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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input checked="" 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 Irving Healthcare Foundation		D Employer identification number 75-1570933
		Doing Business As		E Telephone number (972) 579-4390
		Number and street (or P O box if mail is not delivered to street address) 2001 Bryan Street No 2200	Room/suite	G Gross receipts \$ 10,590,286
		City or town, state or country, and ZIP + 4 Dallas, TX 75201		
	F Name and address of principal officer John Drake 1901 N MacArthur Blvd Irving, TX 75061		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.IrvingHealthcare.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 1977	M State of legal domicile TX	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Awards funds raised and encourages volunteer service to healthcare charities in Irving, TX 		
	2 Check this box <input 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>3</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>20</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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,393,386	1,588,908
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-769,718	664,557
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,103	-87,385
		780,771	2,166,080
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,216,809	1,010,483
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	490,644	461,267
	16a Professional fundraising fees (Part IX, column (A), line 11e)	48,459	7,076
	b Total fundraising expenses (Part IX, column (D), line 25) <u>157,505</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	253,862	262,444
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,009,774	1,741,270
	19 Revenue less expenses Subtract line 18 from line 12	-1,229,003	424,810
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		8,126,612	8,567,339
21 Total liabilities (Part X, line 26)		102,669	104,350
22 Net assets or fund balances Subtract line 21 from line 20		8,023,943	8,462,989

Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>		<div> <div></div> <div>2011-02-21</div> </div> <div> <div></div> <div>Date</div> </div>		
	<div> <div></div> <div>John Drake President</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div></div> <div>Preparer's signature</div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> </div> <div> <div></div> <div></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div></div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> </div>				<div> <div></div> <div>EIN</div> </div>
					<div> <div></div> <div>Phone no</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

Irving Healthcare Foundation makes people healthier by awarding funds raised and encouraging volunteer service to worthy local nonprofit healthcare organizations

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 \$ 404,253 including grants of \$ 404,253) (Revenue \$)

Grants to Baylor Medical Center at Irving IHF granted more than \$404,000 to Baylor Medical Center at Irving, the city's only nonprofit hospital and the primary source for residents and visitors Grants included \$101,000 for cancer services, \$98,000 for continuing education of nursing and allied health staff, \$19,000 for Internet-based monitoring software for City of Irving ambulances, who bring patients to Baylor Irving, \$49,000 for volunteer services, \$6,000 for the Congestive Heart Failure Clinic and education of the staff, \$10,000 for Community Outreach efforts, and \$5,000 for the education of pharmacists, and \$8,100 for enhancements to a medical library on campus

4b

(Code) (Expenses \$ 383,625 including grants of \$ 383,625) (Revenue \$)

Grants to Our Children's House at Baylor-Irving IHF granted more than \$383,000 to Our Children's House at Baylor-Irving (OCHI), a Baylor-owned childcare facility with integrated therapy services for children with medical and developmental needs Grants included \$309,000 for child care services and \$19,000 for therapy services OCHI serves 30 children in the specialized childcare and therapy program

4c

(Code) (Expenses \$ 203,071 including grants of \$ 203,071) (Revenue \$)

Grants to Irving Interfaith Clinic IHF granted more than \$203,000 to Irving Interfaith Clinic (IIC), the only free charity clinic staffed by volunteer nurses, doctors, and dentists in Irving, Texas IIC serves low-income and uninsured Irving residents Grants included \$182,500 for operations, equipment and medical services, \$5,000 for dental services, \$5,000 for patient prescription assistance, \$4,000 for patient vaccines, and \$5,900 for pediatric services and prescriptions

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 49,542 including grants of \$ 19,534) (Revenue \$)

4e









Total program service expenses

\$ 1,040,491

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	Yes	

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	1a10	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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
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	
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	30	
b	Enter the number of voting members that are independent . . .	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
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	Yes	
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 checked="" 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 ▶ John Drake 1901 N MacArthur Irving, TX 75061 (972) 579-4391

1b	Total	157,036	446,227	93,512
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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 organization1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

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	247,856	1,588,908			
	b	Membership dues	1b	7,383				
	c	Fundraising events	1c	220,942				
	d	Related organizations	1d	300,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	812,727				
	g	Noncash contributions included in lines 1a-1f \$ 40,590						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		159,614			159,614
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
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	504,943			504,943	
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 220,942 of contributions reported on line 1c) See Part IV, line 18		a	38,288	-87,385		-87,385
b		Less direct expenses	b	125,673				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19		a				
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances .		a				
b	Less cost of goods sold . . .	b						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			2,166,080	0	0	577,172	

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	1,010,483	1,010,483		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,406	20,203	101,014	34,189
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	261,574	312	194,169	67,093
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,921	14	8,849	3,058
9	Other employee benefits	3,778		2,460	1,318
10	Payroll taxes	28,588	1,357	20,273	6,958
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	23,700		23,700	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	7,076			7,076
f	Investment management fees	54,009		54,009	
g	Other				
12	Advertising and promotion	35,049	5,931	8,132	20,986
13	Office expenses	26,084		14,851	11,233
14	Information technology	17,606	172	17,245	189
15	Royalties				
16	Occupancy	54,156		54,156	
17	Travel	587		587	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,499	1,682	9,669	148
20	Interest				
21	Payments to affiliates	18,453	337	18,116	
22	Depreciation, depletion, and amortization	16,044		16,044	
23	Insurance				
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	Guild Expenses	5,257			5,257
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,741,270	1,040,491	543,274	157,505
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			2,180,075	2	954,121
	3	Pledges and grants receivable, net			179,285	3	201,037
	4	Accounts receivable, net			8,294	4	23,168
	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	227,426			
	b	Less accumulated depreciation	10b	143,427	94,278	10c	83,999
	11	Investments—publicly traded securities			4,404,649	11	
	12	Investments—other securities See Part IV, line 11			1,097,053	12	7,099,190
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			162,978	15	205,824
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,126,612	16	8,567,339
Liabilities	17	Accounts payable and accrued expenses			69,728	17	77,609
	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			32,941	25	26,741
	26	Total liabilities. Add lines 17 through 25			102,669	26	104,350
	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			3,479,229	27	3,566,700
28		Temporarily restricted net assets			1,175,690	28	1,764,843
29		Permanently restricted net assets			3,369,024	29	3,131,446
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			8,023,943	33	8,462,989
34		Total liabilities and net assets/fund balances			8,126,612	34	8,567,339

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?	Yes	
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	Yes	
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 checked="" 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?		No
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
Irving Healthcare Foundation

Employer identification number
75-1570933

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,087,347	1,624,467	2,056,049	1,393,386	1,588,908	7,750,157
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	1,087,347	1,624,467	2,056,049	1,393,386	1,588,908	7,750,157
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)						2,224,612
6 Public Support. Subtract line 5 from line 4						5,525,545

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	1,087,347	194,058	2,056,049	1,393,386	1,588,908	7,750,157
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,689	194,058	247,743	213,418	159,614	986,522
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)						8,736,679
12 Gross receipts from related activities, etc (See instructions)					12	2,184,419

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	63 250 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	69 640 %

- 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
Irving Healthcare Foundation

Employer identification number
75-1570933

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

Number of states where property subject to conservation easement is located ▶ _____

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

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

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b Assets included in Form 990, Part X▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	3,351,586	4,515,836		
b	Contributions	151,221	72,420		
c	Investment earnings or losses	458,263	-1,095,151		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	157,988	141,519		
f	Administrative expenses				
g	End of year balance	3,803,082	3,351,586		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

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	63,000			63,000
c Leasehold improvements				
d Equipment		164,426	143,427	20,999
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				83,999

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	2,166,080
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,741,270
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	424,810
4	Net unrealized gains (losses) on investments	4	14,236
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	14,236
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	439,046

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	2,310,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	14,236
b	Donated services and use of facilities	2b	5,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	125,673
e	Add lines 2a through 2d	2e	144,909
3	Subtract line 2e from line 1	3	2,166,080
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,166,080

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,871,943
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	125,673
e	Add lines 2a through 2d	2e	130,673
3	Subtract line 2e from line 1	3	1,741,270
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,741,270

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds currently held by Irving Healthcare Foundation are invested to generate financial support in the perpetuity for Foundation operations as well as the ongoing enhancement of health care services at Baylor Medical Center at Irving and the Irving Interfaith Clinic.
		Part V, Line 1a The beginning balance of endowment funds for the prior year was restated to account for the adjustment of interpretation of accounting literature. The beginning balance was adjusted from 9,930,871 to 4,515,836. Part XII, Line 2d - Other Adjustments Special Event Expenses 125,673. Part XIII, Line 2d - Other Adjustments Special Event Expenses 125,673. FIN 48 Disclosure The filing organization has separate individual audited financial statements, however, the organization is also included in Baylor Health Care System's combined audited financial statements (System). The System adopted the provisions of ASC 740 "Income Taxes" on July 1, 2007. As of June 30, 2010, there were no gross unrecognized tax benefits related to the filing organization.

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
Irving Healthcare Foundation

Employer identification number
75-1570933

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
		Texas Fest (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	259,230		259,230
	2	Less Charitable contributions	220,942		220,942
	3	Gross income (line 1 minus line 2)	38,288		38,288
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	52,652		52,652
	8	Entertainment	42,853		42,853
	9	Other direct expenses	30,168		30,168
	10	Direct expense summary Add lines 4 through 9 in column (d)			
	11	Net income summary Combine lines 3, column d, and line 10.			

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

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Irving Healthcare Foundation

Employer identification number
75-1570933

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor Medical Center at Irving1901 N MacArthur Irving, TX 75061	752586857	501(c)(3)	404,253		N/A	N/A	Patient care, education, software,community outreach, volunteer services, med library
Baylor Specialty Health Centers3504 Swiss Dallas, TX 75204	751765385	501(c)(3)	383,625		N/A	N/A	Child care services, patient care
Irving Interfaith Health Ministries1901 N MacArthur Irving, TX 75061	043821796	501(c)(3)	203,071		N/A	N/A	General support, equipment, indigent care
Community Dental Care fka Dental Health Programs 1420 W Mockingbird Lane Dallas, TX 75247	751823660	501(c)(3)	7,480		N/A	N/A	Indigent care

2

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

4

3

Enter total number of other organizations

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
Irving Healthcare Foundation

Employer identification number
75-1570933

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Travel for companions - The organization reimburses eligible employees and board members certain reasonable travel expenses associated with spousal travel where the spouse's presence is important to the event. These events may include, for example, board meetings, retreats, and award ceremonies approved by the organization's governing body and/or President. All spousal travel reimbursements are treated as taxable compensation. One of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year.
	Part I, Line 1a	Tax indemnification and gross up payments - The organization provides tax indemnification where an authorized member of management determines there is justification to reimburse an individual for the tax impact on certain taxable, non-cash benefits provided to them. All tax indemnification payments provided are treated as taxable compensation. One of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year.
	Part I, Line 4a	In order to recruit and retain key talent, Baylor Health Care System ("BHCS") offers a supplemental non-qualified retirement plan to eligible employees. The plan provides an annual benefit (based on a percentage of compensation) to the employee that is paid to the employee on a future date upon vesting in the plan. The following individual participated in and/or received payments (noted in parenthesis) from BHCS' supplemental non-qualified retirement plan during the tax year: Cindy Schamp.
	Part I, Line 7	The organization has adopted and implemented Baylor Health Care Systems' ("BHCS"), the organization's sole member, Performance Award Program to provide a market-competitive total cash compensation incentive program that is designed to attract and retain key leaders and establish greater individual accountability and alignment to business performance. Payout targets are based upon a percentage of base pay and are developed by independent third-party expert(s) using comparable market-competitive data within the bounds of reasonableness and that are reviewed and approved by BHCS's governing body. Payout levels are based upon a combination of system, entity, and individual performance using various metrics related to quality, patient satisfaction, employee retention, and financial stewardship. BHCS's governing body may approve modifications to annual incentive awards provided under the program consistent with market comparability data.
Supplemental Information	Part III	Supplemental Information: Governing Body Compensation. The members of the governing body serve on a voluntary basis and receive no cash compensation from the organization for these duties as a member of the governing body. Some, but not all, members have received modest benefits incident to their service on the board and/or multiple board committees of a related organization. These benefits include reimbursement for certain reasonable expenses paid on behalf of the member's spouse while accompanying the member on business travel on behalf of the related organization and/or a wellness physical. All such benefits are treated as taxable compensation to the extent required by law and are reported in the Form 990 where applicable. One member received compensation from a related organization in their capacity as President of the related organization.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Irving Healthcare Foundation

Employer identification number
75-1570933

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	2	870	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,770	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	5,127	Fair Market Value
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 ► (Furniture & Equipment)	X	7	6,897	Fair Market Value
26 Other ► (Donations for Events)	X	11	23,926	Fair Market Value
27 Other ► ()				
28 Other ► ()				

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

290

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
Method for Determining Number of Contributors	Part I, Column (b)	The organization is reporting based on the number of contributions, not the number of items contributed

Additional Data

Software ID:
Software Version:
EIN: 75-1570933
Name: Irving Healthcare Foundation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493126005291

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization Irving Healthcare Foundation	Employer identification number 75-1570933
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Significant changes to organizational documents Effective March 18, 2010, the organization's certificate of formation and bylaw s were amended to create to two classes of members, one class designated as "Member" and a second class designated as "Special Member" The Member was given final authority over certain decisions/ powers of the organization such as approval of the organization's articles of incorporation and bylaw s and amendments thereto, appointment and removal of the members of the governing body, approval of dissolutions and mergers, and other similar decisions/pow ers over the organization However, neither the Member nor the organization's governing body can amend or repeal certain sections of the organization's articles of incorporation and bylaw s without the w ritten approval of the Special Member Special Member approval generally includes voluntary winding up or dissolution of the organization or a related plan, sale of all or substantially all of the organization's assets, or a plan of merger, conversion or exchange The bylaw s were furthered amended to adopt Baylor Health Care System's Conflict of Interest Policy and to clarify the allocation of funds to support not only Baylor Medical Center at Irving, as its sole member, but a portion should shall also support other health care institutions or initiatives within the City of Irving, Texas

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Members or stockholders The organization is a Texas nonprofit membership organization w hich has two classes of Members with one class designated as Member and a second class designated as Special Member Baylor Medical Center at Irving, a tax exempt, Texas nonprofit corporation, is the sole Member and Irving Healthcare Authority, a hospital authority organized and existing pursuant to the Hospital Authority Act, Chapter 262, Texas Health and Safety Code, is the sole Special Member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Election of members of governing body by members, stockholders, or other persons The sole member, Baylor Medical Center at Irving, appoints and removes the members of the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Governing body decisions subject to approval The sole member, Baylor Medical Center at Irving, has final authority over certain decisions/ powers of the organization such as approval of the organization's articles of incorporation and bylaw s and amendments thereto, appointment and removal of the members of the governing body, approval of dissolutions and mergers, and other similar decisions/pow ers over the organization Regarding certain decisions, such as approval of the organization's articles of incorporation and bylaw s and amendments thereto, approval of dissolutions and mergers, and other similar decisions/pow ers over the organization, approval by the Special Member is also required

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Process used to review the Form 990 The Form 990 is prepared and review ed by the Baylor Health Care System's tax department During the return preparation process the tax department works w ith other functional areas including finance, accounting, treasury, legal, human resources, and corporate compliance for advice, information and assistance to prepare a complete and accurate return Upon completion, the Form 990 is review ed by the organization's President and is then review ed w ith the organization's Finance Committee A complete final copy of the return is provided to the organization's governing body prior to filing w ith the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Process used to monitor and enforce compliance w ith the organization's conflict of interest policy Persons w ith the actual or perceived ability to influence the organization have the duty to disclose annually and otherw ise promptly as potential conflicts are identified, any familial, professional or financial relationships w ith entities or individuals that do, or seek to do business w ith the organization or that compete w ith the organization These individuals include the organization's officers, governing body, management, and other key personnel w ho interact w ith outside organizations or businesses on behalf of the organization The Baylor Health Care System ("BHCS") Board of Trustees Audit and Compliance Committee and the BHCS Corporate Compliance Committee review all relevant disclosures subm itted by these individuals to determ ine w hether a conflict of interest exists and to determine an appropriate resolution, if necessary The BHCS Compensation and Governance Committee also reviews all relevant disclosures by individuals serving on BHCS's governing body Any individual w ith a perceived or potential conflict is prohibited from voting or participating in the decision making process regarding such transaction w ith that individual

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Process for determ ning compensation The organization's President's performance against stated goals is reviewed annually by the organization's Executive Committee of the Board of Directors Furthermore, the compensation range for the organization's President is set through market comparability studies conducted by Baylor Health Care System ("BHCS"), Baylor Medical Center at Irving's sole member, through BHCS' process of determining compensation as described below in the follow ing paragraphs BHCS and its controlled affiliates, recognizes that those chosen to lead these organizations are vital to its ongoing success and growth Thus, it must attract, retain and engage the highest quality officers and key employees to lead the organizations and help BHCS maintain its national reputation for achieving high targets for medical quality, patient safety, and patient satisfaction Total executive compensation is part of an integrated talent management strategy developed by the BHCS Board of Trustees and its Compensation and Governance Committee ("Committee") to attract, motivate, and retain the best leadership resources for the organization Executive compensation is determ ned pursuant to guidelines outlined in the intermediate sanction rules under IRC Section 4958 including taking steps to meet the rebuttable presumption standard of reasonableness under Treasury Regulation 53.4958-6, as summarized below When making compensation decisions, the organization compares itself to similar-sized, and structured businesses including other integrated health care service systems and other similar-sized organizations, both locally and nationally The BHCS Board of Trustees and Committee, on behalf of BHCS and its controlled organizations, work directly w ith independent compensation expert(s) to identify reasonable and competitive market rates as well as provide an annual review of the total compensation of the organization's top management officials and/or key employees The Committee is made up of members of the BHCS Board of Trustees, w ho are independent, community volunteers Guided by the information provided by the independent compensation expert(s), the Committee approves and recommends to the BHCS Board of Trustees salary increases, earned incentives, and benefit offerings for the organization's President, other officers and/or key employees to be comparable to similar organizations for similar services and/or positions Furthermore, the Committee is charged w ith the responsibility of review ing annually the major elements of the executive compensation program to assure designs remain consistent w ith the business needs, market practices, and compensation philosophy As part of the decision making process, the Committee w ill often meet in executive session to discuss and review recommendations made by the independent compensation expert(s) During the executive session no officer or key employee w hose compensation is being review ed is present during these discussions All decisions are contemporaneously documented in the Committee minutes w hich are timely review ed and approved by the Committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Process for making governing documents, conflict of interest policy, & financial statements available to the public The organization's articles of incorporation and amendments thereto are made available to the public by the filing of those documents w ith the Texas Secretary of State Also, the organization is included w ithin the combined financial statements of Baylor Health Care System that are made available to the public by the posting of those documents through DAC Bond Copies of governing documents, policies, and financial statements are made available upon w ritten request (including electronic request) Further, dow nloadable scans of the most current annual audited financial statements and the IRS Form 990 are made available on the Irving Healthcare Foundation's website

Identifier	Return Reference	Explanation
Form 990, Part VII Hours worked for related organizations		The persons listed below also serve either as a voluntary member of the governing body or an officer of a related organization The average hours per week devoted to the related organizations are listed below Mark Dyer (1 hour) Helma Mazon (1 hour) Angela Enright (1 hour) Cindy Schamp (40 hours)

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c Change in oversight process or selection	process	Baylor Health Care System's ("BHCS") Audit and Compliance Committee now assumes the responsibility for oversight of the audit of its financial statements and selection of an independent accountant for Irving Healthcare Foundation ("IHF") since IHF is now a controlled affiliate of BHCS

Identifier	Return Reference	Explanation
Form 990, Part I, Line 5 and Part V, Line 2a Number of Employees		The President's salary is reported on Part VII, Line 1a The organization has indicated on Part I, line 5 and Part V, line 2a there are no W-2's prepared by the organization However, the organization pays compensation to the President and other employees by a related organization as an agent on behalf of the organization The organization reports a deduction for compensation for the amount reimbursed to the agent

Identifier	Return Reference	Explanation
		Supplemental Information IRC Section 6038 Statement Irving Healthcare Foundation (IHF) is controlled by Baylor Medical Center at Irving, Employer Identification Number 75-2586857, w hich is controlled by Baylor Health Care System (BHCS), Employer Identification Number 75-1812652 BHCS also owns Church University Insurance Company, Ltd (CUIC) and Health Care Insurance Company of Texas, Ltd (HCIC) CUIC and HCIC are controlled foreign corporations BHCS furnishes all information required of IHF by IRC Section 6038 and the regulations thereunder w ith respect to CUIC and HCIC Therefore, pursuant to Treasury Regulation Sec 1.6038-2(j)(2), IHF is excepted from providing such information BHCS files its Return of Organization Exempt from Income Tax in Ogden, Utah

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
Irving Healthcare Foundation

Employer identification number
75-1570933

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

Yes

No

No

No

No

No

No

Yes

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) Baylor Medical Center at Irving	B	404,253
(2) Baylor Specialty Health Centers	B	383,625
(3) Baylor Medical Center at Irving	C	300,000
(4) Baylor Medical Center at Irving	J	54,156
(5) Baylor Medical Center at Irving	Q	414,248
(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: 75-1570933

Name: Irving Healthcare 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
Baylor Health Care System 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1812652	Management Services	TX	501(c)(3)	11, Type III	N/A
Baylor University Medical Center 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1837454	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Medical Center at Garland 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1037591	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Medical Center at Irving 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2586857	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Medical Center at Waxahachie 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1844139	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Regional Medical Center at Plano 2001 Bryan Street Suite 2200 Dallas, TX75201 82-0551704	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Regional Medical Center at Grapevine 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1777119	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Institute for Rehabilitation at Gaston Episcopal Hospital 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1037226	Rehabilitation Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Specialty Health Centers 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1765385	Long Term Care Hospitals	TX	501(c)(3)	3	Baylor Health Care System
Baylor All Saints Medical Center 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1008430	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Health Care System Foundation 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1606705	Fundraising	TX	501(c)(3)	7	Baylor Health Care System
All Saints Health Foundation 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1947007	Fundraising	TX	501(c)(3)	7	Baylor All Saints Medical Center
HealthTexas Provider Network 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2536818	Physician Practices	TX	501(c)(3)	3	Baylor Health Care System
Baylor Health Services 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1917311	Holds interests in Ambulatory Surgery Centers/ Short Stay Hospitals	TX	501(c)(3)	3	Baylor Health Care System
Baylor Research Institute 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1921898	Research	TX	501(c)(3)	4	Baylor Health Care System
Southern Sector Health Initiative 2001 Bryan Street Suite 2200 Dallas, TX75201 26-3087442	Diabetes Health & Wellness Center	TX	501(c)(3)	11, Type I	Baylor University Medical Center
Baylor Medical Center at McKinney 2001 Bryan Street Suite 2200 Dallas, TX75201 26-3604064	Acute Care Hospital	TX	501(c)(3)	3	Baylor Health Care System
Baylor Health Care System Employee Benefit Trust 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1848557	VEBA	TX	501(c)(9)		Baylor Health Care System

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
MEDCO Construction LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 20-5965871	Construction	TX	N/A								
Baylor Affiliated Services LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 26-0614730	Benefit Plans	TX	N/A								
Baylor Heart and Vascular Center LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2834135	Specialty Hospital	TX	N/A								
Texas Heart Hospital of the Southwest LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 41-2101361	Specialty Hospital	TX	N/A								
HealthTexas Provider Network-Gastro Serv LLP 2001 Bryan St Ste 2200 Dallas, TX75201 73-1697736	Ambulatory Surgery Center	TX	N/A								
Trinity MC LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 20-8889358	Acute Care Hospital	TX	N/A								
Texas Health Venture Group LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2696845	Holds interests in Ambulatory Surgery Centers/ Short Stay Hospitals	TX	N/A								
Dallas Surgical Partners LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 72-2183815	Ambulatory Surgery Center	TX	N/A								
Valley View Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2900902	Ambulatory Surgery Center	TX	N/A								
Denton Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2708579	Ambulatory Surgery Center	TX	N/A								
Bellaire Outpatient Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 56-2297308	Ambulatory Surgery Center	TX	N/A								
Grapevine Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2854711	Ambulatory Surgery Center	TX	N/A								
Lewisville Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2862263	Ambulatory Surgery Center	TX	N/A								
North Garland Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 56-2399993	Ambulatory Surgery Center	TX	N/A								
Garland Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2764855	Ambulatory Surgery Center	TX	N/A								
Arlington Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2748040	Ambulatory Surgery Center	TX	N/A								
Rockwall Ambulatory Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-5506447	Ambulatory Surgery Center	TX	N/A								
Metroplex Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2567179	Ambulatory Surgery Center	TX	N/A								
Baylor Surgicare at Plano LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-0308454	Ambulatory Surgery Center	TX	N/A								
RockwallHeath Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-0334166	Ambulatory Surgery Center	TX	N/A								
Irving Coppell Surgical Hospital LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 54-2086863	Short Stay Hospital	TX	N/A								
North Central Surgical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-1508140	Short Stay Hospital	TX	N/A								
Trophy Club Medical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 48-1260190	Short Stay Hospital	TX	N/A								
Ft Worth Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2658178	Short Stay Hospital	TX	N/A								
Frisco Medical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2865177	Short Stay Hospital	TX	N/A								
MSH Partners LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2829613	Short Stay Hospital	TX	N/A								
Arlington Orthopedic and Spine Hospital LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-1578178	Short Stay Hospital	TX	N/A								
University Surgical Partners of Dallas LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 55-0823809	Ambulatory Surgery Center	TX	N/A								
Baylor Surgicare at Granbury LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-3896477	Ambulatory Surgery Center	TX	N/A								
Baylor Surgicare at Mansfield LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 27-1835675	Ambulatory Surgery Center	TX	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
Baylor Health Enterprises LP 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1997378	Fitness Center/Pharmacy/Hotel	TX	N/A	C			
Baylor Health Network Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2463251	Billing/Collection	TX	N/A	C			
BMP Incorporated 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1436779	Post Office	TX	N/A	C			
Church University Insurance Company Ltd 41 Cedar Avenue Hamilton BD 98-0352108	Investments	BD	N/A	C			
Health Care Insurance Company of Texas Ltd PO Box GT 2nd Fl Buckingham Sq Grand Cayman CJ 98-0403182	Investments	CJ	N/A	C			
Baylor Medical Center at Grapevine Condominium Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2747555	Condo Association	TX	N/A	C			
BUMCRoberts Condominium Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2897806	Condo Association	TX	N/A	C			
Baylor All Saints Med Cntr at Ft Worth Condo Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 26-1661900	Condo Association	TX	N/A	C			
ODC Therapy Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 20-0749021	Research	DE	N/A	C			

Additional Data

Software ID:
Software Version:
EIN: 75-1570933
Name: Irving Healthcare Foundation

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

4d. Other program services			
(Code) (Expenses \$	49,542	including grants of \$ 19,534) (Revenue \$)
Grants to Other IHF Beneficiaries IHF granted \$5,000 for efforts to battle childhood obesity in Irving schoolchildren IHF also granted \$4,500 to a local primary care clinic to buy reading-encouragement books as a reward to families who bring children for well-child checkups IHF also granted \$7,480 to fund dental services for seniors and children at a local charity dental clinic			

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			
WT Trotter III Chairman Elect	1 00	X		X				0	0	0
Clem Lear Chairman	1 00	X		X				0	0	0
Matthew Boyle Director	1 00	X						0	0	0
Lane Atkins Secretary	1 00	X		X				0	0	0
Susie Fan Vice Chairman	1 00	X		X				0	0	0
Angela Enright Past Chair	1 00	X		X				0	1,063	0
Janet Boyce Director	1 00	X						0	0	0
Harry Weaver Director	1 00	X						0	0	0
Suzanne Beeman Nom & Bd Dev Comm Chair	1 00	X		X				0	0	0
Jackie Bigham Director	1 00	X						0	0	0
Janice Carroll Director	1 00	X						0	0	0
James Cassels Director	1 00	X						0	0	0
Edward Clifford MD Director	1 00	X						0	0	0
Van Garman DO Director	1 00	X						0	0	0
Robert Gooby Director	1 00	X						0	0	0
Steve Katzman MD Director	1 00	X						0	0	0
Craig Laird Director	1 00	X						0	0	0
Helma Mazon Treasurer	1 00	X		X				0	0	0
Rakesh I Patel Director	1 00	X						0	0	0
Douglass Reed Director	1 00	X						0	0	0
Robert Reichelt Director	1 00	X						0	0	0
Brian Smith Director	1 00	X						0	0	0
Burnell Stehman Director	1 00	X						0	0	0
Margaret Sutherland Director	1 00	X						0	0	0
Vail Tolbert Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mimi Tran Director	1 00	X						0	0	0
Chris Wallace Director	1 00	X						0	0	0
Robert Witte Director	1 00	X						0	0	0
Mark Dyer Director	1 00	X						0	1,299	0
Cindy Schamp Director	1 00	X						0	443,865	66,672
John Drake President	40 00			X				157,036	0	26,840