater than Sum of our Parts The Texas Medical Center is the largest medical center of its kind in the world, but this "city of health" is more than the sum of its individual members Texas Medical Center is a vital part of the global medical information loop, attracting top researchers, academics and physicians to the campus to advance medicine and patient treatment protocols As the key convener and moderator of shared concerns, Texas Medical Center helps set the stage for the cross-pollination of ideas, projects and best practices, and fosters collaboration among Texas Medical Center member institutions for the greater good of advanced health, science and education</p>

PROGRAM SERVICE ACTIVITY #2 FORM 990, PART III, LINE 4B COMMONS MAINTENANCE AND SECURITY As the owner of the main campus streets and sidewalks, Texas Medical Center functions similar to a city Public Works Department representing all the member institutions Texas Medical Center has recently replaced nearly all existing main campus streets, sidewalks and public utilities TEXAS MEDICAL CENTER'S FACILITY OPERATIONS AND MAINTENANCE DEPARTMENT maintains this infrastructure including the trees, shrubs, flowers, wayfinding signage and street hardware Texas Medical Center provides security and police services for property covered under the Commons Assessment agreement FAMILY/BUSINESS RELATIONSHIPS WITH OFFICERS, DIRECTORS, TRUSTEES FORM 990, PART VI, LINE 2 MR BERNARD L WEINGARTEN AND MR ANDREW M ALEXANDER HAVE A FAMILY RELATIONSHIP MR PAUL GERVAIS BELL AND MR WALLACE S WILSON HAVE A BUSINESS RELATIONSHIP MR BRADLEY N HOWELL AND MRS JANIECE LANGORIA HAVE A BUSINESS RELATIONSHIP MR ANDREW M ALEXANDER, MR ROBERT J CRUIKSHANK, MR MARC J SHAPIRO AND MRS ROBERT C LANIER'S HUSBAND HAVE A BUSINESS RELATIONSHIP MR JOHN T CATER AND MR ROBERT J CRUIKSHANK HAVE A BUSINESS RELATIONSHIP MR J DOWNEY BRIDGWATER AND MR R BRUCE LABOON HAVE A BUSINESS RELATIONSHIP MR J DOWNEY BRIDGWATER AND MR MARC J SHAPIRO HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE LINE 11 - 990 REVIEW PROCESS The preparer reviews the Form 990 with the CEO and CFO the form 990 is distributed to the audit committee the final 990 is made available to the Board of Directors PRIOR TO FILING LINE 12C - CONFLICT OF INTEREST COMPLIANCE CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY BY THE BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES THE STATEMENTS ARE REVIEWED BY THE INTERNAL AUDIT DEPARTMENT IF A CONFLICT WERE TO ARISE, THE BOARD MEMBER WOULD BE REQUIRED TO DISMISS HIMSELF/HERSELF FROM ANY DISCUSSIONS OR DECISIONS REGARDING THE AREA OF CONFLICT LINE 15 - COMPENSATION APPROVAL IN 2009, TEXAS MEDICAL CENTER'S PRESIDENT & CEO, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND ALL SENIOR VICE PRESIDENTS' COMPENSATION WAS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT WHICH USED COMPARABILITY DATA TO ESTABLISH COMPENSATION FOR THESE INDIVIDUALS THE TOTAL COMPENSATION BUDGET IS ACCEPTED BY THE COMPENSATION COMMITTEE AND RATIFIED BY THE BOARD OF DIRECTORS LINE 19 - PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS Texas Medical Center'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE available upon request schedule K, PART II, LINE 5 texas medical center paid issuance costs out of its own funds schedule k, part III the projects covered by these bonds have no private business use schedule k, part iv, line 3c, column (B) There are two hedges with JP Morgan Chase for these bonds The hedge terms are 14 and 30 years



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TEXAS MEDICAL CENTER

**Employer identification number**

74-1030788

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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TMC HEATING AND COOLING SERVICES CORP  
1615 BRAESWOOD PARK DR  
HOUSTON, TX 77030  
94-3425643

THERMAL SVCS

TX

501(c)(3)

LINE 11A

NA

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

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(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
- 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
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No