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**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>2011, and ending</b>		<b>20</b>
<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>METHODIST HOSPITAL FOUNDATION</b>			<b>D Employer identification number</b> <b>95-3407027</b>
	<b>Doing Business As</b>			<b>E Telephone number</b> <b>626-898-8000</b>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	<b>300 W. HUNTINGTON DRIVE</b>			
	City or town, state or country, and ZIP + 4 <b>ARCADIA, CA 91007</b>			<b>G Gross receipts \$</b>
<b>F Name and address of principal officer:</b> <b>MICHAEL DRIEBE</b> <b>300 W. HUNTINGTON DR., ARCADIA, CA 91007</b>			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> <b>WWW.METHODISTHOSPITAL.ORG</b>				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>1979</b>	<b>M State of legal domicile:</b> <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT METHODIST HOSPITAL THROUGH SOLICITATION, RECEIPT AND ADMINISTRATION OF GIFTS FROM INDIVIDUALS, CORPORATIONS, PRIVATE FOUNDATIONS AND GRANT MAKING ENTITIES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>35</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,951,013	<b>Current Year</b> 3,463,244
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 5d)	171,437	178,132
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(8,823)	(117,448)
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,113,627	3,523,928
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), line 3)	5,259,633	6,348,976
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	573,129	0
<b>Expenses</b>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	35,000	66,030
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	667,103	667,103
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,752	857,283
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,213,514	7,272,289
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	(2,099,887)	(3,748,361)
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 17,478,400	<b>End of Year</b> 13,501,319
	<b>21</b>	Total liabilities (Part X, line 26)	232,976	205,872
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	17,245,424	13,295,447

**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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>			
	<b>WILLIAM GRIGG, ASSISTANT TREASURER</b>	<b>11/12/12</b>			
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name</b>				
	<b>Firm's address</b>				
	<b>Firm's EIN</b>				

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 11282Y

Form **990** (2011)

SCANNED DEC 12 2012

9-17

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 6,348,976 including grants of \$ 6,348,976 ) (Revenue \$ )  
SEE SCHEDULE O**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ► 6,348,976

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	✓
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b> ✓	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	✓
<b>b</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 . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b> ✓	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

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

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

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> ✓		
<b>2a</b> 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	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 32		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 30		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	✓	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	✓	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	✓	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		✓

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► WILLIAM GRIGG 300 W. HUNTINGTON DRIVE, ARCADIA, CA 91007 (626) 821-2310

**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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) RICHARD T. HALE, JR. CHAIR	2	✓		✓						
(2) WILLIAM M. PETMECKY III CHAIR ELECT	2	✓		✓						
(3) MICHAEL C. BERGER CO-TREASURER	2	✓		✓						
(4) MILES ROSEDALE CO-TREASURER	2	✓		✓						
(5) RICHARD SUN, D.D.S. SECRETARY	2	✓		✓						
(6) JOHN WU IMMEDIATE PAST CHAIR	2	✓								
(7) ANGELA FU DIRECTOR	2	✓								
(8) C.H. HSUEH DIRECTOR	2	✓								
(9) MICKEY SEGAL, C.P.A. DIRECTOR	2	✓								
(10) SHERRY WANG DIRECTOR	2	✓								
(11) DENNIS M. LEE HOSPITAL PRESIDENT (THRU AUGUST 2011)	2	✓						645,116		34,580
(12) DAN AUSMAN HOSPITAL PRESIDENT (FROM SEP 2011)	2	✓						536,608		3,194
(13) MICHAEL D. DRIEBE PRESIDENT	40	✓		✓				202,429		14,168
(14) KAY BERGLUND ASST. TREASURER	2			✓				358,134		32,130



**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) MAGGY KEEGAN (THRU EARLY OCT 2011) ASST SECRETARY	40			✓					43,229	447
(16) GINA KUGELMAN (FROM OCT 2011) ASST SECRETARY	40			✓					49,628	1,213
(17) BASHIR AHMAD, M.D. DIRECTOR	2	✓								
(18) DENNIS ALFIERI DIRECTOR	2	✓								
(19) CHRISTINE ANTONOVICH DIRECTOR	2	✓								
(20) PAUL A. BIGLEY, J.D. DIRECTOR	2	✓								
(21) DAVID C. CASHION, J.D. DIRECTOR	2	✓								
(22) JERALD P. DE LANGE DIRECTOR	2	✓								
(23) THOMAS O. HOFFMAN J.D. DIRECTOR	2	✓								
(24) MICHAEL G. HOOVER DIRECTOR	2	✓								
(25) YUNGTAI A. HSU DIRECTOR	2	✓								
<b>1b Sub-total</b>								0	1,835,145	85,732
<b>c Total from continuation sheets to Part VII, Section A</b> ATTACHMENT I								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	1,835,145	85,732

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

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

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DISTINCTIVE GOURMET SERVICES - 300 E GREEN ST, PASADENA, CA 91101	CATERING SERVICES	110,835
PASADENA CONVENTION CENTER - 300 E GREEN ST, PASADENA, CA 91101	RENTING SPACE FOR DINNER DANCE	105,994
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2	

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events <i>ATCH. 2</i>	<b>1c</b>	658,720				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,804,524				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		18,883				
	<b>h</b> <b>Total.</b> Add lines 1a-1f			3,463,244			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			17,319			17,319
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)			160,813			160,813
	<b>8a</b> Gross income from fundraising events (not including \$ 658,720 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	271,797				
	<b>b</b> Less: direct expenses	<b>b</b>	392,825				
	<b>c</b> Net income or (loss) from fundraising events			(121,028)	<i>ATCH. 3</i>		(121,028)
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	3,580				
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities			3,580			3,580
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e</b> <b>Total.</b> Add lines 11a-11d							
<b>12</b> <b>Total revenue.</b> See instructions.			3,523,928			60,684	

**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).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,348,976	6,348,976		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	32,500		13,000	19,500
<b>b</b> Legal	855		641	214
<b>c</b> Accounting	12,000		9,000	3,000
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	66,030			66,030
<b>f</b> Investment management fees	13,157		6,579	6,579
<b>g</b> Other				
<b>12</b> Advertising and promotion	49,207		12,302	36,905
<b>13</b> Office expenses	15,452		7,726	7,726
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	4,552		2,276	2,276
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,125		563	563
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MANAGEMNT FEE TO METHODIST HOSPITAL	556,265	ATCH. 4	195,972	360,293
<b>b</b> PROGRAMS	150,608			150,608
<b>c</b> DUES AND SUBSCRIPTIONS	13,840		4,290	9,549
<b>d</b> BANK & CREDIT CARD TRANSACT FEES	6,892		3,446	3,446
<b>e</b> All other expenses MISC.	832		416	416
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,272,289	6,348,976	256,210	667,103
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	1,085,687	1	575,070
	2 Savings and temporary cash investments . . . . .	3,245,081	2	4,971,250
	3 Pledges and grants receivable, net . . . . .	3,520,005	3	3,329,260
	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) . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	1,497	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a		
	b Less: accumulated depreciation . . . . .	10b	10c	
	11 Investments—publicly traded securities . . . . .	3,277,897	11	3,147,324
	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 . . . . .	6,348,233	15	1,478,414
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	17,478,400	16	13,501,319	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	4,090	17	2,980
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	228,886	25	202,892
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	232,976	26	205,872
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	2,159,320	27	1,959,139
	28 Temporarily restricted net assets . . . . .	13,384,648	28	9,568,382
	29 Permanently restricted net assets . . . . .	1,701,456	29	1,767,926
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	17,245,424	33	13,295,447
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	17,478,400	34	13,501,319	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,523,928
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	7,272,289
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	(3,748,360)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	17,245,424
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	(201,617)
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	13,295,447

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 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** ☐ ☒
- b** Were the organization's financial statements audited by an independent accountant? . . . . . **2b** ☒ ☐
- c** If "Yes" to line 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? . . . . . **2c** ☒ ☐  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate 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** ☐ ☒

- 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** ☐ ☐

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

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

**2011**

**Open to Public  
Inspection**

Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number

95-3407027

**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?

- (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 supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,550,357	9,271,042	7,276,467	3,951,013	3,463,244	28,512,123
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	4,550,357	9,271,042	7,276,467	3,951,013	3,463,244	28,512,123
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						5,754,959
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						22,757,164

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,550,357	9,271,042	7,276,467	3,951,013	3,463,244	28,512,123
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	228,498	132,831	50,471	25,791	17,319	454,910
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	10,125	281,500	320,000	407,231	275,377	1,294,233
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						30,261,266
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	75.20 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	64.68 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV** **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).

**SCHEDULE A, PART II - OTHER INCOME - ATTACHMENT 1**

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
GROSS INCOME FROM FUNDRAISING	10,125	279,000	317,500	404,851	271,797	1,283,273
GROSS INCOME FROM GAMING		2,500	2,500	2,380	3,580	10,960
<b>TOTAL</b>	<b>10,125</b>	<b>281,500</b>	<b>320,000</b>	<b>407,231</b>	<b>275,377</b>	<b>1,294,233</b>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

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

**METHODIST HOSPITAL FOUNDATION**

Employer identification number

**95-3407027**

**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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,701,456	1,595,162	1,504,706	1,455,957	
<b>b</b> Contributions	66,470	106,294	90,456	48,749	
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,767,926	1,701,456	1,595,162	1,504,706	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 0 %
- b** Permanent endowment ☐ 100 %
- c** Temporarily restricted endowment ☐ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		✓
<b>3b</b>		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

**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 . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
Total. (Column (b) must 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
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
Total. (Column (b) must 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) GIFT ANNUITY RECEIVABLE	868,948
(2) TRUST ANNUITY RECEIVABLE	257,838
(3) PLANNED GIFT - OTHER	351,628
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,478,414

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) CHARITABLE REMAINDER TRUST	202,892
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	202,892

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 (ASC 740).

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	3,523,928
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	7,272,289
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	(3,748,360)
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	(193,874)
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	(7,743)
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	(201,617)
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	(3,949,977)

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,322,311
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	(193,874)
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	(7,743)
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	(201,617)
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,523,928
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,523,928

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,272,289
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	7,272,289
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,272,289

**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, line 2; 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.

SEE PAGE 5

**Part XIV Supplemental Information (continued)****INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND****SCHEDULE D, PART V, QUESTION 4**

CHAPLAINCY 172,697

GENERAL ENDOWMENT 44,225

UNRESTRICTED INCOME 1,000,000

MEMORIAL 38,264

HOMECARE/PHARMACY EDUCATION/ETC. 50,842

NURSING EDUCATION 156,667

MATERNAL CHILDHEALTH 3,885

CHARITY CARE 188,846

EMERGENCY SERVICES 112,500

**TOTAL 1,767,926****SCHEDULE D, PART XI, LINE 8**

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: (7,743)

**SCHEDULE D, PART XII, LINE 2D**

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: (7,743)

**Part XIV** Supplemental Information (continued)

FIN 48 (ASC 740)

METHODIST APPLIES THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH DEFINES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED. THOSE STANDARDS PRESERVE A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE RECOGNITION AND MEASUREMENT OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ONLY TAX POSITIONS THAT MEET THE MORE-LIKELY THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED. METHODIST HAS CONSIDERED THE POTENTIAL IMPACT OF ITS TAX POSITIONS, TAKEN OR NOT TAKEN, AND DETERMINED THERE WAS NO POTENTIAL LIABILITY UNDER ASC 740.

Department of the Treasury  
Internal Revenue Service

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

2011

**Open to Public Inspection**

**METHODIST HOSPITAL FOUNDATION**

**95-3407027**

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

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b> ALLEGiant DIRECT INC.                            | MAIL SOLICIT  |  | ✓  | 55,287                            | 66,030  | (10,743)  |
| <b>2</b> 278 Franklin Rd, 290, Brentwood, TN              |               |  |    |                                   |   |   |
| <b>3</b>  |               |  |    |                                   |   |   |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 55,287                            | 66,030  | (10,743)  |

- CA



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>CRYSTAL BALL</b> (event type)	(b) Event #2 <b>MARDI GRAS</b> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	838,223	92,294		930,517
	<b>2</b> Less: Charitable contributions . . . . .	592,296	66,424		658,720
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	245,927	25,870		271,797
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	113,634	7,705		121,339
	<b>7</b> Food and beverages . . . . .	123,096	2,417		125,513
	<b>8</b> Entertainment . . . . .	50,372	4,925		55,298
	<b>9</b> Other direct expenses . . . . .	86,089	4,585		90,675
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 392,825 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				(121,028)

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16 Gaming manager information:**

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, COLUMN (V)**

**INCLUDED IN COLUMN (V) ARE DIRECT MAILING SERVICES THAT ARE PAID FOR BY THE FOUNDATION ON BEHALF OF THE PROFESSIONAL FUNDRAISERS.**

SCHEDULE I  
(Form 990)

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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number  
95-3407027

OMB No. 1545-0047

2011

Open to Public  
Inspection

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 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) Methodist Hospital of So. Calif 300 W. Huntington Dr, Arcadia, CA	95-1643336	501(c)(3)	6,348,976	0	N/A	N/A	Healthcare Programs
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

1  
0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2011)



**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, line 23.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number

95-3407027

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
DENNIS LEE	(i)	527,412	78,564	39,140		14,700	19,880	679,697	
1	(ii)								
DAN AUSMAN	(i)	176,130	222	360,256		0	3,194	539,802	
2	(ii)								
KAY BERGLUND	(i)	299,120	38,296	20,718		12,250	19,880	390,265	
3	(ii)								
MICHAEL D DRIEBE	(i)	169,268	16,701	16,459		6,102	8,065	216,597	
4	(ii)								
5	(i)								
	(ii)								
6	(i)								
	(ii)								
7	(i)								
	(ii)								
8	(i)								
	(ii)								
9	(i)								
	(ii)								
10	(i)								
	(ii)								
11	(i)								
	(ii)								
12	(i)								
	(ii)								
13	(i)								
	(ii)								
14	(i)								
	(ii)								
15	(i)								
	(ii)								
16	(i)								
	(ii)								

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 3 - COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR**

PLEASE SEE SCHEDULE O NARRATIVE FOR FORM 990, PART VI, LINES 15A AND 15B FOR A DESCRIPTION OF THE PROCESS.

**PART I, LINE 4B - SUPPLEMENTAL NON-QUALIFIED PLAN**

METHODIST HOSPITAL MAINTAINS A SECTION 457F DEFERRED COMPENSATION PLAN FOR MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES, INCLUDING

THE FOUNDATION PRESIDENT. PARTICIPANTS BECOME FULLY VESTED WHEN THEY ATTAIN THE AGE OF 67 WHILE STILL EMPLOYED BY METHODIST HOSPITAL.

THERE WERE NO PAYOUTS FOR THE 457F IN 2011.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

**METHODIST HOSPITAL FOUNDATION**

Employer identification number

**95-3407027**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	2	18,883	SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**THIRD PARTIES TO SOLICIT, PROCESS OR SELL NONCASH CONTRIBUTIONS**

**PART I, LINE 32B**

FOR NON-CASH CONTRIBUTIONS, SUCH AS SECURITIES, THAT ARE NOT TO BE USED BY METHODIST HOSPITAL FOUNDATION IN THE CONDUCT OF ITS OPERATIONS, IT ARRANGES FOR SECURITIES BROKERS WITH EXPERTISE IN THE AREA TO ASSIST WITH THE SALE.

**NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED**

**PART I, COLUMN B**

THE NUMBER OF CONTRIBUTIONS WAS DETERMINED BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
**METHODIST HOSPITAL FOUNDATION**

Employer identification number  
**95-3407027**

**FORM 990, PART I, LINE 6 - VOLUNTEERS**

**ALL VOLUNTEERS ARE BOARD MEMBERS AND ARE NOT COMPENSATED FOR THEIR SERVICES.**

**FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION**

**THE METHODIST HOSPITAL FOUNDATION WAS FOUNDED FOR THE SOLE PURPOSE OF RAISING FUNDS FOR THE SUPPORT OF  
METHODIST HOSPITAL THROUGH SOLICITATION, RECEIPT AND ADMINISTRATION OF GIFTS FROM INDIVIDUALS, CORPORATIONS,  
PRIVATE FOUNDATIONS AND GRANT MAKING ENTITIES. FUNDS IN THE AMOUNT OF \$6,348,976 WERE TRANSFERRED TO METHODIST  
HOSPITAL BY THE FOUNDATION DURING 2011.**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICES**

**IN ADDITION TO PROVIDING SUPPORT FOR GENERAL HOSPITAL SERVICES, THE FOUNDATION ALSO SUPPORTED THE FOLLOWING  
SPECIFIC PROGRAMS OF METHODIST HOSPITAL OF SOUTHERN CALIFORNIA.**

**NEXT GENERATION CARE - A NEW PATIENT TOWER WAS COMPLETED DURING 2011 THAT HOUSED ADVANCED MEDICAL  
TECHNOLOGY AND INFORMATION SYSTEMS TO PROVIDE EXCEPTIONAL CARE IN A HEALING ENVIRONMENT. THE NEW TOWER  
FEATURES THE HOLLFELDER EMERGENCY CARE CENTER WHICH EXPANDS LIFE SAVING SERVICES, INCREASES THE NUMBER OF  
PATIENT BEDS AND ADDITIONAL CRITICAL CARE BEDS, PLUS SPECIALTY AREAS FOR CARDIOLOGY, CANCER AND ORTHOPEDICS.**

**CARDIAC CARE - METHODIST HOSPITAL IS COMMITTED TO ALWAYS BEING THAT PLACE - ONE THAT IS CAPABLE OF HELPING  
PATIENTS IN A CRISIS WHETHER IT IS A CARDIAC ARREST, HEART ATTACK, HEART FAILURE OR LONG TERM REHABILITATION  
CARE AFTER CARDIAC SURGERY. OUR EXCELLENCE IN COMPREHENSIVE CARDIAC SERVICES INCLUDES: (1) AS A SPECIALLY-  
DESIGNATED STEMI RECEIVING CENTER, PARAMEDICS BYPASS OTHER HOSPITALS AND BRING PATIENTS WHO ARE**

**EXPERIENCING A LIFE-THREATENING STEMI-TYPE HEART ATTACK (WHERE THE CORONARY ARTERY IS COMPLETELY BLOCKED OFF**

Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number

95-3407027

BY A BLOOD COLT) TO METHODIST HOSPITAL; (2) OUR CHEST PAIN TEAM STANDS READY 24 HOURS A DAY, SEVEN DAYS A WEEK, TO OPEN BLOCKED ARTERIES IN ONE OF OUR THREE CATH LABS IN LESS THAN 90 MINUTES, THE GOLD STANDARD IN CARDIAC CARE; (3) WE ARE AMONG THE FEW HEART CENTERS WHERE TOP ELECTROPHYSIOLOGISTS ARE REGULARLY MAPPING THE HEART AND USING ULTRASOUND OR RADIO WAVES TO CORRECT DANGEROUS ARRHYTHMIAS WITHOUT DRUGS; (4) IN OUR CARDIA REHABILITATION DEPARTMENT, STAFF CERTIFIED IN AHA ADVANCED CARDIAC LIFE SUPPORT OFFER EDUCATION AND EXERCISE THERAPY WHOSE GOAL IS TO HELP CARDIAC PATIENTS RECOVER QUICKLY AND RETURN TO WORK OR AN ACTIVE RETIREMENT; (5) LOS ANGELES COUNTY'S EMERGENCY MEDICAL SERVICES AGENCY RECOGNIZES THAT OUR TEAM PROVIDES SOME OF THE BEST CARDIAC CARE IN LOS ANGELES COUNTY; (6) AMONG OTHER AWARDS, METHODIST HOSPITAL'S CARDIOLOGY SERVICES WERE RECENTLY RECOGNIZED WITH A GOLD PERFORMANCE ACHIEVEMENT AWARD FROM AMERICAN HEART ASSOCIATION (AHA) FOR OUR HIGH-QUALITY CARE OF CONGESTIVE HEART FAILURE PATIENTS; (7) THE OPENING OF THE NEW HOLLFELDER EMERGENCY CARE CENTER IN 2011 FURTHER ENHANCES OUR EMERGENCY CARDIAC CARE CAPABILITIES.

STROKE CARE CENTER - METHODIST HOSPITAL IS APPROVED BY THE JOINT COMMISSION AS AN ADVANCED PRIMARY STROKE CENTER AND IS CERTIFIED BY THE COUNTY OF LOS ANGELES AS AN APPROVED STROKE CENTER. IN FACT, WE ARE AMONG ONLY 18 APPROVED STROKE CNETERS IN LOS ANGELES COUNTY - AND ONE OF ONLY TWO SUCH FACILITIES IN THE SAN GABRIEL VALLEY. WHEN IT COMES TO EFFECTIVE STROKE TREATMENT, WHERE PATIENTS GO FOR HELP IS CRITICALLY IMPORTANT. METHODIST HOSPITAL MEETS ALL THE KEY CRITERIA WITH: (1) SPECIALLY TRAINED PHYSICIANS, NURSES AND TECHNICIANS WHO READY TO SPRING INTO ACTION WHENEVER A STROKE PATIENT ARRIVES; (2) A PLACE THAT DELIVERS CARE FAST - MEETING OR EXCEEDING NATIONAL RECOMMENDATIONS TO RAPIDLY ASSESS STROKE VICTIMS AND START TREATMENT WITHIN 60 MINUTES OF ARRIVAL IN THE EMERGENCY DEPARTMENT; (3) THE EQUIPMENT AND TECHNOLOGY TO STOP STROKE IN ITS TRACKS AND MINIMIZE DAMAGE; (4) A HOSPITAL WITH A PLAN OF ACTION THAT WORKS HARD TO CARE FOR THE UNIQUE NEEDS OF EVERY STROKE PATIENT. OUR GOAL IS TO ENSURE THAT PATIENTS NEVER HAVE TO EXPERIENCE ANOTHER STROKE.

EMERGENCY DEPARTMENT - METHODIST HOSPITAL IS ONE OF THE TWO LARGEST EMERGENCY DEPARTMENTS IN THE WEST SAN GABRIEL VALLEY. EACH YEAR, WE PROVIDE CARE FOR APPROXIMATELY 40,000 PATIENTS WHO COME THROUGH OUR EMERGENCY DEPARTMENT. OUR EMERGENCY DEPARTMENT HAS PHYSICIANS OF ALL SPECIALTIES ON CALL 24 HOURS PER DAY, SEVEN DAYS PER WEEK, INCLUDING CARDIOLOGIST, ORTHOPEDIC, PLASTIC, HAND, NEURO AND VASCULAR SURGEONS -

Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number

95-3407027

SPECIALISTS THAT MAY NOT BE AVAILABLE AT OTHER HOSPITALS. OUR NEW EMERGENCY ROOM IN THE NORTH TOWER

PROVIDES: (1) MORE SPACE THAT IS APPROPRIATE AND COMFORTABLE TO BETTER ACCOMODATE THE GROWING NUMBER

OF PATIENTS SEEKING QUALITY EMERGENCY CARE IN OUR COMMUNITY; (2) THE HOSPITAL'S CAPACITY TO RECEIVE ALL PATIENTS

WHO NEED CARE; (3) ADVANCED EQUIPMENT FOR PATIENT CARE, INCLUDING THE LATEST RAPID DIAGNOSTIC TESTING EQUIPMENT;

(4) MORE RAPID AND EFFECTIVE PATIENT CARE THROUGH THE IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS.

FORM 990, PART VI, LINE 2 - RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES

RICHARD T HALE JR AND ANER IGLESIAS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, LINES 6 AND 7A - DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

THE PERSONS WHO SIMULTANEOUSLY SERVE ON THE METHODIST HOSPITAL OF SOUTHERN CALIFORNIA'S BOARD OF DIRECTORS

AND THE FOUNDATIONS'S BOARD OF DIRECTORS ARE THE CORPORATE MEMBERS. THE CORPORATE MEMBERS ELECT THE

DIRECTORS OF THE FOUNDATION AT THEIR ANNUAL MEETING.

FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS

THE FOLLOWING MATTERS ARE SUBJECT TO CORPORATE MEMBERS' APPROVAL.

(A) ANNUALLY, AUDITED FINANCIAL STATEMENTS AND, PERIODICALLY, UNAUDITED FINANCIAL STATEMENTS (WHICH FINANCIAL

STATEMENTS ARE TO BE PREPARED IN SUCH FORM, WITH SUCH CONTENT, AND AT SUCH INTERVALS AS SHALL BE SPECIFIED

BY THE CORPORATE MEMBERS); (B) THE AMENDMENT OR RESTATEMENT OF THE FOUNDATION ARTICLES OF INCORPORATION

OR BYLAWS; (C) THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE FOUNDATION; (D) THE SELECTION OR REMOVAL OF THE

INDEPENDENT AUDITOR FOR THE FOUNDATION; (E) THE BORROWING OF FUNDS BY THE FOUNDATION; (F) SUCH OTHER MATTERS

AS MAY BE REQUIRED BY LAW TO BE SUBMITTED TO THE CORPORATE MEMBERS; (G) OTHER MATTERS DEEMED ADVISABLE BY

THE BOARD OF DIRECTORS; AND (H) ANY OTHER MATTER WHICH MAY BE SPECIFIED BY THE CORPORATE MEMBERS.

Name of the organization

METHODIST HOSPITAL FOUNDATION

Employer identification number

95-3407027

FORM 990, PART VI, LINE 11 - THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW FORM 990

FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO ITS FILING WITH ADEQUATE TIME TO MAKE INQUIRIES OR RECOMMENDATIONS.

FORM 990, PART VI, LINE 12C - DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

BY WRITTEN POLICY, OFFICERS, DIRECTORS, KEY EMPLOYEES AND MANAGERS TO PREPARE ANNUAL DISCLOSURE STATEMENTS TO REFLECT FINANCIAL OR PERSONAL INTEREST IN, OR OBLIGATIONS, WHICH MIGHT AFFECT OR APPEAR TO AFFECT, HIS/HER JUDGEMENT ON BEHALF OF METHODIST HOSPITAL OF SOUTHERN CALIFORNIA OR METHODIST HOSPITAL FOUNDATION.

ALL MATERIAL FACTS RECEIVED ARE PRESENTED TO THE EXECUTIVE TEAM ANNUALLY OR UPON DISCLOSURE OF

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE EXECUTIVE TEAM IS RESPONSIBLE FOR ASCERTAINING WHAT IF ANY NEXT STEPS AND/OR ACTIONS MAY BE NECESSARY TO PROTECT THE INTEREST OF THE HOSPITAL. BASED ON THE ASSESSMENT OF THE MATERIALITY OF THE CONFLICT, THE INTERESTED OFFICER OR DIRECTOR MAY BE ASKED TO ONLY PROVIDE INPUT INTO THE DISCUSSION BUT REFRAIN FROM VOTING; OR MAY BE ASKED TO LEAVE THE ROOM DURING THE DISCUSSION AND REFRAIN FROM VOTING.

FORM 990, PART VI, LINES 15A & 15B AND SCHEDULE J, PART 1, LINE 3 - PROCESS AND REVIEW FOR DETERMINING

COMPENSATION OF OFFICERS

ALL OFFICERS AND DIRECTORS RECEIVING COMPENSATION ARE EMPLOYED BY METHODIST HOSPITAL OF SOUTHERN CALIFORNIA. COMPENSATION ARRANGEMENTS ARE ESTABLISHED PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION OF REASONABLENESS AS PROVIDED FOR IN IRC SEC 4958 (EXCESS BENEFIT TRANSACTION TAX). THIS PROCESS REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, THE USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION MAKING PROCESS.

THE BOARD PERFORMS PERIODIC REVIEW AND DETERMINATION OF APPROPRIATE COMPENSATION LEVELS FOR THE

PREVIOUSLY MENTIONED OFFICERS AND KEY EMPLOYEES BASED UPON EXTERNAL SALARY DATA. THEIR MOST RECENT

REVIEW INCLUDED BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY

EMPLOYEES, INCLUDING TOTAL ECONOMIC BENEFITS PAID BY ORGANIZATIONS WHICH THE GOVERNING BODY BELIEVES

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ARE SIMILARLY SITUATED FOR SIMILAR JOB RESPONSIBILITIES, AS OBTAINED FROM INDEPENDENT THIRD-PARTY SOURCES.

THE BOARD'S WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE ARRANGEMENT WITH THE DISQUALIFIED PERSON

(INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED); (2) A LIST OF MEMBERS PRESENT DURING THE DEBATE OF THE

TRANSACTION (AND HOW THE MEMBERS VOTED WHEN IT WAS APPROVED); AND (3) A DESCRIPTION OF THE COMPARABLE

DATA RELIED ON BY THE COMMITTEE. KEY DELIBERATIONS, A DESCRIPTION OF THE COMPARABILITY DATA, HOW IT WAS

OBTAINED, THE MEMBERS PRESENT AND HOW THEY VOTED, WAS DOCUMENTED IN THE EXECUTIVE COMPENSATION COMMITTEE

MINUTES. THE RESULTS OF THE EXECUTIVE COMPENSATION COMMITTEE OF METHODIST HOSPITAL RELATED TO THE FOUNDATION

PRESIDENT IS REVIEWED AND APPROVED BY THE FOUNDATION'S EXECUTIVE COMMITTEE. THIS PROCESS WAS COMPLETED FOR

ALL OFFICERS AND KEY EMPLOYEES IN 2011.

FORM 990, PART VI, LINE 19 - AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS TO GENERAL PUBLIC

UNDER CURRENT FEDERAL TAX LAW, THE ORGANIZATION IS NOT REQUIRED TO MAKE ITS GOVERNING DOCUMENTS, ETC.

AVAILABLE FOR PUBLIC INSPECTION. HOWEVER, THE ORGANIZATION DOES MAKE ITS FORM 990 AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN B - AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

IN ADDITION TO THE HOURS SPENT ON METHODIST HOSPITAL FOUNDATION LISTED ON PART VII, THE FOLLOWING INDIVIDUALS

DEVOTED HOURS TO OTHER RELATED ORGANIZATIONS.

MICHAEL DRIEBE IS THE PRESIDENT OF FOUNDATION. HE ALSO SERVES AS AN EXECUTIVE FOR METHODIST HOSPITAL OF

SOUTHERN CALIFORNIA. THE AVERAGE HOURS DEVOTED TO HIS POSITION WITH THE HOSPITAL ARE 2 HOURS PER WEEK.

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DENNIS LEE IS THE PRESIDENT OF METHODIST HOSPITAL THRU AUGUST 2011, HE ALSO SERVES ON THE BOARD OF THE FOUNDATION DURING THIS PERIOD. THE AVERAGE HOURS DEVOTED TO HIS POSITION WITH THE HOSPITAL ARE 40 HOURS PER WEEK.

DAN AUSMAN IS THE PRESIDENT OF METHODIST HOSPITAL FROM SEPTEMBER 2011. HE ALSO SERVES ON THE BOARD OF THE FOUNDATION DURING THIS PERIOD. THE AVERAGE HOURS DEVOTED TO HIS POSITION WITH THE HOSPITAL ARE 40 HOURS PER WEEK.

KAY BERGLUND IS THE SENIOR VICE PRESIDENT/CFO OF METHODIST HOSPITAL. SHE ALSO SERVES AS AN OFFICER OF THE FOUNDATION. THE AVERAGE HOURS DEVOTED TO HER POSITION WITH THE HOSPITAL ARE 40 HOURS PER WEEK.

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART 990, PART XI, LINE 5

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: 6,658

CHANGE IN UNREALIZED LOSS ON INVESTMENT: (193,874)

CHANGE IN UNREALIZED LOSS ON TEMPORARILY

RESTRICTED NET ASSETS (CHARITABLE REMAINDER TRUST): (14,401)

(201,617)

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## CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES - ATTACHMENT 1

## FORM 990, PART VII, SECTION A, LINE 1C

## COMPENSATION FROM

(A) NAME AND TITLE	(B) HOURS	(C) POSITION	(D) ORG.	(E) REL. ORG.	(F) OTHER
<b>(26) ANER IGLESIAS</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(27) JAMES Y. LIN, M.D.</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(28) THOMAS A. LOVE</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(29) PATRICIA NIJJAR</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(30) ROBBIN OKAMOTO, D.D.S.</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(31) RONALD A. OKUM</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(32) JOHN A. SCOTT</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(33) CARMEN L. THIBAUT</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(34) K. HEINER VOGELBACH, M.D.</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
<b>(35) ALAN B. WHITMAN</b>					
DIRECTOR	2.0	INDIVIDUAL TRUSTEE/DIRECTOR	0	0	0
TOTAL			0	0	0



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## FORM 990, PART VIII, LINE 1C - CONTRIBUTIONS FROM FUNDRAISING EVENTS - ATTACHMENT 2

DESCRIPTION	AMOUNT
CRYSTAL BALL	592,296
MARDI GRAS	66,424
<b>TOTAL</b>	<b>658,720</b>

## FORM 990, PART VIII, LINES 8A - 8C - FUNDRAISING EVETNS - ATTACHMENT 3

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME/(LOSS)
CRYSTAL BALL	245,927	373,192	(127,265)
MARDI GRAS	25,870	19,633	6,237
<b>TOTAL</b>	<b>271,797</b>	<b>392,825</b>	<b>(121,028)</b>

## FORM 990, PART IX, LINE 24A - MANAGEMENT FEE TO METHODIST HOSPITAL - ATTACHMENT 4

MANAGEMENT FEES PAID TO METHODIST HOSPITAL OF SOUTHERN CALIFORNIA REPRESENT PERSONNEL COSTS FOR HOSPITAL EMPLOYEES, INCLUDING THE FOUNDATION PRESIDENT, WHO ENGAGED IN THE METHODIST HOSPITAL FOUNDATION'S ACTIVITIES.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

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

(1)	(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
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 entity?
(1) METHODIST HOSPITAL OF SO. CALIFORNIA 95-1643336 300 W. HUNTINGTON DRIVE, ARCADIA, CA 91007	HOSPITAL	CA	501(C)(3)	3 N/A		Yes No ✓
(2) AUX. OF METHODIST HOSPITAL OF SO. CALIF. 95-6091734 300 W. HUNTINGTON DRIVE, ARCADIA, CA 91007	FUNDRAISING	CA	501(C)(3)	11, III-FI MHSC		Yes No ✓
(3)						
(4)						
(5)						
(6)						
(7)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

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

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

## Part VII Supplemental Information

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