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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

C Name of organization  
Texas Health Presbyterian Foundation  
  
Doing Business As  
  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
8440 Walnut Hill Ln Ste 800 LB6  
  
City or town, state or country, and ZIP + 4  
Dallas, TX 75231

D Employer identification number  
75-2022128

E Telephone number  
(214) 345-8442

G Gross receipts \$ 81,743,300

F Name and address of principal officer  
James McAuley  
8440 Walnut Hill Ln  
Dallas, TX 75231

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No  
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.texashealth.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
Develop and cultivate philanthropy and collaborative relationships within the healthcare community to foster the programs and services offered by Texas Health Resources related entities

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 4

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 4

5 Total number of employees (Part V, line 2a) . . . . . 5 2

6 Total number of volunteers (estimate if necessary) . . . . . 6 4

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 4,191,886 3,755,480

9 Program service revenue (Part VIII, line 2g) . . . . . 9 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 -7,125,838 -50,623

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 334,049 -40,207

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 -2,599,903 3,664,650

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 8,796,685 5,058,636

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 1,562,633 1,683,598

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup>

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . 17 1,298,952 1,531,913

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 11,658,270 8,274,147

19 Revenue less expenses Subtract line 18 from line 12 . . . . . 19 -14,258,173 -4,609,497

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 112,584,332 122,258,093

21 Total liabilities (Part X, line 26) . . . . . 21 5,943,640 5,613,246

22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 22 106,640,692 116,644,847

Part II Signature Block

Sign Here

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

Signature of officer Date

John Mitchell Assistant Secretary Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 2010-11-11 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN ▶ Phone no ▶

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Develop and cultivate philanthropy and collaborative relationships within the healthcare community to foster the programs and services offered by Texas Health Resources related entities

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 \$ 5,058,636 including grants of \$ ) (Revenue \$ )

The primary activity of Texas Health Presbyterian Foundation is to develop and cultivate philanthropy and collaborative relationships within the healthcare community to foster the programs and services offered by Texas Health Resources related entities and to improve the communities it serves All grants made by the Foundation are made to support the activities of members of the Texas Health Resources hospital system  
\*\*\*\*\* Activities undertaken during the tax year ended December 31, 2009, include targeted programs to identify, cultivate, solicit, receive, invest and grant philanthropic funds They include \* Capital Campaign \* Major Gift Program \* Annual and Tribute Giving Programs \* Planned Giving Programs \* Community Women's Auxiliary Program \* Young Business Person's Program  
\*\*\*\*\* Grants were made in support of \* Community Outreach Vickery School Programs, Vickery Meadow Community Dental Center \* Continuing education for physicians, nurses, and allied health professionals, employees, patients and thier families \* Medical research for Parkinson's and the Institute of Exercise and Environmental Medicine \* Capital Projects for Texas Health Presbyterian Hospital Dallas and Plano \* Pastoral Care Program

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

\$ 5,058,636

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	4	Yes	
5	<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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	5		No
6	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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . .</i>	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>			
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>			
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I . . . . .</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II . . . . .</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III . . . . .</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	19		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>	20		No

Part IV

Checklist of Required Schedules (continued)

21	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>	21	Yes	
22	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>	22		No
23	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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<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>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26		No
27	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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33		No
34	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>	34	Yes	
35	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>	35	Yes	
36	<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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	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 . . . . .	38		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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 . . . . .	1a30		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a22		
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	No
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	No
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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
1a	Enter the number of voting members of the governing body . . . . .	1a	43	
b	Enter the number of voting members that are independent . . . . .	1b	42	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its 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 checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Jack Roper 612 E Lamar Blvd Arlington, TX 76011 (682) 236-7900

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

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

Form 990 (2009)



<b>1b</b>	<b>Total</b> . . . . .	199,404	1,918,477	485,450
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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

		<b>Yes</b>	<b>No</b>
<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> . . . . .		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> . . . . .	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> . . . . .		No

Section B. Independent Contractors

<b>1</b>	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	631,845			
	d	Related organizations . . . .	1d	1,060,725			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,062,910			
	g	Noncash contributions included in lines 1a-1f \$ 254,194					
	h	Total. Add lines 1a-1f . . . . .		3,755,480			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		3,086,746		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .		270,840			270,840
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		-3,137,369			-3,137,369
8a		Gross income from fundraising events (not including \$ 842,135 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	210,290			
b		Less direct expenses . . . . .	b	521,337			
c		Net income or (loss) from fundraising events . . .		-311,047	-311,047		
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances .	a				
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		3,664,650	-311,047		220,217	

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,058,636	5,058,636		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	191,556		93,862	97,694
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	1,193,181		229,126	964,055
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	41,609		5,136	36,473
9	Other employee benefits . . . . .	166,697		40,119	126,578
10	Payroll taxes . . . . .	90,555		19,963	70,592
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	16,645		16,645	
c	Accounting . . . . .	265,734		265,734	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	369,969		369,969	
g	Other . . . . .	80,888		413	80,475
12	Advertising and promotion . . . . .	398,669		194,025	204,644
13	Office expenses . . . . .	56,204		37,470	18,734
14	Information technology . . . . .	39,669		37,837	1,832
15	Royalties . . . . .				
16	Occupancy . . . . .	189,135		179,582	9,553
17	Travel . . . . .	13,164		13,045	119
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	24,467		24,467	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	469		469	
23	Insurance . . . . .	5,154		5,154	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Miscellaneous Expense	23,639		4,558	19,081
b	Furniture & Equipment	19,450		19,450	
c	License /Dues	14,592		10,602	3,990
d	Community Outreach	7,833		7,110	723
e	Dietary Expense	6,161		2,136	4,025
f	All other expenses	71		71	
25	Total functional expenses. Add lines 1 through 24f	8,274,147	5,058,636	1,576,943	1,638,568
26	Joint costs. 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
Assets	1	Cash—non-interest-bearing . . . . .			2,492,556	1	1,050,961
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			6,044,878	3	4,814,394
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			8,942	9	9,160
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	2,828,583			
	b	Less accumulated depreciation . . . . .	10b	75,189	4,923,866	10c	2,753,394
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .			96,806,262	12	111,641,538
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			2,307,828	15	1,988,646
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			112,584,332	16	122,258,093
Liabilities	17	Accounts payable and accrued expenses . . . . .			596,511	17	491,209
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			5,347,129	25	5,122,037
	26	Total liabilities. Add lines 17 through 25 . . . . .			5,943,640	26	5,613,246
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			32,294,201	27	41,776,220
	28	Temporarily restricted net assets . . . . .			43,774,235	28	42,493,145
	29	Permanently restricted net assets . . . . .			30,572,256	29	32,375,482
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			106,640,692	33	116,644,847
	34	Total liabilities and net assets/fund balances . . . . .			112,584,332	34	122,258,093

**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?    .    .	<b>2a</b>	No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	<b>2b</b>	Yes
<b>c</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    .    .    .	<b>2c</b>	Yes
<b>d</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?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .	<b>3a</b>	No
<b>b</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    .    .	<b>3b</b>	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Texas Health Presbyterian Foundation	Employer identification number 75-2022128
--	--

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
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,869,911	26,701,032	4,761,523	4,254,886	3,758,480	52,345,832
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,869,911	26,701,032	4,761,523	4,254,886	3,758,480	52,345,832
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,794,060
6 Public Support. Subtract line 5 from line 4						34,551,772

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,869,911	3,999,923	4,761,523	4,254,886	3,758,480	52,345,832
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,200,697	3,999,923	4,498,754	4,613,480	3,357,586	19,670,440
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						72,016,272

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	47 980 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	53 860 %

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6.)						34,551,772

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



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

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

Open to Public Inspection

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 Health Presbyterian Foundation	Employer identification number 75-2022128
--	--

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 funtion 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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		100
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			100
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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".

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

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
		Officers and/or Board Members of the corporation may, to an insubstantial degree, make comments or statements concerning legislation that may affect either the healthcare industry or the health status of the communities the Corporation serves. In pursuing this activity, Officers and/or Board Members may engage in conversations and/or write letters to various federal, state, and local officials regarding such matters. The amount of time and money involved in these activities is negligible. In no case has either the Corporation, or any person acting on behalf of the Corporation, intervened in any political campaign.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Texas Health Presbyterian Foundation

Employer identification number  
75-2022128

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	25,600
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? <div>Yes No</div>	
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? <div>Yes No</div>	

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 (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly 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

	Held at the End of the Year
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?

Yes No

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)?

Yes No

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▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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
1a Beginning of year balance . . . . .	57,609,836	69,246,975			
b Contributions . . . . .	1,529,010	61,945			
c Investment earnings or losses . . . . .	7,857,021	-11,588,430			
d Grants or scholarships . . . . .	570,311	40,593			
e Other expenditures for facilities and programs . . . . .	-277,832	-660,061			
f Administrative expenses . . . . .					
g End of year balance . . . . .	66,703,388	57,609,836			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 42 000 % %

b

Permanent endowment ▶ 40 000 % %

c

Term endowment ▶ 18 000 % %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

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
1a Land . . . . .	2,750,000			2,750,000
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		78,583	75,189	3,394
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				2,753,394



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,664,650
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,274,147
3	Excess or (deficit) for the year Subtract line 2 from line 1	-4,609,497
4	Net unrealized gains (losses) on investments	14,762,373
5	Donated services and use of facilities	214,295
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-363,016
9	Total adjustments (net) Add lines 4 - 8	14,613,652
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10,004,155

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	118,429,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a14,762,373	
b	Donated services and use of facilities . . . . .2b214,295	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d521,337	
e	Add lines 2a through 2d . . . . .2e15,498,005	
3	Subtract line 2e from line 1 . . . . .32,931,665	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a369,969	
b	Other (Describe in Part XIV) . . . . .4b363,016	
c	Add lines 4a and 4b . . . . .4c732,985	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .53,664,650	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	18,425,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d521,337	
e	Add lines 2a through 2d . . . . .2e521,337	
3	Subtract line 2e from line 1 . . . . .37,904,178	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a369,969	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c369,969	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .58,274,147	

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
		Part XI, Line 8, Other Change in Split Interest Agreements \$363,016 Part XII, Line 2d, Other Special Event Expenses \$521,337 Part XII, Line 4b, Other Change in Split Interest Agreements \$363,016 Part XIII, Line 2d, Other Special Event Expenses \$521,337 Part V, Line 4, Intended Use of Endowment Funds Endowment funds have the following designated purposes * Education * Research * Capital Projects * Vision and Patient Programs * Community Outreach * Special Presbyterian Healthcare Member Entities Initiatives (PME) A group of hospitals within the Texas Health Resources Healthcare System are Presbyterian Healthcare Member Entities (PME) (See Schedule R Part II for a list of related entities ) The Foundation has endowment funds for the use of special projects for PME The income from this fund is available to support programs or projects that enhance PME initiatives with priority to community ministries, pastoral care, the Institute for Exercise & Environmental Medicine, Presbyterian Hospital of Dallas capital programs and opportunity grants



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Texas Health Presbyterian Foundation

Employer identification number  
75-2022128

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶				842,135	631,845	210,290

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Greer Garson Gala (event type)	Heart Beat Run (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	536,738	163,293	142,104
	2	Less Charitable contributions . . . .	385,574	155,343	90,928
	3	Gross income (line 1 minus line 2) . . . .	151,164	7,950	51,176
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	91,968		91,968
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	281,296	117,621	30,452
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			521,337
	11	Net income summary Combine lines 3, column d, and line 10. . . . .			-311,047

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .					
8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	No

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Texas Health Presbyterian Foundation

Employer identification number  
75-2022128

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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

7

3

Enter total number of other organizations . . . . .



Software ID:

Software Version:

EIN: 75-2022128

Name: Texas Health Presbyterian Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	22,878				General Donation
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	50,000				Arthritis Fund
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	53,000				Cancer Fund
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	584,217				Education Fund
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	3,402,950				Equipment & Building Fund
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	241,377				Research Fund
Texas Health Presbyterian Hospital Dallas8440 Walnut Hill Lane Dallas,TX 75231	75-2890358	3	99,189				Vickery Meadow Fund
Texas Health Presbyterian Hospital Plano6200 W Parker Rd Plano,TX 75093	75-2770738	3	13,511				Education Fund
Texas Health Presbyterian Hospital Plano6200 W Parker Rd Plano,TX 75093	75-2770738	3	275,660				Equipment & Building Fund
Texas Health Presbyterian Hospital Plano6200 W Parker Rd Plano,TX 75093	75-2770738	3	1,169				General Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Texas Health Presbyterian Hospital Plano6200 W Parker Rd Plano, TX 75093	75-2770738	3	9,341				Pastoral Care Fund
Texas Health Presbyterian Hospital Plano6200 W Parker Rd Plano, TX 75093	75-2770738	3	7,600				Sexual Assault Fund
Texas Health Presbyterian Hospital Allen1105 Central Expressway North Allen, TX 75013	75-2890358	3	1,562				Cancer Fund
Texas Health Presbyterian Hospital Allen1105 Central Expressway North Allen, TX 75013	75-2890358	3	123,281				Equipment & Building Fund
Texas Health Presbyterian Hospital Allen1105 Central Expressway North Allen, TX 75013	75-2890358	3	20,205				Indigent Fund
Texas Health Research Education Institute612 E Lamar Blvd Arlington, TX 76011	75-2562191	3	17,550				Education Fund
Texas Health Research Education Institute612 E Lamar Blvd Arlington, TX 76011	75-2562191	3	10,016				Research Fund
Texas Health Presbyterian Hospital Kaufman850 West Highway 243 Kaufman, TX 75142	75-2771437	3	17,983				Equipment & Building Fund
Texas Health Presbyterian Hospital Kaufman850 West Highway 243 Kaufman, TX 75142	75-2771437	3	8,172				Pastoral Care Fund
Texas Health Presbyterian Hospital Kaufman850 West Highway 243 Kaufman, TX 75142	75-2771437	3	56,912				Women's Health Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Texas Health Presbyteiran Hosptial Winnsboro719 West Coke Rd Winnsboro, TX 75494	75-2771569	3	5,000				Project Graduation
Texas Health Presbyteiran Hosptial Winnsboro719 West Coke Rd Winnsboro, TX 75494	75-2771569	3	28,586				Equipment & Building Fund
Texas Health Presbyteiran Hosptial Winnsboro719 West Coke Rd Winnsboro, TX 75494	75-2771569	3	2,477				Education Fund
Texas Health Resources612 E Lamar Blvd Arlington, TX 76011	75-2702388	3	6,000				General Fund



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.

Name of the organization Texas Health Presbyterian Foundation	Employer identification number 75-2022128
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<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	1b Yes	
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?	2 Yes	
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 type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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	7	No
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	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**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

**Schedule J (Form 990) 2009**

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
		<p>Sch J, Part I, Line 1 Gross-up payments Certain imputed income is grossed-up to include the employment taxes paid on the listed person's behalf. The grossed-up amount is included in the taxable compensation of the employee.</p> <p>Discretionary Spending Account Each executive at the vice president level and above receive a perk allowance which replaces previous individual plans for car, cell phone, and financial planning accounts. The amounts of the allowances paid are included in the taxable compensation of the employee.</p> <p>Sch J, Part I, Question 3 The organization relied on Texas Health Resources (THR), a related 501(c)(3) organization, with centralized compensation professionals to use the following methods to establish compensation of the organization's President:</p> <ul style="list-style-type: none"><li>- The compensation committee of THR</li><li>- THR Board hired independent compensation consultants</li><li>- THR &amp; the independent compensation consultants used compensation surveys</li></ul> <p>An independent third party compensation consultant is hired by the THR Board of Trustees (Board) to review base pay annually as compared to a peer group of employers similar in size and scope to THR. Every three years the independent compensation consultant reviews all aspects of executive compensation (base, incentives, benefits, etc.) which includes:</p> <ul style="list-style-type: none"><li>- Review and confirmation of the executive compensation philosophy,</li><li>- Market review of base and incentive pay for all positions</li><li>- National, regional, and local data is reviewed when available</li><li>- Market review of benefits and perquisites,</li><li>- Survey of selected officers and members of the Governance Committee of the THR Board of Trustees, and</li><li>- Review of financial reports, job descriptions, organizational charts, current salaries, incentive opportunities, incentive payments, benefits, perquisites and plan documents.</li></ul> <p>The independent compensation consultant meets directly with the executive compensation &amp; benefits sub-committee which is made up of five independent Board members and the governance committee to report the results of the total compensation study. At the beginning of each year, the executive compensation &amp; benefits sub-committee reviews, the governance committee reviews and recommends for approval by the Board, and the Board approves the following:</p> <ul style="list-style-type: none"><li>- Market analysis recommendation based on the results of the outside consultant's review</li><li>- Officer market/equity base salary adjustments</li><li>- Prior year executive annual incentive awards</li><li>- Current year executive annual incentive plan targets, key performance indicators and potential payout amounts</li></ul> <p>Sch J, Part I, Question 4b Participation in the plan is made available to a select group of management and highly compensated employees, as determined by the THR Board of Trustees, who are providing services to an employer in key positions of management and responsibility.</p> <ul style="list-style-type: none"><li>- Benefits are calculated for eligible employees when base pay and incentives exceed the IRS qualified plan compensation limit.</li><li>- The calculated SERP amount is allocated to the executives account mid-plan year, however, credits are earned 1/12th each month.</li><li>- The participant shall be entitled to his or her vested SERP benefit upon the earliest of remaining employed by THR to age 68, termination of employment for disability, involuntary termination of employment without reasonable cause, or satisfying a 24-month non-compete period following his or her termination of employment.</li><li>- SERP benefits vest as follows: less than 2 years of service - 0%, 2 years - 25%, 3 years - 50%, 4 years - 75%, and 5 or more - 100%.</li></ul> <p>Income and FICA taxes are due when the participant becomes entitled to the benefit.</p> <ul style="list-style-type: none"><li>- THR owns any investments purchased in connection with its obligations under the SERP Plan.</li><li>- If THR becomes insolvent, executives are unsecured creditors and will have no preferred claim to any assets.</li><li>- Payments to the following employees were made during the year. The amounts below are included in the amount reported in Sch J, Part II, Column B(III) and Column (F):</li></ul> <ul style="list-style-type: none"><li>Charles Boes - \$186,633</li><li>Kenneth Kramer - \$19,729</li></ul>

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
Texas Health Presbyterian Foundation

Employer identification number  
75-2022128

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	6	38,210	
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	5,321	Daily Stk Quote
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
Misc Auction				
25 Other ► ( Items )	X	172	210,663	Retail Value
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

**Supplemental 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
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SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Texas Health Presbyterian Foundation	Employer identification number 75-2022128
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Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
		<p>Part VI, Section B, Line 12c Texas Health Resources (THR) has adopted a Conflict of Interest policy that applies to THR and all of its wholly owned or wholly controlled affiliates During the first quarter of each fiscal year, a Duality and Conflict Statement Form is distributed by the THR Chief Compliance Officer to all persons who are covered by this policy All disclosed conflicts are reviewed by the THR Chief Compliance Officer, THR General Counsel and the THR Audit &amp; Compliance Committee A report listing each reported Duality of Interest or Conflict of Interest is given to both the Chair of the Governing Body and the President of the Corporation with which the reporting person is affiliated The THR Board of Trustees receives a report when the Annual Disclosure process is complete Part VI, Section B, Line 15 a&amp; b An independent third party compensation consultant is hired by the Texas Health Resources (THR) Board of Trustees (Board) to review base pay annually as compared to a peer group of employers similar in size and scope to THR Every three years the independent compensation consultant reviews all aspects of executive compensation (base, incentives, benefits, etc ) which includes - Review and confirmation of the executive compensation philosophy, - Market review of base and incentive pay for all positions National, regional, and local data is reviewed when available - Market review of benefits and perquisites, - Survey of officers and members of the Governance Committee of the THR Board of Trustees, and - Review of financial reports, job descriptions, organizational charts, current salaries, salary range midpoints, incentive opportunities, incentive payments, benefits, perquisites and plan documents The independent compensation consultant meets directly with the executive compensation &amp; benefits sub-committee which is made up of five independent Board members and the governance committee to report the results of the total compensation study At the beginning of each year, the executive compensation &amp; benefits sub-committee reviews, the governance committee reviews and recommends for approval by the Board, and the Board approves the following - Market analysis recommendation based on the results of the outside consultant's review - Officer Market/equity base salary adjustments - Prior year executive annual incentive awards - Current year executive annual incentive plan targets, key performance indicators, and potential payout amounts Part VI, Section C, Line 19 The organization does not make its governing documents or conflict of interest policy available to the public The consolidated financial statements of Texas Health Resources (THR) are made available to the public on the website www.dacbond.com Consolidated financial statements are posted to this website quarterly and the audited financial statements are posted annually The financial statements of the wholly controlled affiliates of THR are not posted to the website nor are they generally made available to the public in any other manner Schedule R, Part III, Identification of Related Organizations Taxable as a Partnership Texas Health Resources (THR) owns a 50% interest in and has governance control of Texas Institute for Surgery, LLP This entity has been reported on the Schedule R as a related entity THR owns an interest in TTHR Ltd, Ptr Since THR does not own 50% of this partnership, it is not required to be reported on Schedule R, Part III as a related organizations, however, THR does have effective governance control of this partnership through its power to elect 50% of the governing board of the partnership and other reserved powers Schedule R Part V, Transactions with Related Organizations Founded in 1997, Texas Health Resources (THR) through its controlled affiliates provides a comprehensive array of healthcare and related services THR's role is to plan, manage and coordinate the activities of the affiliated healthcare system to maximize opportunities to deliver cost effective quality medical care to residents of north central Texas THR provides direction and oversight to its wholly-controlled affiliates providing centralized services THR also operates professional office buildings leased primarily to physicians who are members of the medical staff of THR affiliated hospitals The range of centralized services provided by THR include information services, managed care contracting, human resources, revenue cycle, legal, tax, compliance, supply chain, quality, business development, insurance, treasury, accounting, marketing and strategic planning In providing this centralized service, THR maintains an intercompany receivable/payable account with each entity Daily transactions are run thru these intercompany accounts, most of which do not fall within the scope of IRC Section 512(b)(13) The transactions not falling within this scope are not reported on Form 990 Schedule R, Part V, Line 2 Examples of these types of transactions are as follows Daily cash sweeps of affiliate accounts to central account Daily cash transfer from THR to affiliates to cover daily cash needs Allocation of centralized bond interest allocated to affiliates Allocation of centralized payroll to appropriate affiliate Allocation of centralized contracts to appropriate affiliate Allocation of bills paid by THR to appropriate affiliate Allocation of rebates received to appropriate affiliate Allocation of centralized insurance costs to appropriate affiliates</p>



## 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.**

Employer identification number

75-2022128

**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

**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

See Additional Data Table



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			
See Additional Data Table											

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
AMH Health Ventures Inc 800 W Randol Mill Road Arlington, TX76012 75-2141114	Computer & Billing Services	TX	Arlington Memorial Hospital	C			
PH Denton Physician Inc 3000N Interstate 35 Denton, TX76201 26-1696945	Physician Services	TX	TTHR LLC	C			
Texas Health Biomedical Advancement Center Inc 612 E Lamar Blvd Arlington, TX76012 75-2636884	Inactive	TX	Texas Health Research Education Institute	C			
Texas Health Resources Casualty Company 76 St Paul 5th Floor Burlington, VT05401 03-0310676	Insurance	VT	Texas Health Resources	C			

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

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**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

Software ID:

Software Version:

EIN: 75-2022128

Name: Texas Health Presbyterian Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Deuteronomy  8440 Walnut Hill Lane Dallas, TX75231 75-2561680	Physician Clinic	TX	501(c)(3)	9	Texas Health Resources
Harris Methodist Health System  612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-1823547	Supporting Organization	TX	501(c)(3)	11 Type 1	N/A
Presbyterian Healthcare Resources  612 E Lamar Blvd Ste 1400 Arlington, TX76011 51-0190395	Supporting Organization	TX	501(c)(3)	11 Type 3	N/A
Texas Health Arlington Memorial Hospital  800 West Randol Mill Rd Arlington, TX76012 75-0972805	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Foundation  6100 Western Place Ste 1001 Fort Worth, TX76107 75-2401033	Fundraising	TX	501(c)(3)	9	Harris Methodist Health System
Texas Health Harris Methodist Hospital Azle  108 Denver Trail Azle, TX76020 75-1748586	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Cleburne  201 Walls Dr Cleburne, TX76033 75-1977850	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Fort Worth  1301 Pennsylvania Ave Fort Worth, TX76104 75-6001743	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital H-E-B  1600 Hospital Parkway Bedford, TX76022 75-1438726	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Southwest Fort Worth 6100 Hospital Parkway Fort Worth, TX76132 75-2678857	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Harris Methodist Hospital Stephenville  411 Belknap Stephenville, TX76401 75-1752253	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Physicians Group formerly HMFWMF  1301 Pennsylvania Ave Fort Worth, TX76104 75-2613493	Physician Clinic	TX	501(c)(3)	11 Type 1	Texas Health Resources
Texas Health Presbyterian Foundation  8440 Walnut Hill Ln Ste 800 LB6 Dallas, TX75231 75-2022128	Fundraising	TX	501(c)(3)	9	Presbyterian Healthcare Resources
Texas Health Presbyterian Hospital Allen  1105 Central Expressway N Allen, TX75013 75-2890358	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Dallas  8200 Walnut Hill Ln Dallas, TX75231 75-1047527	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Kaufman  850 W Hwy 243 Kaufman, TX75142 75-2771437	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Plano  6200 W Parker Rd Plano, TX75093 75-2770738	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Presbyterian Hospital Winnsboro  719 W Coke Rd Winnsboro, TX75494 75-2771569	Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Resources  612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-2702388	Management Supporting Organization	TX	501(c)(3)	11 Type 3	N/A
Texas Health Resources Self-Insurance Trust  612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-6335901	Insurance Trust	TX	501(c)(3)	11 Type 3	Texas Health Resources
Texas Health Specialty Hospital Fort Worth  1301 Pennsylvania Ave Fort Worth, TX76104 75-1648589	Long Term Hospital	TX	501(c)(3)	3	Texas Health Resources
Texas Health Research Education Institute  612 E Lamar Blvd Ste 1400 Arlington, TX76011 75-2562191	Medical Research & Education	TX	501(c)(3)	4	Texas Health Resources
TTHR LLC  3000 North Interstate 35 Denton, TX76201 43-2008974	Hospital	TX	501(c)(3) Pend	3	Texas Health Resources

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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, Share of total income unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
AMH Cath Labs LLP  800 W Randol Mill Rd Arlington, TX76012 20-3003947	Heart Catherization Services	TX	N/A					No			No
Denton Surgery Center LLC  14131 Midway Rd Ste 1050 Addison, TX75001 47-0926556	Ambulatory Surgery Center	TX	N/A					No			No
Flower Mound Hospital Partners LLC  14131 Midway Rd Addison, TX75001 26-0684968	Hospital	TX	N/A					No			No
Harris HEB Radiology Ltd  1601 Hospital Parkway Bedford, TX76022 75-2825710	Outpatient MRI	TX	N/A					No			No
Harris Oncology LLC  1600 Hospital Parkway Bedford, TX76022 75-2927939	Rental Real Estate	TX	N/A					No			No
HEB Oncology LP  1601 Hospital Parkway Bedford, TX76022 75-2927940	Rental Real Estate	TX	N/A					No			No
Physician Medical Center LLC  6200 W Parker Plano, TX75093 48-1281376	Hospital	TX	N/A					No			No
Presbyterian Cancer Center- Dallas LLC  12221 Merit Dr Dallas, TX75251 26-0422749	Medical Mgmt	TX	N/A					No			No
Radiology Management LLC  1601 Hospital Parkway Bedford, TX76022 75-2825708	MRI Services	TX	N/A					No			No
Rockwall Regional Hospital LLC  14131 Midway Rd Addison, TX75001 20-2848116	Hospital	TX	N/A					No			No
Southlake Specialty Hospital LLC  14131 Midway Rd Addison, TX75001 02-0555370	Hospital	TX	N/A					No			No
Texas Health MedSynergies LLC  12550 Corporate Drive Flr 3 Irving, TX75038 80-0272951	Management Services	TX	N/A					No			No
Texas Health Partners formerly TpHR LLP  14131 Midway Rd Addison, TX75001 02-0546958	Management Company	TX	N/A					No			No
Texas Health SingleSource Staffing LLC  524 E Lamar Blvd Ste 300 Arlington, TX76011 27-0324828	Contract/Temporary Nursing	TX	N/A					No			No
Womens Specialty Surgery Center  1300 Post Oak Houston, TX77056 26-2310072	Ambulatory Surgery Center	TX	N/A					No			No
Texas Institute for Surgery LLP  7715 Greenville Ave Ste 100 Dallas, TX77056 26-2310072	Hospital	TX	N/A					No			No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Texas Health Presbyterian Hospital Allen	b	145,048
(2)	Texas Health Presbyterian Hospital Dallas	b	4,453,609
(3)	Texas Health Presbyterian Hospital Plano	b	307,282
(4)	Texas Health Resources	b	6,000
(5)	Texas Health Presbyteiran Hospital Allen	b	145,048
(6)	Texas Health Resaearch Education Institute	b	27,566
(7)	Texas Health Presbyterian Hopsital Kaufman	b	83,066
(8)	Texas Health Presbyterian Hospital Winnsboro	b	36,063
(9)	Texas Health Resources	c	1,060,725

Additional Data

Software ID:

Software Version:

EIN: 75-2022128

Name: Texas Health Presbyterian Foundation

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			
Peter Baldwin Trustee	1 00	X						0	0	0
Norma Beasley Trustee	1 00	X						0	0	0
Jeffrey Beck Trustee	1 00	X						0	0	0
Peggy Bell Trustee	1 00	X						0	0	0
Jean Ann Brock Trustee	1 00	X						0	0	0
Victor Burke Sr Trustee	1 00	X						0	0	0
Carrol Bennett Jr Trustee	1 00	X						0	0	0
Brock Compton Trustee	1 00	X						0	0	0
Thomas Leiser Trustee	2 00	X						0	0	0
Thomas Craddock Trustee	1 00	X						0	0	0
James Crank Treasurer	1 00	X						0	0	0
Allen Custard III Trustee	1 00	X						0	0	0
Barry Epstein Trustee	1 00	X						0	0	0
Finley Ewing III Trustee	1 00	X						0	0	0
Mark Feldman MD Trustee	1 00	X						0	59,092	0
David Fida Trustee	1 00	X						0	0	0
Richard Frank Trustee	1 00	X						0	0	0
Eddie Freeman Chairman	2 00	X						0	0	0
Brian Gerber Trustee	1 00	X						0	0	0
Anne Herrscher Trustee	1 00	X						0	0	0
Jerry Hopper Trustee	1 00	X						0	0	0
Rabbi Lawrence Jackofsky Trustee	1 00	X						0	0	0
Fehmi Karahan Trustee	1 00	X						0	0	0
James Langham Trustee	1 00	X						0	0	0
Richard LeBlanc Trustee	1 00	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			
Anne Jordan Logan Secretary	2 00	X						0	0	0
Richard Massman Trustee	1 00	X						0	0	0
Peter Kimseng Ng Trustee	1 00	X						0	0	0
Joseph Nixon Jr Vice Chairman	2 00	X						0	0	0
George Lodge Trustee	1 00	X						0	0	0
Sam Pack Trustee	1 00	X						0	0	0
Paul Peters MD Trustee	1 00	X						0	0	0
Mary Poss Trustee	1 00	X						0	0	0
Carolyn Rathjen Trustee	1 00	X						0	0	0
Michael Romo Trustee	1 00	X						0	0	0
William Slicker Trustee	1 00	X						0	0	0
Thad Smith Trustee	1 00	X						0	0	0
Carl Stapp Trustee	1 00	X						0	0	0
John Stull Trustee	1 00	X						0	0	0
Robert Tomes Trustee	1 00	X						0	0	0
Gifford Touchstone Trustee	1 00	X						0	0	0
Tom Turner Trustee	1 00	X						0	0	0
Nancy Underwood Trustee	1 00	X						0	0	0
Charles Boes Asst Secretary	1 00			X				0	1,100,890	162,825
Paige Fugate Asst Secretary	40 00			X				0	128,384	10,902
Kenneth Kramer Asst Secretary	1 00			X				0	352,488	148,956
John Mitchell Asst Secretary	1 00			X				0	277,623	42,832
James McAuley President	40 00			X				199,404	0	119,935



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
Miscellaneous Expense	23,639		4,558	19,081
Furniture & Equipment	19,450		19,450	
License /Dues	14,592		10,602	3,990
Community Outreach	7,833		7,110	723
Dietary Expense	6,161		2,136	4,025

Additional Data

Software ID:  
Software Version:  
EIN: 75-2022128  
Name: Texas Health Presbyterian Foundation

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Sowell Trust Beneficial Int	4,398,967	F
Fixed Income	32,993,905	F
Intech	15,982,646	F
Hotchkis	11,438,299	F
Westwood	1,067,418	F
Luthur King Capital Mgr	5,980,187	F
Calamos	7,941,536	F
Steinberg	5,336,305	F
ClariVest	9,363,216	F
Thompson Siegel	7,319,049	F
Brandes Investments	7,214,949	F
Royalty Interest	2,587,061	F
DFW/FM157 Commerical Ltd	18,000	F