See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Memorial Hermann Community Benefits Corporation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 909 Frostwood

Room/suite

City or town, state or country, and ZIP + 4
Houston, TX 77024

D Employer identification number
68-0511504

E Telephone number
(713) 338-4175

G Gross receipts $ 5,133,760

F Name and address of principal officer
Dan Wolterman
909 Frostwood Suite 2100
Houston, TX 77024

H(a) Is this a group return for affiliates? [ ] Yes [x] No

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

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2001

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provision of programs to improve the utilization of preventive medical services by the underserved population of Harris County

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,026,500	5,133,760
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,026,500	5,133,760
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,341,451	1,587,074
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,195,634	2,386,676
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶36,600		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	570,285	495,281
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,107,370	4,469,031
19	Revenue less expenses Subtract line 18 from line 12	919,130	664,729

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,070,602	4,785,055
21	Total liabilities (Part X, line 26)	147,576	197,300
22	Net assets or fund balances Subtract line 21 from line 20	3,923,026	4,587,755

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-05-14

Dennis McVeigh Chief Accounting Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ [ ]	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION WILL TEST AND MEASURE INNOVATIVE SOLUTIONS THAT REDUCE THE IMPACT OF THE LACK OF ACCESS TO CARE ON THE INDIVIDUAL, THE HEALTH SYSTEM AND THE COMMUNITY PROVEN PROGRAMS WILL BE ACTIVELY SHARED AND PROMOTED FOR BROAD IMPLEMENTATION WITHIN THE COMMUNITY VALUES WE COLLABORATE WITH OTHERS TO IMPROVE THE COMMUNITY'S INFRASTRUCTURE FOR THE UNINSURED WE FOCUS ON CHILDREN WE EMBRACE INNOVATIVE APPROACHES WE ARE ADVOCATES AT THE LOCAL, STATE AND NATIONAL LEVELS TO ACHIEVE 100% ACCESS TO BASIC CARE WE SUPPORT EDUCATIONAL EFFORTS FOCUSED ON PREVENTION AND APPROPRIATE USE OF OUR COMMUNITY'S HEALTHCARE RESOURCES WE MEASURE THE OUTCOMES OF EACH EFFORT AND ONLY SUSTAIN AND EXPAND THOSE WITH DEMONSTRABLE OUTCOMES WE ARE COMMITTED TO ENGAGING OUR EMPLOYEES, VOLUNTEERS AND MEDICAL STAFFS IN OUR EFFORTS IT'S PARENT CORPORATION AND ALL RELATED AND AFFILIATED ENTITIES HAVE ADOPTED AN OVERALL MISSION AND VALUES STATEMENT OF MISSION MEMORIAL HERMANN HEAL

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 $ 2,074,699 including grants of $) (Revenue $)

Memorial Hermann Health Centers for Schools Believing that encouraging healthy behaviors earlier would have a greater impact on the community in the future, MHCBC strategized to make a difference in community health by reaching out to the k-12th school population and breaking down the barriers that prevented this population from receiving regular care MHCBC partners with three school districts, Houston--the largest in Texas, Pasadena and Lamar Consolidated, for its Health Centers for Schools program designed to provide a stable medical home for uninsured children and a secondary access point for insured children, k-12th grade The program offers access to primary medical care, mental health counseling, social service referral, health education and nutrition counseling through a registered dietitian Each of six clinics is staffed by a nurse practitioner, social worker, licensed vocational nurse and receptionist with physician oversight provided A certified Community Health Worker (CHW) or navigator rotates among centers and assists parents with CHIP/Medicaid applications and provides social service, medical and dental referrals Services includes sick and injury care, general and sports physicals, immunizations, chronic care (asthma, obesity and cholesterol), mental health therapy and social service referrals, nutritional guidance and other care to meet students' needs Typically located at a middle school with high numbers of uninsured students, centers are open year round, five days a week and serve students in the schools' designated elementary and high school feeder patterns The primary goal of Health Centers for Schools is to bring increased health care to children who will otherwise not obtain it and to keep children healthy and in school so they can learn the skills they will need for a brighter future

4b (Code) (Expenses $ 1,140,055 including grants of $ 1,042,944) (Revenue $)

Memorial Hermann Mobile Dental Program Soon after Memorial Hermann opened the first Health Centers for Schools, parents began asking for dental services The first Mobile Dental Clinic opened in 2000 and has served as a "dental home" to uninsured students at three Health Centers for Schools' sites for twelve years A second Mobile Dental Clinic was added in 2011 and serves the three additional Health Centers for Schools' sites, thus a "dental home" is accessible for 38,300 students from 49 schools The Mobile Dental Clinics are staffed by a dentist and one to two dental assistants who provide preventative and restorative dental services All Mobile Dental Clinic services are provided at no cost to the students The Clinic staff diagnoses dental problems and addresses dental cavities and other restorative work, provides the preventative work of cleanings, sealants and intensive education, and maintains a schedule of six-month recall post-treatment completion The Dental Clinic team serves as the drivers, the cleaners, the clerks, the trusted educators, as well as the professional staff on a 40-foot operatory van They have received the Texas Dental Association's Certificate of Merit Award for their efforts The primary goal of the Mobile Dental Clinic is to provide children in need with regular dental care The secondary goal is to educate children and families on the importance of proper dental care at home including making healthy food choices

4c (Code) (Expenses $ 721,900 including grants of $ 544,130) (Revenue $)

Neighborhood Health Centers Neighborhood Health Centers are clinics staffed by nurse practitioners, open extended hours, strategically located near busy emergency centers and accept cash and Medicaid Designed to serve as a "medical home" to uninsured working families, centers provide 10,936 medical visits annually and include treatment of routine acute problems, preventative care and chronic conditions Decreased hypertension, management of diabetes, and a place where women feel comfortable returning for their annual well-woman exams are examples of the continuity of care and improved health care resulting Of the patients served each year, 61% are established

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 310,682 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 4,247,336

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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		No
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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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**	Yes	
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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**		No
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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?		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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DENNIS MCVEIGH
909 FROSTWOOD SUITE 2100
Houston, TX 77024
(713) 338-4179

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Caldwell Kirbyjon H Member	1 0	X						0	0	0
(2) Cannon Deborah M Member	1 0	X						0	0	0
(3) Collie Robert M Jr Member	1 0	X						0	0	0
(4) Farris George R Chairman 2010	1 0	X						0	0	0
(5) Garcia Roland Jr Member	1 0	X						0	0	0
(6) Jones Bill B Member	1 0	X						0	0	0
(7) Lee Ethel Kaye Member	1 0	X						0	0	0
(8) Love Jeff B Member	1 0	X						0	0	0
(9) Martinez Diana Davila Member	1 0	X						0	0	0
(10) Mir Gasper R III Chairman 2011	1 0	X						0	0	0
(11) Nishikawa Akira MD Member	1 0	X						0	0	0
(12) Perrin Melinda H Member	1 0	X						0	0	0
(13) Strake George W III Member	1 0	X						0	0	0
(14) Wolterman Daniel J Member, President & CEO	50 0	X		X				0	2,188,310	1,638,525
(15) Aulbaugh Carrol E Chief Financial Officer & Trea	50 0			X				0	1,195,590	693,073
(16) Duco Bernard A Jr Chief Legal Officer & Secretar	50 0			X				0	717,411	448,875

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) McVeigh Dennis P Chief Accounting Officer	50 0			X				0	558,449	266,724
(18) Paret Carol J Chief Community Benefit Office	50 0			X				0	404,694	240,995
(19) Reimer P Renee Chief Risk & Insurance Officer	50 0			X				0	315,710	194,583
(20) Stokes Charles D Chief Operating Officer	50 0			X				0	1,108,530	796,264
(21) Beckstett Douglas G Chief Human Resources Officer	50 0				X			0	843,423	484,283
(22) Shabot M Michael MD Chief Medical Officer	50 0				X			0	823,951	517,909
(23) Furtado Albert Dentist	50 0					X		109,660	0	24,749
(24) Kimmey-Walker Lisa L NP/PA MANAGER	50 0					X		106,653	0	13,686
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								216,313	8,156,068	5,319,666

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

		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*	**3**		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*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 5,133,760				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,133,760			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	0			
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶	0			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . a				
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	5,133,760			

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	1,587,074	1,587,074		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,976,539	1,844,526	101,816	30,197
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	97,443	90,934	5,020	1,489
9 Other employee benefits	174,251	162,613	8,976	2,662
10 Payroll taxes	138,443	129,197	7,131	2,115
a Fees for services (non-employees) Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	125,193	124,150	1,043	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	32,223	32,223		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	26,203	25,426	640	137
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	164,845	164,845		
23 Insurance	1,618	1,618		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROFESSIONAL FEES	104,621	40,758	63,863	
b PUBLICATIONS & SUBSCRIPTIONS	1,678	1,678		
c EQUIPMENT RENTAL & MAINTENANCE	26,622	31,622	-5,000	
d MISC TAXES & LICENSES	1,468	1,468		
e OTHER EXPENSES	10,810	9,204	1,606	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,469,031	4,247,336	185,095	36,600
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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 1,376,028			
	b	Less accumulated depreciation	10b 821,571	508,592	10c	554,457
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,562,010	15	4,230,598
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,070,602	16	4,785,055
Liabilities	17	Accounts payable and accrued expenses		147,576	17	197,300
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		147,576	26	197,300
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,923,026	27	4,587,755
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		3,923,026	33	4,587,755
	34	Total liabilities and net assets/fund balances		4,070,602	34	4,785,055

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	5,133,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,469,031
3	Revenue less expenses Subtract line 2 from line 1	3	664,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,923,026
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,587,755

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ 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?	3a		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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

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

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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 described in **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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	22,285	3,932,763	5,029,425	5,026,500	5,133,760	19,144,733
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	616,444	662,447				1,278,891
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	638,729	4,595,210	5,029,425	5,026,500	5,133,760	20,423,624
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						20,423,624

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	638,729	4,595,210	5,029,425	5,026,500	5,133,760	20,423,624
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	638,729	4,595,210	5,029,425	5,026,500	5,133,760	20,423,624

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	100 000 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	100 000 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2010.** 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 ▶☑

b **33 1/3% support tests—2009.** 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 ▶☐

20 **Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

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

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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	91,040		83,831	7,209
c Leasehold improvements	809,967		510,711	299,256
d Equipment	475,021		227,029	247,992
e Other	0			0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				554,457

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) HERMANN HOSPITAL SYSTEM	4,230,598
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,230,598

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	5,133,760
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,469,031
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	664,729
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	664,729

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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
Audit Financial Statement Footnote Disclosure for FIN 48	Form 990, Schedule D, Part X Line 2	The Community Benefits Corporation does have an annual financial audit conducted although the financial accounts of the Community Benefits are also included in the financial statements that are audited by an independent public accounting firm of the consolidated Memorial Hermann Healthcare System entities and its related affiliates The paragraph included in the last issued audited financial statements of the Community Benefits was IncomeTaxes The Community Benefit is a nonprofit organization and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code The Community Benefit did not conduct unrelated business activities during the year ending June 30, 2011 Therefore, the Community Benefits has made no provision for federal income taxes in the accompanying financial statements The Community Benefits applies the provisions of FASB ASC 740, Income Taxes,which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return FASB ASC 740 also provides guidance or de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition The Community Benefit does not believe its financial statements include or reflect any uncertain tax positions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

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

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) Children At Risk2900 Weslayan St 400 Houston, TX 77027	76-0360533	501(C)(3)	50,000				Funding of healthcare services
(2) Community Clinic101 Pine Manor Drive Oak Ridge North, TX 77385	75-2634623	501(c)(3)	100,000				Funding of Healthcare Services
(3) Gateway to Care3611 Ennis Houston, TX 77004	20-2946677	501(c)(3)	125,000				Funding of healthcare services
(4) Tomagwa Ministries Medical Clinic455 School Road Ste 30 Tomball, TX 77375	76-0280324	501(c)(3)	20,000				Funding of healthcare services
(5) Texas Health Institute 8501 N Mopac Expressway No 300 Austin, TX 78759	74-2237787	501(c)(3)	20,000				Funding of healthcare services
(6) Memorial Hermann Hospital System909 Frostwood Suite 2100 Houston, TX 77024	74-1152597	501(C)(3)	1,272,074				Funding of healthcare services

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 6

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Monitoring the use of Grants and Awards Funding	Schedule I, Part I, Line 2	Community agencies can request funds from Memorial Hermann by completing a Proposal Submission Packet which details the agency's mission, services, existing collaborators, and realized and proposed goals Missions and goals that support Memorial Hermann's community benefit mission of increasing and strengthening the primary and specialty care infrastructure for the uninsured and underinsured community receive high priority Often a site visit is performed by Memorial Hermann Community Benefit Corporation staff and recommendations are made to the President and CEO for the ultimate decision

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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 accured 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**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Wolterman Daniel J	(i)	0	0	0	0	0	0	0
	(ii)	964,272	1,061,898	162,140	1,619,336	19,189	3,826,835	495,195
(2) Aulbaugh Carrol E	(i)	0	0	0	0	0	0	0
	(ii)	537,071	413,468	245,051	678,631	14,442	1,888,663	299,420
(3) Duco Bernard A Jr	(i)	0	0	0	0	0	0	0
	(ii)	401,138	267,022	49,251	435,798	13,077	1,166,286	95,117
(4) McVeigh Dennis P	(i)	0	0	0	0	0	0	0
	(ii)	265,507	169,192	123,750	259,644	7,080	825,173	105,458
(5) Paret Carol J	(i)	0	0	0	0	0	0	0
	(ii)	215,290	138,391	51,013	222,126	18,869	645,689	50,889
(6) Reimer P Renee	(i)	0	0	0	0	0	0	0
	(ii)	227,611	82,694	5,405	188,257	6,326	510,293	0
(7) Stokes Charles D	(i)	0	0	0	0	0	0	0
	(ii)	619,002	436,378	53,150	781,752	14,512	1,904,794	108,334
(8) Beckstett Douglas G	(i)	0	0	0	0	0	0	0
	(ii)	406,353	275,708	161,362	471,138	13,145	1,327,706	198,319
(9) Shabot M Michael MD	(i)	0	0	0	0	0	0	0
	(ii)	437,362	286,518	100,071	498,740	19,169	1,341,860	138,275
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
Supplemental Non-qualified Retirement Plans	Form 990, Schedule J, Line 4-b	Memorial Hermann Healthcare System (of which the Community Benefits is a part) sponsors two nonqualified retirement plans for certain executives who are part of a select group of highly compensated or management employees The first plan is a make-up plan and provides for an annual payment (upon achieving full vesting in the qualified retirement plan) equivalent to the amount of contribution from the employer that is lost to the employee due to the limits on compensation and benefits in the Internal Revenue Code The second plan is called the Deferred Compensation Plan, and it provides for a payment (upon full vesting in the plan) In this plan, certain executives who are part of a select group of highly compensated or management employees are provided with a payment such that the total retirement contribution for the participant is based on a percentage of the participant's base salary For example, someone earning a base salary in the range of $200,000 to $350,000 will receive a payment such that the total amount of retirement contributions from the qualified cash balance pension plan, the make-up plan and this plan equal 20% Base salary range >$600,000 Total Contributions @ 27 5% of base salary, $350,000 to $600,000 @ 24%, $200,000 to $350,000 @ 20%, < $200,000 @ 17 9% Applicable amounts paid for the persons listed AULBAUGH, CARROL 164,395 BECKSTETT, DOUGLAS 114,499 DUCO, BERNARD A JR 15,391 McVEIGH, DENNIS 63,086 PARET, CAROL 16,829 SHABOT, M MICHAEL MD 48,218 WOLTERMAN, DAN 113,192
Non-Fixed Payments of Compensation	Form 990, Schedule J, Line 7	Memorial Hermann Healthcare System (of which the Community Benefits is a part) sponsors an executive compensation philosophy that is based on competitive market and pay-for-performance principles The Compensation Committee of the System implements this philosophy by, generally, setting base salaries at the median of the organization's talent market and using an annual incentive plan and long-term incentive plan that make incentive payments based on the achievement of performance goals determined by the Committee at the beginning of the year for the annual plan or at the beginning of the three year cycle for the long-term performance plan In all cases, the incentive targets are set so that all payments will be reasonable
Tax Indemnification & Gross Up Payments	Schedule J, Part I, Line 1a	Memorial Hermann provides certain cash payments to employees for non-wage purposes that are grossed up for tax indemnification These could include moving related expenses, special recognition rewards, and holiday awards The payments are included in each employee's W-2 as taxable income on a grossed-up basis
Average Hours Worked per Week	Schedule J-2, Column B	Corporate officers, key employees, and highly compensated employees work an average of more than 50 hours per week for the reporting organization, related organizations included in Schedule R, and all other affiliated entities

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Akira Nishikawa MD	Medical Director MHHS	37,440	Medical Director Fees		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135027212

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

Identifier	Return Reference	Explanation
Payroll Record keeping	Form 990, Part V, Line 2b	The employees of the Community Benefits are record-kept and paid through the payroll system of Memorial Hermann Hospital System and reported under the Hospital System's EIN for Form 941 and Form W-2 purposes All costs of the compensation and benefits of the Community Benefits employees are reimbursed to the Hospital System Corporate officers are employees of Memorial Hermann Hospital System and their salaries and benefits are not allocated amongst the various corporate entities for which they conduct employment activities

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

Identifier	Return Reference	Explanation
Review of Form 990	Form 990, Part VI, Section B, Line 11a	The Community Benefits provides a copy of the Form 990 to any member of the governing body that requests one The Form 990 is reviewed by Memorial Hermann financial accounting staff, by specific departments involved in related sections of the return, and by the Memorial Hermann Chief Accounting Officer prior to its filing, and by Memorial Hermann's public accounting firm Ernst & Young

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

Identifier	Return Reference	Explanation
Review of Compensation for Directors, Officers, and Key Employees	Form 990, Part VI, Section B, Line 15a and Line 15b	The process for determining compensation for the Organization's CEO and other top management is modeled after the requirements in Internal Revenue Code Section 4958 to establish the presumption of reasonable compensation Compensation was reviewed and approved by a Compensation Committee (the "Committee") of the Board of Memorial Hermann Healthcare System, which is comprised of independent persons By engaging an independent compensation consultant, the Committee considered comparable market data from published surveys and Form 990 of comparable organizations in evaluating the compensation for each individual The Committee conducted a review of this comparability data and documented its deliberation and discussion in minutes that are retained with the other governance materials of the Organization The Committee followed the process to establish the presumption that compensation paid to the Organization's CEO and other top management for purposes of Section 4958 by relying on professional advice in the written opinion of reasonableness from the independent compensation consultant ALL EMPLOYEES ARE PAID BY CORPORATION OR AFFILIATE HEALTHCARE SYSTEM ENTITY AND NO TIME OR SALARY IS ALLOCATED CORPORATE OFFICERS PERFORM ADMINISTRATIVE ACTIVITIES FOR MULTIPLE RELATED ENTITIES FOR WHICH NO INTERUNIT ALLOCATION OF TIME OR SALARY IS MADE DIRECTORS ARE VOLUNTARY CITIZENS OF COMMUNITY WHO PERFORM THEIR DUTIES WITHOUT COMPENSATION FOR HOURS DEVOTED TO BOARD WORK

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

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

Identifier	Return Reference	Explanation
Assessment of Community Needs for Healthcare Services	Form 990, Part III, Line 1	Each decision made by Memorial Hermann Community Benefits Corporation to invest its people , resources, and talents in community benefit efforts is data driven Given that 31% of th e Houston area is uninsured, numerous community needs analyses center around the Universit y of Texas School of Public Health's HOUSTON AREA HOSPITALS EMERGENCY DEPARTMENT USE STUDY , which Memorial Hermann has participated in since 2003 The study monitors hospital emerg ency department use in Houston hospitals and is a data source for numerous assessments to understand primary care-related ER use including the characteristics of these patients, pa rticularly those who are children, who are uninsured, and who have Medicaid The study con ducted in 2011 shows that 41% of all ER visits and 48% of all treated and released ER visi ts are primary care related With the desire to change emergency room use comes the need t o identify available capacity of our existing safety-net clinics, and what is needed by ea ch entity to increase its capacity to be able to respond to changes in ER usage our commun ity efforts achieve This study, the GREATER HOUSTON CLINIC CAPACITY ANALYSIS, performed i n early 2012 by Project Safety-Net and University of Texas School of Public Health, indica tes that the community clinics are currently meeting about 30 percent of the demand for pr imary care visits by the low-income population and the rest is either met by private pract ice physicians or is left unmet Further, the study anticipates that safety net providers will only be able to meet 25 percent of the demand under the Affordable Care Act (ACA) It is important to be concerned because a shortage of primary care leads to more people expe riencing serious illness requiring expensive specialty care, emergency services and hospit alization It is the MHCBC's mission to implement programs to work with other healthcare p roviders, government agencies, business leaders and community stakeholders to ensure that all residents of the greater Houston area have access to the care they need to improve the ir quality of life and the overall health of the community MHCBC's programs are designed to provide care for uninsured and underinsured children, to reach those Houstonians needin g low cost care, to support the existing infrastructure of non-profit clinics and FQHCs, a nd to educate individuals and their families on how to access the healthcare available to them THE HEALTH OF HOUSTON STUDY, a recent comprehensive study conducted by the Institute for Health Policy of The University of Texas School of Public Health through stakeholder input and neighborhood surveying will be a continuing source to MHCBC in continued program planning efforts by biennially assessing the health of Houstonians and tracking emerging health issues and health improvements Committed to making the greater Houston area a heal thier and more vital place to live, MHCBC supports the following initiatives Memorial Her mann Health Centers for Schools, established in 1995, offers access to primary medical and mental health services to more than 38,300 underserved children at 49 schools in the Grea ter Houston area In 2011, asthma exacerbations, emergency room visits and hospitalizatio n s w ere reduced by 83% The Memorial Hermann Mobile Dental Clinic, established in 2000, has tw o dental vans and provides access to preventative and restorative dental services at al l six Health Centers for Schools' sites and is accessible as a "dental home" for 38,300 un insured and underinsured students from 49 schools In 2011, no more than 25% of patients a t recall of both age groups experienced caries These outcomes are significant given 80% o f initial patients are diagnosed with caries, 33% are diagnosed with five or more caries A dietitian is available through the Health Eating and Lifestyles Program (HELP) designed to educate Health Centers for Schools children and their families on the importance of pro per nutrition and exercise In 2011, 77% of enrolled students reduced their BMI, 67% reduc ed their cholesterol levels Serving the community since 2008, the Memorial Hermann ER Nav igation program places certified Community Health Workers who have the training, cultural understanding and linguistic capacity to help the uninsured, who disproportionately use em ergency rooms for healthcare, 'navigate' the complex health system, obtain a medical home, schedule appointments, secure needed social services and cope with future healthcare conc erns Since its inception, the ER Navigation Program has navigated 18,270 patients The Me morial Hermann Neighborhood Health Centers are strategically located near three of Houston 's busiest ERs and provide care to working families without access to insurance and who do not qualify for other programs The goal is to provide this population with a medical hom e for routine care, and prevent these cases from escalating to emergencies At $48/visit, with low cost labs and prescriptions, seven day a

Identifier	Return Reference	Explanation
Assessment of Community Needs for Healthcare Services	Form 990, Part III, Line 1	week access, and the provision of preventive, acute, as well as chronic care, they are an affordable medical home for newborns to the elderly Decreased hypertension, management of diabetes, and a place where women feel comfortable returning for their annual well-woman exams are examples of the continuity of care and improved health resulting MHCBC has play ed numerous and critical roles with a grass-roots Houston collaborative, Gateway to Care and its Provider Health Network (PHN) to recruit physicians, hospitals, and ancillary providers to provide specialty care to uninsured patients with incomes below 150% of poverty With one in every four primary care visits requiring a referral to a specialist, the Provider Health Network serves as a bridge, connecting uninsured people to the specialty care they desperately need to get well Recruiting is through numerous avenues-societies, insurance companies, etc -to rally the resulting city-wide effort The PHN has provided significant opportunities for our own medical staffs to participate in caring for the uninsured The provision of an organized effort with a designated staff for monitoring referrals is welcomed by the medical community as they desperately want to be a part of a solution, but fear being overwhelmed Community Clinic (private-not-for-profit and FQHC) Initiatives receive MHCBC funding and support to fill target population gaps by providing primary healthcare and chronic illness care to uninsured children and adults Children at Risk MHCBC supports a Policy Coordinator for a Food in Schools initiative with the goal of increasing participation in the Universal Free Breakfast program by connecting an additional 3,610 students to 649,728 meals

Identifier	Return Reference	Explanation
Assessment of Community Needs for Healthcare Services 2	Form 990, Part III, Line 1	Patient Education of Eligibility for Assistance Assistance for patients to take advantage of all appropriate health improvement programs available within the community are through MHCBC's navigation services In 2008, MHCBC launched the ER Navigation program at Memorial Hermann as a natural response to the community need of educating patients on how to navigate through their existing resources, increasing access and using healthcare resources appropriately to reduce healthcare costs Today, the ER Navigation program places a Community Health Worker (CHW) or "navigator" on-site in Memorial Hermann's three busiest emergency rooms to educate patients on the importance of identifying and using a consistent health home rather than relying on emergency rooms for their primary care Patients eligible for the program are 18 months to age 65 who frequently use the ER for primary care and are uninsured or Medicaid Certified CHW training is offered by Memorial Hermann partner, Gateway to Care CHWs gain the trust of patients by being familiar with the community's culture, language and values and by sharing their knowledge about local healthcare services and programs CHWs identify clinics that are the best fit for an individual's location, income, language, work hours, bus routes and address issues that may push health care down the priority list--the need for food stamps, rental support and assistance with utilities They provide patients with clinic referrals, make appointments, arrange transportation, share information and referrals to community and safety net programs, educate about qualifying for and using public benefits and other payment resources, serve as a liaison between the patient and providers and tackle other challenges to appropriate care CHW's stress the importance of having a health home and provide support and guidance in making and keeping future health appointments While navigators initially meet with patients during the ER visit, much of their work is done in follow-up, ensuring that a clinic appointment was made, was successful and assisting with the paperwork required for qualification for Medicaid, CHIP or county indigent programs The primary goal of the ER Navigation program is to find an appropriate health home for patients and provide them with the resources to navigate through future medical concerns A secondary goal is to reduce the time of delivery of services in cases of chronic and serious illnesses Similar support of all Memorial Hermann Hospitals is also provided through the COPE (Care Management Community Program Eligibility) Program which provides empowering services for uninsured patients to improve their health and well being through education about and coordination with community health services COPE targets patients who have repetitively been inpatients and ER patients and exhibit the need for one- on-one support to identify, access, and obtain services in their own community Enrolling these populations into public benefits through all of these venues automatically increases their likelihood of obtaining regular primary and preventative care, the kind of care that ensures health and the potential for a prosperous future while concurrently eliminating the cost burden presently experienced by safety-net providers Community Information Memorial Hermann serves "greater Houston," a multi-county area along the Gulf Coast in southeast Texas-where several counties are without hospital district services The 6th largest metropolitan area in the United States, greater Houston is one of the fastest growing with a population of 5 9 million-a 25 2% growth rate since the 1990 census A source of strength in a global economy, Houston prizes its racial and ethnic diversity According to U S Census 2010 estimates, Houston is 25 6% White, 43 8% Hispanic, 23 7% Black or African American, 0 7% Native American, and 6 2% Asian/Pacific Islander Per capita income is $2 5,927 In Houston, 21% of all residents are living below the poverty line-20% higher than the rate for Texas The largest employers in the community include Memorial Hermann Healthcare System (19,500 employees), The University of Texas M D Anderson Cancer Center (15,0 00 employees), ExxonMobil (13,000 employees), Shell Oil Company (13,000 employees), and Kroger Company (12,000 employees) The Houston area has experienced a recent dip in the unemployment rate to below 8% which is still double what it was before the recession Unfortunately, communities within the region are still facing 9% or higher unemployment A staple in Houston, the healthcare industry remains one of the more stable industries in the region This sector is projected to add 10,300 jobs in 2012 The greater Houston area is one of the hardest hit areas in the healthcare/uninsured crisis--thirty-one percent of Houston's residents are uninsured In comparison, Texas's uninsured rate--although the highest of all states--is 24 6% (one out of every four Texans

Identifier	Return Reference	Explanation
Assessment of Community Needs for Healthcare Services 2	Form 990, Part III, Line 1	is uninsured-more than six million Texans) and the national rate is 16 3% Houston's fast- growing Hispanic population accounts for a large percentage of uninsured residents In fac t, even after healthcare reform is fully implemented, estimates are that 15% of Houston ar ea residents w ill remain uninsured This situation is exacerbated by state budget cutbacks decreasing funding to vital health programs and reducing Medicaid reimbursements Memoria l Hermann is committed to ensuring that the greater Houston community receives the high qu ality healthcare it deserves Health education and prevention activities and increased acc ess to healthcare, such as Memorial Hermann provides, are vital to improving the overall h ealth of residents w hose leading causes of health issues mirror the nation's (heart diseas e, cancer, strokes, accidents, chronic respiratory disease and diabetes)

Identifier	Return Reference	Explanation
Assessment of Community Needs for Healthcare Services 3	Form 990, Part III, Line 1	Respective roles of the organization and its affiliates Leadership Dan Wolterman joined Memorial Hermann Healthcare System as Senior Vice President of Hospital Operations in 1999 and was named President and CEO in 2002 With more than 30 years experience in the healthcare industry, Wolterman's leadership, compassion and commitment to addressing Houston's health and social issues serves as the catalyst for Memorial Hermann employees, physicians and volunteers to provide excellence in healthcare and community outreach As leader of the largest non-public provider of in-patient charity care and Medicaid in the greater Houston area, Wolterman advocates on behalf of all Texas hospitals to develop initiatives to reduce the number of uninsured Texans and repair the over-burdened, fragmented safety net provider system that provides healthcare to Medicaid, the uninsured and other vulnerable patients MHCBC has worked closely with Gateway to Care and provided significant support for the grassroots collaborative made up of 170 members including affiliated public and private safety net health systems, coalitions, advocacy groups and social service providers who share the vision of 100% access Since Gateway to Care's inception in 2000, it has brought nearly $80 million in new healthcare resources to the region Carol Paret, CEO of MHCBC and former Board Chair of Gateway to Care, was instrumental in starting the Gateway to Care Provider Health Network (PHN) to guide the city's medically indigent residents away from emergency rooms and into a new network of specialty-care providers Paret provides leadership as the PHN's first and only Board Chair and actively recruits physicians in all specialties and supporting service providers who agree to take a self-determined number of uninsured patients each month MHCBC also collaborates with the following organizations to advance its work in addressing Houston's health and social issues and improve its well-being Texas Health Institute, the Harris County Hospital District, M D Anderson Cancer Center and The University of Texas Health Science Center at Houston School of Public Health MHCBC operations and programs are funded through an annual $5 million pledge to the Community Benefit Corporation from Memorial Hermann Healthcare System's net revenues Private and corporate foundations, government grants and community contributions supplement this pledge Each initiative is evaluated annually on efficiency, effectiveness and achievement of stated outcomes before the program is included in the operating budget and the three-year strategic planning process The MHCBC is charged with the creation, implementation, and sustenance of solutions The MHCBC is focused on eliminating the roadblocks that prevent access to healthcare--lack of education, accessibility, insurance status, and capacity--and partners with numerous sectors of the community to sustain this focus Successful program outcomes must demonstrate the short and long term impact on individual lives and/or a population An integral part of MHCBC's mission to improve healthcare is the sharing of successful programs with other organizations for replication Thus MHCBC's roadmap for sustainability is measurable goals and outcomes, dedicated resources, organizational commitment, and securing additional funding and partnerships

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

Identifier	Return Reference	Explanation
Form 5471 cat 5 filing	Form 5471	US Corporation with Form 5471 Category 5 Filing Requirement Memorial Hermann Community Benefit Corporation EIN 68-0511504 Tax Year Ended 06/30/2011 Disclosure Statement Related to Forms 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations, Filed on Behalf of the Taxpayer Under the constructive ownership rules of IRC Sections 958(a) and (b), if the taxpayer is required to file Forms 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations, as a Category 5 filer with respect to certain controlled foreign corporations (CFCs) These filing requirements are or will be satisfied through the filing of Forms 5471 for Memorial Hermann Hospital System who has the same filing requirement

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135027212

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

2010

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Memorial Hermann Healthcare System 909 Frostwood Suite 2100 Houston, TX 77024 76-0025117	Healthcare	TX	501 (c)3	11	NA		
(2) Memorial Hermann Foundation 909 Frostwood Suite 2100 Houston, TX 77024 74-1653640	Fund raising	TX	5011 (c)3	11	NA		
(3) Memorial Hermann Hospital System 909 Frostwood Suite 2100 Houston, TX 77024 74-1152597	Healthcare	TX	501 (c)3	3	NA		

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

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

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
(1) Memorial Hermann Health Network Provider 909 Frostwood Suite 2100 Houston, TX77024 76-0074819	Claims Admin	TX	NA	C Corp			
(2) Memorial Health Ventures 909 Frostwood Suite 2100 Houston, TX77024 74-2211474	Investments	TX	NA	C Corp			
(3) MHEALTH INC 909 Frostwood suite 2100 Houston, TX77024 26-4419989	Insurance	TX	NA	C Corp			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

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

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 68-0511504

Name: Memorial Hermann Community Benefits Corporation

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

4d. Other program services

(Code	) (Expenses $	172,195	including grants of $	) (Revenue $	)
COPE					
(Code	) (Expenses $	138,487	including grants of $	) (Revenue $	)
ER Navigators					