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<p>Form 990</p>  <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>
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A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Memorial Hermann Foundation		D Employer identification number 74-1653640
		Doing Business As		E Telephone number (713) 448-4175
		Number and street (or P O box if mail is not delivered to street address) 9301 Southwest Freeway Ste 600	Room/suite	G Gross receipts \$ 23,489,663
		City or town, state or country, and ZIP + 4 Houston Texas, TX 77074		
	F Name and address of principal officer Dan Wolterman 929 GESSNER SUITE 2700 HOUSTON, TX 77024		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.memorialhermann.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1969	M State of legal domicile TX	







Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities PROVIDE FUND RAISING SUPPORT AND PROMOTIONAL EFFORTS TO MEMORIAL HERMANN HOSPITAL SYSTEM AND ITS TAX EXEMPT AFFILIATES AND THE TAX EXEMPT PROGRAMS AND FUNCTIONS THAT THEY CONDUCT		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>2</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>2</u>
	5	Total number of employees (Part V, line 2a)	5	<u> </u>
	6	Total number of volunteers (estimate if necessary)	6	<u> </u>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<u> </u>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u> </u>

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	19,985,701	19,809,424
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,541,943	3,117,559
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,064	-353,028
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,517,580	22,573,955
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,020,982	15,589,170
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,066,950	3,124,303
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>1,333,032</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	619,630	728,899
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,707,562	19,442,372
	19	Revenue less expenses Subtract line 18 from line 12	10,810,018	3,131,583
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	62,123,499	65,904,464
	21	Total liabilities (Part X, line 26)	1,055,874	1,183,848
	22	Net assets or fund balances Subtract line 21 from line 20	61,067,625	64,720,616

Part II	Signature Block
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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	2011-05-13 Date
	Carrol E Aulbaugh CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  _____			EIN 
				Phone no 

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission














PROVIDE FUND RAISING SUPPORT AND PROMOTIONAL EFFORTS TO MEMORIAL HERMANN HOSPITAL SYSTEM AND ITS TAX EXEMPT AFFILIATES AND THE TAX EXEMPT PROGRAMS AND FUNCTIONS THAT THEY CONDUCT MEMORIAL HERMANN HEALTHCARE SYSTEM AND ALL OF ITS AFFILITATES HAVE ADOPTED THE FOLLOWING MISSION AND VALUE STATEMENT MEMORIAL HERMANN HEALTHCARE SYSTEM IS A NOT-FOR-PROFIT, COMMUNITY-OWNED, HEALTH CARE SYSTEM WITH SPIRITUAL VALUES, DEDICATED TO PROVIDING HIGH QUALITY HEALTH SERVICES IN ORDER TO IMPROVE THE HEALTH OF THE PEOPLE IN SOUTHEAST TEXAS VALUES IN COLLABORATION WITH OTHERS, WE ARE COMMITTED TO ASSESSING AND CREATING HEALTHCARE SOLUTIONS WHICH MEET THE NEEDS OF INDIVIDUALS IN OUR DIVERSE COMMUNITIES WE ARE STEWARDS OF COMMUNITY RESOURCES AND ARE COMMITTED TO BEING MEDICALLY, SOCIALLY, FINANCIALLY, LEGALLY, AND ENVIRONMENTALLY RESPONSIBLE WE ARE DEVOTED TO PROVIDING SUPERIOR QUALITY AND COST-EFFICIENT, INNOVATIVE, AND COMPASSIONATE CARE WE COLLABORATE WITH OUR PATIENTS, FAMILIES, PHYSICIANS, EMPLOY

- 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 \$ 12,966,624 including grants of \$ 11,966,393) (Revenue \$)
	Disbursements to and on behalf of Memorial Hermann Healthcare System and its affiliates for the funding of the purchase of patient-care related equipment, furnishings, and supplies and to fund medical programs for the benefit of various operating departments throughout the hospital locations
4b	(Code) (Expenses \$ 1,504,410 including grants of \$ 1,398,669) (Revenue \$)
	Disbursements for the benefit of patients, employees, and retired employees of Memorial Hermann Healthcare System and its affiliates who demonstrated a need for financial assistance because of an existing or continuing hardship including that of a Federally declared disaster area
4c	(Code) (Expenses \$ 2,355,750 including grants of \$ 2,175,708) (Revenue \$)
	Disbursements to and on behalf of Memorial Hermann Healthcare System and its affiliates to fund public, physicians, and employee training programs, health awareness, continuing education, medical seminars, Physician Graduate Medical Education Programs, and other medical courses of study
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 48,400 including grants of \$ 48,400) (Revenue \$)
4e	Total program service expenses \$ 16,875,184

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the 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? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	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 ? If "Yes," complete Schedule F, Part III	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 	18	Yes				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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	Yes	
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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	1a0	1c	Yes
	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?				
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	2a0	2b	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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	
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: 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	
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		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
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	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

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	26	
b	Enter the number of voting members that are independent . . .	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	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	Yes	
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	Yes	
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		
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	Yes	
	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		

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 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 ▶ DENNIS MCVEIGH 9301 SOUTHWEST FREEWAY STE 600 Houston, TX 77074 (713) 448-4175

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Form **990** (2009)

1b	Total	1,455,653	6,516,314	1,611,668
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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▶10

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

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Wayne Foster Entertainment 1940 Kellogg Avenue CARLSBAD, CA 92008	Entertainment	212,810

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶1

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	2,257,254			
	d	Related organizations	1d	391,993			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,160,177			
	g	Noncash contributions included in lines 1a-1f \$ 265,043					
	h	Total. Add lines 1a-1f		19,809,424			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,117,559		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
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)		0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	562,680			
b		Less direct expenses	b	915,708			
c		Net income or (loss) from fundraising events . .		-353,028			
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 . .		0			
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 . .		0			
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		22,573,955			3,117,559	

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	15,398,749	15,398,749		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	190,421	190,421		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	880,149	367,945	192,618	319,586
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,653,958	422,880	692,093	538,985
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	112,196	52,864	30,111	29,221
9	Other employee benefits	284,423	108,012	89,528	86,883
10	Payroll taxes	193,577	60,410	67,582	65,585
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	266,819	139,961	51,468	75,390
12	Advertising and promotion	1,687	590	169	928
13	Office expenses	110,188	28,831	51,958	29,399
14	Information technology	0			
15	Royalties	0			
16	Occupancy	27,653	11,501	6,159	9,993
17	Travel	39,976	14,321	8,732	16,923
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,106	3,261	1,544	2,301
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SPECIAL FUNCTION COSTS	237,418	69,927	27,166	140,325
b	DUES AND MEMBERSHIPS	38,052	5,511	15,028	17,513
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	19,442,372	16,875,184	1,234,156	1,333,032
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				1	
	2	Savings and temporary cash investments			11,290,291	2	9,465,128
	3	Pledges and grants receivable, net			17,015,082	3	16,425,441
	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				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			31,797,826	11	38,503,887
	12	Investments—other securities See Part IV, line 11			353,450	12	311,104
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,666,850	15	1,198,904
	16	Total assets. Add lines 1 through 15 (must equal line 34)			62,123,499	16	65,904,464
Liabilities	17	Accounts payable and accrued expenses			422,442	17	171,822
	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			633,432	25	1,012,026
	26	Total liabilities. Add lines 17 through 25			1,055,874	26	1,183,848
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			29,068	27	29,068
	28	Temporarily restricted net assets			51,892,358	28	64,691,548
	29	Permanently restricted net assets			9,146,199	29	
	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			61,067,625	33	64,720,616
34	Total liabilities and net assets/fund balances			62,123,499	34	65,904,464	

Part XI **Financial Statements and Reporting**

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?		No
c 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		
d 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

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
Memorial Hermann Foundation

Employer identification number
74-1653640

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	
MEMORIAL HERMANN HOSPITAL SYSTEM	741152597	03	Yes						0
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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part 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)						

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 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
Memorial Hermann Foundation

Employer identification number
74-1653640

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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> 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><input type="checkbox"/> Yes <input type="checkbox"/> 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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

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	61,038,557	51,669,904			
b Contributions	15,636,018	17,064,811			
c Investment earnings or losses	3,687,962	-76,012			
d Grants or scholarships					
e Other expenditures for facilities and programs	15,030,505	7,134,180			
f Administrative expenses	640,484	485,966			
g End of year balance	64,691,548	61,038,557			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶ 100.000 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				

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)	1	22,573,955
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,442,372
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,131,583
4	Net unrealized gains (losses) on investments	4	370,516
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	370,516
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,502,099

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	23,497,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	570,405
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	353,027
e	Add lines 2a through 2d	2e	923,432
3	Subtract line 2e from line 1	3	22,573,955
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,573,955

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	19,844,396
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)	2d	458,912
e	Add lines 2a through 2d	2e	458,912
3	Subtract line 2e from line 1	3	19,385,484
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	56,888
c	Add lines 4a and 4b	4c	56,888
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,442,372

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
Reconciliation of Revenue to Audit Financial Statements	Part XII, Line 2d	Gala related revenue
Reconciliation of Expenses to Audit	Part XIII, Line 2d	
Reconciliation of Expenses to Audited Financial Statements	Part XIII, Line 2d	
Reconciliation of Expenses to Audited Financial Statements	Part XIII, Line 4b	
FIN 48 Tax Statement in Audit Financial Report Footnotes	Form 990, Schedule D, Part X	
Intended Uses of the Organization's Endowment Funds	Schedule D, Part V, Line 4	

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
Memorial Hermann Foundation

Employer identification number
74-1653640

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 ▶						

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
		Annual Gala (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	2,257,254		2,257,254
	2	Less Charitable contributions	1,694,574		1,694,574
	3	Gross income (line 1 minus line 2)	562,680		562,680
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	269,251		269,251
	8	Entertainment	212,810		212,810
	9	Other direct expenses	433,647		433,647
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			915,708
	11	Net income summary Combine lines 3, column d, and line 10. ▶			-353,028

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 type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input 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	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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	

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Hermann Foundation

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

Employer identification number
74-1653640

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
Memorial Hermann Hospital System and Affiliates9301 Southwest Freeway Ste 600 Houston,TX 77074	760025117	501(c)(3)	10,871,073				Disbursement to and on behalf of the Hospital in support of its tax exempt purposes for equipment, furnishings, supplies and other financial assistance
Holocaust Museum Houston 5401 Caroline Street Houston,TX 77004	760135741	501(c)(3)	8,100				General fund raising events
Greater Houston Womens Chamber of Commerce3015 Richmond Avenue Suite 200 Houston,TX 77098	261536004	501(c)(6)	7,500				General fund raising events
Mexican Institute of Greater Houston9896 Bissonnet St Houston,TX 77036	760375543	501 (c)(3)	5,500				General fund raising events

2

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

14

3

Enter total number of other organizations

2

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

[illegible]

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

[illegible]

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 Memorial Hermann Foundation	Employer identification number 74-1653640
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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 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 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 checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	
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	
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	
b Any related organization?	5b	
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	
b Any related organization?	6b	
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 Yes	
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	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark S Adickes MD	(i)	0	0	0	0	0	0	0
	(ii)	852,908	210	-6,592	7,350	18,946	872,822	0
Daniel J Wolterman	(i)	0	0	0	0	0	0	0
	(ii)	1,010,396	800,000	85,828	530,254	18,954	2,445,432	36,656
Carrol E Aulbaugh	(i)	0	0	0	0	0	0	0
	(ii)	530,505	320,252	184,398	251,890	14,272	1,301,317	125,242
V Randolph Gleason	(i)	0	0	0	0	0	0	0
	(ii)	434,680	114,365	156,658	0	0	705,703	74,914
Bernard Duco Jr	(i)	0	0	0	0	0	0	0
	(ii)	396,309	211,769	52,664	154,780	12,977	828,499	19,050
Dennis P McVeigh	(i)	0	0	0	0	0	0	0
	(ii)	256,112	145,189	99,226	102,798	7,027	610,352	41,171
Ileana V Trevino	(i)	232,524	127,867	43,577	79,778	18,228	501,974	5,832
	(ii)	0	0	0	0	0	0	0
Renee P Reimer	(i)	0	0	0	0	0	0	0
	(ii)	113,496	0	2,331	46,128	6,203	168,158	0
Elizabeth G Bayless	(i)	139,429	61,919	44,161	34,025	696	280,230	16,740
	(ii)	0	0	0	0	0	0	0
Douglass Beckstett	(i)	0	0	0	0	0	0	0
	(ii)	401,274	217,718	136,618	170,640	12,999	939,249	88,440
Richard Kammerer	(i)	119,247	69,313	42,111	45,577	5,545	281,793	0
	(ii)	0	0	0	0	0	0	0
Tomas Sloan	(i)	104,967	33,752	4,764	5,191	6,309	154,983	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explan ation
Supplemental Nonqualified Retirement Plan	Form 990, Schedule J, Line 4-b	Memorial Hermann Healthcare System (of which the Foundation is a part) sponsors two nonqualified retirement plans for certain executives who are part of a select group of highly compensated or management employees. The first plan is a make-up plan and provides for an annual payment (upon achieving full vesting in the qualified retirement plan) equivalent to the amount of contribution from the employer that is lost to the employee due to the limits on compensation and benefits in the Internal Revenue Code. The second plan is called the Deferred Compensation Plan, and it provides for a payment (upon full vesting in the plan). In this plan, certain executives who are part of a select group of highly compensated or management employees are provided with a payment such that the total retirement contribution for the participant is based on a percentage of the participant's base salary. For example, someone earning a base salary in the range of \$200,000 to \$350,000 will receive a payment such that the total amount of retirement contributions from the qualified cash balance pension plan, the make-up plan and this plan equal 20%. Base salary range >\$600,000 Total Contributions @ 27.5% of base salary, \$350,000 to \$600,000 @ 24%, \$200,000 to \$350,000 @ 20%, < \$200,000 @ 17.9%. Applicable amounts paid for the persons listed: AULBAUGH, CARROL \$125,243; BAYLESS, ELIZABETH \$16,470; BECKSTETT, DOUGLAS \$88,410; GLEASON, RANDY \$74,913; McVEIGH, DENNIS \$41,171; TREVINO, ILEANA \$5,832; WOLTERMAN, DAN \$36,656.
Non Fixed Payments of Compensation	Form 990, Schedule J, Line 7	Memorial Hermann Healthcare System (of which the Foundation is a part) sponsors an executive compensation philosophy that is based on competitive market and pay-for-performance principles. The Compensation Committee of the System implements this philosophy by, generally, setting base salaries at the median of the organization's talent market and using an annual incentive plan and long-term incentive plan that make incentive payments based on the achievement of performance goals determined by the Committee at the beginning of the year for the annual plan or at the beginning of the three year cycle for the long-term performance plan. In all cases, the incentive targets are set so that all payments will be reasonable.
Tax Indemnification and Gross Up Payments	Form 990, Schedule J, Line 1a	Memorial Hermann provides certain cash payments to employees for non-wage purposes that are grossed up for tax indemnification. These could include moving related expenses, special recognition rewards, and holiday awards. The payments are included in each employee's W-2 as taxable income on a grossed-up basis. Memorial Hermann provides certain cash payments to employees for non-wage purposes that are grossed up for tax indemnification. These could include moving related expenses, special recognition rewards, and holiday awards. The payments are included in each employee's W-2 as taxable income on a grossed-up basis.
Average Hours Worked per Week	Schedule J-2, Col. B	Corporate officers, key employees, and highly compensated employees work an average of 50 hours per week for the reporting organization, related organizations included in Schedule R, and all other affiliated entities.

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
Memorial Hermann Foundation

Employer identification number
74-1653640

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				
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 .				
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				
25 Other ► (Underwriting In The Pink VIP kick off)	X	1	50,111	FMV
26 Other ► (Gala Invitation and Program Printing of Materials)	X	1	21,253	FMV
27 Other ► (Decor for the 2010 Circle of Life Gala)	X	1	16,174	FMV
28 Other ► (Underwriting of Gala sponsor appreciation party)	X	1	25,000	FMV
Other ► (Gala Golf Outing - greens fees, professional fees)	X	1	17,341	FMV
Other ► (Gala Honoree dinner catering and valet service)	X	1	8,040	FMV
Other ► (HP product donations to clinics)	X	1	6,896	FMV
Other ► (Household Items)	X	1	5,675	FMV
Other ► (nvacarwe TDX SP wheelchair, shower chair, hoyer)	X	1	5,000	FMV
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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Software ID:
Software Version:
EIN: 74-1653640
Name: Memorial Hermann Foundation

SCHEDULE O
(Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
Memorial Hermann Foundation

Employer identification number
74-1653640

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

Identifier	Return Reference	Explanation
Members of Corporation	Form 990, Part VI, Section A, Line 6, Line 7a and Line 7b	The Memorial Hermann Foundation has as its sole member Memorial Hermann Healthcare System, both of which are a 501(c)(3) non-profit entity. The member has the authority to annually elect the board members of the organization and to terminate and replace them at its discretion. The member has approval authority over the decisions of the board for amendments to the bylaws and articles of incorporation, annual operating and capital budget, the purchase or sale of substantial assets, and the merger or dissolution of the organization.

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

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

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

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

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

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

Identifier	Return Reference	Explanation
Corporate Compliance and Fraud and Abuse	Form 990, Part VI, Section B, Line 13	Memorial Hermann Healthcare System is committed to providing all services in full compliance with all applicable laws, regulations and guidelines, as well as with its own policies and procedures. Memorial Hermann is particularly sensitive to requirements applicable to federal and state healthcare programs and the submission of accurate bills for all services provided. Compliance by vendors, contractors and consultants conducting business on behalf of Memorial Hermann or in the Memorial Hermann work environment is important to Memorial Hermann's overall compliance efforts. In accordance with the requirements of the Deficit Reduction Act of 2005, Memorial Hermann has developed False Claims Policies. These policies state that Memorial Hermann is committed to complying with all applicable laws and regulations and supports the efforts of federal and state authorities in identifying incidents of fraud and/or abuse and has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and/or abuse in accordance with contractual, regulatory and statutory requirements. All contractors or agents of Memorial Hermann must comply with the Memorial Hermann False Claims Policies which are modeled after the state and federal policies. The MHCS Compliance Program includes these 7 elements: A Compliance Officer and Committee to oversee and advise the Compliance Program; Compliance Policies and Procedures to provide written guidance to help employees do their job and demonstrate our commitment to compliance; Compliance Training and Education to ensure appropriate education on areas of legal and regulatory compliance; Auditing and Monitoring to conduct periodic and ongoing auditing and monitoring of high-risk areas and adherence to policies and procedures; Corrective Action to develop plans to resolve identified issues, prevent them from happening again and avoid the risk of the same or similar issues occurring in other areas, departments or facilities; Disciplinary Guidelines may be necessary to encourage prompt reporting of Compliance concerns, to ensure non-retaliation for reporting concerns and to encourage cooperation with compliance investigations; Open Lines of Communication to establish an open environment for reporting compliance concerns - a hotline is available to all employees to call to report compliance concerns and non-retaliation for reporting a compliance concern in good faith and to encourage cooperation with compliance investigations; Open Lines of Communication to establish an open environment for reporting compliance concerns - a hotline is available to all employees to call to report compliance concerns and non-retaliation for reporting a compliance concern in good faith.

Identifier	Return Reference	Explanation
Community Benefits and Needs	Needs Assessment	Each decision made by Memorial Hermann to invest its people, resources, and talents in community benefit efforts is data driven. Given that 32% of the Houston area is uninsured, numerous community needs analyses center around the University of Texas School of Public Health's HOUSTON AREA HOSPITALS EMERGENCY DEPARTMENT USE STUDY, which Memorial Hermann has participated in since 2003. The study monitors hospital emergency department (ED) use in Houston hospitals and is a data source for numerous assessments to understand primary care-related ED use including the characteristics of these patients, particularly those who are children, who are uninsured, and who have Medicaid. The study conducted in 2009 showed a decline in primary care related ER visits from 83.2% in 2004 to 81.2% in 2007. With the desire to change emergency room use comes the need to identify available capacity of our existing safety-net clinics, and what is needed by each entity to increase its capacity to be able to respond to changes in ER usage our community efforts achieve. This study, the Greater Houston Clinic Capacity Analysis, was performed several years ago by Project Safety-Net and University of Texas School of Public Health and is again underway in 2009. Preliminary results indicate an increase in safety-net capacity from 48% in 2005 to 60% in 2009. Prioritizing areas in need of school-based health care for un- and under-insured children is an on-going assessment process for Memorial Hermann with our fourteen year history with school-based healthcare. A variety of data sources are applied including school district demographic data, census poverty data, identification of safety-net resources, identification of Medicaid and SCHIP enrollees in relation to Providers, and, again, the ED Use Study. Patient Education of Eligibility for Assistance All Memorial Hermann Acute Care facilities and Rehab facilities have Third Party Qualification vendors on-site. Once someone requests or a financial counselor has determined through interaction with the patient and/or guarantor that the patient cannot pay for services, the patient/guarantor is referred to the Eligibility vendor on-site to screen for any Federal/State/Local Government programs which may cover their services. These vendors act as agents for the patient/guarantor and may at times go to hearings for Medicaid or Disability as a legal representative of the patient. Also, all our entities have posted notices of a patient's right to request charity. Our statements that are sent to patients have documentation on the back informing the patient of Memorial Hermann's Charity policy and their right to request such, (in English and Spanish). Accounts are referred to be processed either on a real time basis by the hospital staff while the patient is still in the hospital or by electronic referral via data download which occur weekly and after the patient has been discharged. The goal is to make contact with the patient for financial screening to determine eligibility for governmental assistance as soon as possible. Additional assistance for patients to take advantage of all appropriate health improvement programs available within the community are through Memorial Hermann's navigation services. Patient Navigators (also known as Community Health Workers) meet uninsured persons where they are in the healthcare continuum and help them to move forward to achieve mutually agreed upon goals, which includes finding and obtaining a Primary Care Physician or Medical Home. In 2009 they were located in three Memorial Hermann ERs and worked with uninsured families to: 1) secure county, state, and federal benefits, 2) to connect with an accessible community clinic that addresses their specific needs, and 3) to be a contact for future needs. Similar support of all Memorial Hermann Hospitals is also provided through the COPE (Care Management Community Program Eligibility) Program which provides empowering services for uninsured patients to improve their health and well being through education about and coordination with community health services. COPE targets patients who have repetitively been inpatients and ER patients and exhibit the need for one-on-one support to identify, access, and obtain services in their own community. Enrolling these populations into public benefits through all of these venues automatically increases their likelihood of obtaining regular primary and preventative care, the kind of care that ensures health and the potential for a prosperous future while concurrently eliminating the cost burden presently experienced by safety-net providers. Community Information Houston's Harris County is the third most populated county in the nation and one of the most culturally diverse metropolitan areas in the country. Interestingly, all of its ethnic communities are now 'minorities' (Stephen L. Klineberg, The New Rice University "Center for the Study of Houston"). Houston is home to the world's largest medical center. People come from all over the world to obtain the highest quality care, based on the latest research. Unfortunately, a large portion of Houston's own residents face barriers to accessing these world class services. In Harris County, 1.1 million of the 3.5 million residents have no health insurance. Fifteen percent (15%) of the nation is uninsured, 32% of Houston's population is uninsured. In 2009, 25% of survey respondents interviewed for the 28th Houston Area Survey said, "yes," in answer to the question "during the past five years, did you or anyone in your family ever have to go without medical treatment because of the cost of that treatment?" Driving this response are the seventy-two percent (72%) of the uninsured who are actually working individuals and families. The reasons include the fact that today only 53% of Texas employers offer health benefits to their employees - 7% below the national average. Additionally, the Texas Medicaid program, the statewide system of coverage for the very poor and predominantly for poor children, is limited in comparison to other states' programs. The single largest private employer is Wal-Mart, a company in which high premiums and deductibles keep well over half of Wal-Mart workers from participating in the company health plan. Other large private employers include our own Memorial Hermann, Continental Airlines, and Exxon Mobil. The overall largest employer is the Houston Independent School District (HISD), the seventh largest school district in the nation. Memorial Hermann has been named into HISD's Hall of Fame, an award which recognizes a forged, viable partnership. Imagine serving a community in which one in every three people is uninsured and remaining financially viable. The course chosen by Memorial Hermann is to systematically work through a variety of evidence based community initiatives that work to close the gap for children and families. Other information important to describing how the organization furthers its exempt purposes by promoting the health of the community. Through our fourteen-year history with school-based health care (a program in which we place full-time primary care clinics on the school campuses of the community's most at-risk children), we have learned to quantitatively show the improved health status of providing a medical, mental health, and dental home to at-risk children. The annual budget of \$1.5 million for this program is the best indicator of Memorial Hermann's commitment and the documented outcomes are the best indicator that the right program in the right setting can make a difference. Over the years this approach has been applied to additional key initiatives that address the issue of healthcare access for the underserved. From the provision and support of accessible primary and specialty care services to the educational programs to support the infrastructure of care, we are committed to finding ways to serve the uninsured. Following are some of the core programs, all of which center around access to care, and specifically access in which all populations have a medical home on which they can call for their preventive, acute care, and long term needs. Memorial Hermann's Health Centers for Schools program, established in 1996, operate as medical, mental health, and dental homes to underserved children at 33 schools in the greater Houston area, making access to free healthcare services available to 25,500 youth. Eighty-four percent of the children seen at the clinics are on the free/reduced lunch program, a national indicator for poverty. Outcome data validates the impact the program is having: reductions in ER visits, absenteeism, cholesterol, asthma exacerbations, and dental caries are just a sample of the measurable outcomes realized by bringing a medical, mental health and dental home to children.

Identifier	Return Reference	Explanation
Community Benefits continued	Needs Assessment continued	Memorial Hermann's Neighborhood Health Centers are strategically located near three of Houston's busiest ERs and provide care to the working families with thout access to insurance and who do not qualify for other programs. The goal is to provide this population with a medical home for routine care, and prevent these cases from escalating to emergencies. At \$48/visit, with low cost labs and prescriptions, seven day a week access, and the provision of preventive, acute, as well as chronic care, they are an affordable medical home for new borns to the elderly. Decreased hypertension, management of diabetes, and a place where women feel comfortable returning for their annual well-woman exams are examples of the continuity of care and improved health resulting. Memorial Hermann supports the operating costs of each center prior to break-even. Patient Navigators (also known as Community Health Workers) meet uninsured persons where they are in the healthcare continuum and help them to move forward to achieve mutually agreed upon goals, which includes finding and obtaining a Primary Care Physician or Medical Home. They help clients understand their qualification for public benefits, understand how to utilize public benefits, and tackle the barriers that keep them from accessing their safety-net options. Patient Navigators are used in a variety of settings, including emergency rooms to connect and guide uninsured persons through the healthcare system. Memorial Hermann has played numerous and critical roles with a grass-roots Houston collaborative, Gateway to Care and its Provider Health Network (PHN) to recruit physicians, hospitals, and ancillary providers to provide specialty care to uninsured patients with incomes below 150% of poverty. With one in every four primary care visits requiring a referral to a specialist, the Provider Health Network serves as a bridge, connecting uninsured people to the specialty care they desperately need to get well. Recruiting is through numerous avenues-societies, insurance companies, etc.-to rally the resulting city-wide effort. The PHN has provided significant opportunities for our own medical staffs to participate in caring for the uninsured. The provision of an organized effort with a designated staff for monitoring referrals is welcomed by the medical community as they desperately want to be a part of a solution, but fear being overruled. The PHN consists today of 900 providers, 33 hospitals and 42+ ancillary providers. In the last three years, the PHN has provided \$5.8 million in charity care. This equates to the provision of \$9.34 of services for every \$1.00 of infrastructure. In the PHN, everyone plays a part. Federally Qualified Health Centers (FQHC's) and not-for-profit private clinics struggle with the payer distribution challenges required to be successful. They are essential to the city's existing safety-net infrastructure, yet struggle more in Houston than other communities because of the area's high uninsured rate. Memorial Hermann annually supports several area clinics with monetary donations to help these essential primary medical, mental health, and dental clinics remain in operation. Respective roles of the organization and its affiliates. Leadership: When Dan Wolterman became CEO of Memorial Hermann in 2002, both he and the Board were committed to "move wisely into the future while, at the same time, preserving the dignity of Memorial Hermann's identity, culture, and mission. His primary challenge was to paint a vision of what Memorial Hermann could become, and then forcefully communicate that vision to employees, physicians, and the community as a whole. As a system with 24% market share and the largest provider of charity care (including the Hospital District), two key components to address were the uninsured and the over-burdened, fragmented safety net provider system presently existing for the uninsured. Appointed by the mayor, Dan was on the 2004 Public Health Task Force which developed recommendations on how to better collaborate public and private health care delivery programs, and on Houston's Healthcare Alliance which established the issues hindering the effectiveness of the existing health care infrastructure. Dan believed that his external relationships would be key to rallying the community to address the issues that had been identified, and his election to the leadership of the Greater Houston Partnership (Houston's Chamber of Commerce) and Texas VHA (Voluntary Hospitals of America) was the beginning of his strategies to accomplish that goal. As a spokesman and through the promotion of his white paper "A Region in Crisis: A Call to Reduce the Uninsured and Expand Access to Health Care in the Ten-County Houston Region", he emphasizes that the problem is regional and can only be solved through collaborative initiatives undertaken by all stakeholders-government, health care providers, businesses, faith-based organizations and others. The blueprint outlined has been adopted by the Greater Houston Partnership. Through the leadership of Houston's business community combined with government leadership throughout the region, the tactics outlined have a chance for regional implementation and significant improvement in access. To devote to this area the time and focus required, Memorial Hermann Healthcare System established a Community Benefits Corporation, led by a Chief, Community Benefits Officer. Carol Paret is responsible for the development, implementation, and success of a formalized community benefit program that guides the system expenditures and quantifies the resulting community values. This position is responsible for a 3-year strategic plan. The Memorial Hermann Hospital System contributes five million dollars annually to the Community Benefits Corporation (CBC) and, in turn, the CBC is charged with the creation, implementation, and sustenance of solutions. The CBC is focused on eliminating the roadblocks that prevent access to healthcare--lack of education, accessibility, insurance status, and capacity--and partners with numerous sectors of the community to sustain this focus. All of the programs described in #6 above, fall within the scope of the CBC. Organizational Commitment: Whether as one of the 140 Board members, one of the 19,500 employees, or one of the 4,200 physicians, we are expected to support the mission, vision, values, plans, and policies of Memorial Hermann. A strategic plan to engage staff in ways to become a part of larger community efforts focuses on the following major programs: The United Way - as a pacesetter for healthcare in the greater Houston area, Memorial Hermann annually leads the industry in contributions. Memorial Hermann employees raised \$715,984 for this year's United Way Campaign Food Drive - each facility donates the proceeds from the annual food drive to a local agency to make an impact within the community in which the facility resides. Since 2001 the System has, on average, annually collected 33,000 pounds of food and \$29,000 in money to donate to agencies serving those facing job losses and work reductions. Blood Drive - since 1993 Memorial Hermann has hosted drives that have contributed more than 52,414 units of blood to the community. In 2009, the Gulf Coast Regional Blood Center recognized Memorial Hermann with the "Path for Success Award" as having had one of the most successful hospital blood drive programs in the nation, saving more than 12,000 lives per year. American Heart Walk, MS150 Bicycle Race - system-wide volunteer efforts such as these sustain an engaged workforce, organize community support, and strengthen our culture. Covenant House - For more than fourteen years Memorial Hermann has partnered with and provided free linen services for Covenant House, a child care agency that provides free emergency shelter, counseling, vocational and educational services, and health care and legal information to homeless and runaway youth. Salud Para Todos - Memorial Hermann and Community Health Choice (a Health Maintenance Organization owned and operated by the Harris County Hospital District) partnered to create and implement "Salud Para Todos"- a campaign to educate the Hispanic community on the value of a medical home and how to utilize nurse triage services. The mechanism was 6-month TV and radio ads on Univision, Houston's #1 Spanish language station. University of Texas School of Nursing at Houston - Memorial Hermann financially partners with several nursing schools in the support of creative solutions to increase enrollment of student nurses and therefore increase the number of nurses working within our community. creative solutions to increase enrollment of student nurses and therefore increase the number of nurses working within our community.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Hermann Foundation

Employer identification number
74-1653640

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
Memorial Hermann Healthcare System 9301 Southwest Freeway Ste 600 Houston, TX 77074 76-0025117	Healthcare	TX		11	NA
Memorial Hermann Hospital System 9301 Southwest Freeway Ste 600 Houston, TX 77074 74-1152597	Healthcare	TX		3	NA
Memorial Hermann Community Benefits 9301 Southwest Freeway Ste 600 Houston, TX 77074 68-0511504	Healthcare	TX		11	NA
Memorial Hermann TIRR Hospital 9301 Southwest Freeway Ste 600 Houston, TX 77074 74-1334678	Healthcare	TX		3	NA
Memorial Hermann Medical Group 9301 Southwest Freeway Ste 600 Houston, TX 77074 20-4923281	Healthcare	TX		3	NA
MHS Physicians of Texas 9301 Southwest Freeway Ste 600 Houston, TX 77074 76-0385980	Healthcare	TX		3	NA

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Memorial Hermann Health Network Providers 9301 Southwest Freeway Ste 600 Houston, TX 77074 76-0074819	Claims Admin	TX	NA	C Corp			
Memorial Health Ventures 9301 Southwest Freeway Ste 600 Houston, TX 77074 74-2211474	Investments	TX	NA	C Corp			

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

No

No

No

No

Yes

Yes

No

No

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

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 74-1653640

Name: Memorial Hermann Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Memorial Hermann Healthcare System 9301 Southwest Freeway Ste 600 Houston, TX77074 76-0025117	Healthcare	TX		11	NA
Memorial Hermann Hospital System 9301 Southwest Freeway Ste 600 Houston, TX77074 74-1152597	Healthcare	TX		3	NA
Memorial Hermann Community Benefits 9301 Southwest Freeway Ste 600 Houston, TX77074 68-0511504	Healthcare	TX		11	NA
Memorial Hermann TIRR Hospital 9301 Southwest Freeway Ste 600 Houston, TX77074 74-1334678	Healthcare	TX		3	NA
Memorial Hermann Medical Group 9301 Southwest Freeway Ste 600 Houston, TX77074 20-4923281	Healthcare	TX		3	NA
MHS Physicians of Texas 9301 Southwest Freeway Ste 600 Houston, TX77074 76-0385980	Healthcare	TX		3	NA

Additional Data

Software ID:
Software Version:
EIN: 74-1653640
Name: Memorial Hermann Foundation

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	48,400	including grants of \$	48,400) (Revenue \$
Individual donations and contributions to others				

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			
Alvaro Trullenque Director	1 0	X						0	0	0
Caralisa Simon Director	1 0	X						0	0	0
Charles H Herder Director	1 0	X						0	0	0
Christopher Kersey MD Director	1 0	X						0	0	0
Frederick R McCord Director	1 0	X						0	0	0
Gary R Petersen Director	1 0	X						0	0	0
Gerald B Smith Director	1 0	X						0	0	0
Heena Thakkar MD Director	1 0	X						0	0	0
James R Smith Board Chairman	1 0	X						0	0	0
Jessie Marion Director	1 0	X						0	0	0
Joe R Davis Director	1 0	X						0	0	0
John M Kirksey Director	1 0	X						0	0	0
Leticia F Trauber Director	1 0	X						0	0	0
Mark A Turzillo Director	1 0	X						0	0	0
Oscar R Rosales MD Director	1 0	X						0	0	0
Richard O Hunton Director	1 0	X						0	0	0
Sanford Lubetkin MD Director	1 0	X						0	0	0
Sofia Adrogue Director	1 0	X						0	0	0
Stephen Strake Director	1 0	X						0	0	0
Steven J Gibson Director	1 0	X						0	0	0
James T Lawhon MD Director	1 0	X						0	0	0
Ned Holmes Director	1 0	X						0	0	0
William F Galtney Jr Director	1 0	X						0	0	0
Ferrner R Weller Jr Director	1 0	X						0	0	0
Susie Johnson Director	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Mark S Adickes MD Director	1 0	X						0	846,526	26,296	
Walt Mischer Jr Director	1 0	X						0	0	0	
William E Penland Jr Director	1 0	X						0	0	0	
Kevin Slawin MD Director	1 0	X						0	0	0	
Daniel J Wolterman Ex-Officio Member, President	50 0	X		X				0	1,896,224	549,208	
Leslie L Alexander Director	1 0	X						0	0	0	
Philamena Baird Director	1 0	X						0	0	0	
Randa Duncan Williams Director	1 0	X						0	0	0	
Sheridan P Williams Director	1 0	X						0	0	0	
Carrol E Aulbaugh CFO & Treasurer	50 0			X				0	1,035,155	266,162	
V Randolph Gleason Chief Risk Officer	50 0			X				0	705,703	0	
Bernard Duco Jr Chief Legal Officer	50 0			X				0	660,742	167,757	
Dennis P McVeigh Chief Accounting Officer	50 0			X				0	500,527	109,825	
Ileana V Trevino Chief Executive Officer	50 0			X				403,968	0	98,006	
Renee P Reimer Chief Risk & Insurance Officer	50 0			X				0	115,827	52,331	
Elizabeth G Bayless Sys Exec Community Relations	50 0				X			245,509	0	34,721	
Douglass Beckstett Chief Human Resources Officer	50 0				X			0	755,610	183,639	
Richard Kammerer Sys Exec Campaign & Major Gift	50 0				X			230,671	0	51,122	
Kristin Elliott Dir Community Relations	50 0					X		126,340	0	13,890	
Cecelia Garcia Dir of Fund Raising	50 0					X		134,762	0	10,185	
Tomas Sloan Dir of Fund Raising	50 0					X		143,483	0	11,500	
Julie Voss Dir of Development	50 0					X		38,996	0	22,866	
Karen E Zalud Dir Information Systems	50 0					X		131,924	0	14,160	