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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TEXAS MEDICAL CENTER		D Employer identification number 74-1030788
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 2450 HOLCOMBE BLVD SUITE 1 Suite	Room/suite	E Telephone number (713) 791-6104
	City or town, state or country, and ZIP + 4 HOUSTON, TX 770212040		G Gross receipts \$ 156,435,349
	F Name and address of principal officer ROBERT C ROBBINS MD 2450 HOLCOMBE BLVD HOUSTON, TX 770212040		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.tmc.edu			





K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation 1945	M State of legal domicile TX
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities see schedule o		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	272
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,252,235
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-303,214	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	415,528	551,554
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,332,573	79,181,201
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,001,075	13,890,053
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	727,437	97,893
		91,476,613	93,720,701
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,070	245,872
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,621,085	24,459,897
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	45,761,477	45,256,379
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	72,429,632	69,962,148
	19 Revenue less expenses Subtract line 18 from line 12	19,046,981	23,758,553
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	413,840,200	416,668,745
	21 Total liabilities (Part X, line 26)	234,988,283	218,491,049
	22 Net assets or fund balances Subtract line 21 from line 20	178,851,917	198,177,696

Part II Signature Block

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

Sign Here				2013-10-10	
				Date	
Denise Castillo Rhodes EVP, CFO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name 				Check <input type="checkbox"/> if self-employed PTIN
	Firm's address 				Phone no (267) 330-3000

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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 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 \$ 55,618,580 including grants of \$ 245,872) (Revenue \$ 76,196,399)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 4,235,212 including grants of \$) (Revenue \$ 2,984,803)

SEE SCHEDULE O

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 ▶ 59,853,792

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	92	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	272	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	36		
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	Enter the number of voting members included in line 1a, above, who are independent		
1b	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 DENISE CASTILLO-RHODES 2450 HOLCOMBE BLVD SUITE 1 HOUSTON, TX (713) 791-6104

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

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** 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, or 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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,766,828	0	1,319,552

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 ▶28

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
TRIPLE B SERVICES LLP , 820 OLD ATASCOCITA ROAD HUFFMAN TX 77336	CONSTRUCTION SERVICE	1,756,877
FONTANA MANAGEMENT INC , 6550 BERTNER AVENUE HOUSTON TX 77030	FOOD SERVICES	1,561,884
JP MORGAN CHASE BANK NA , PO BOX 974675 DALLAS TX 753974675	BANK SERVICES	1,149,259
OFF DUTY SERVICES , 6701 HWY 90 KATY TX 77494	SECURITY SERVICES	1,148,990
METROPOLITAN TRANSIT AUTHORITY , PO BOX 61429 HOUSTON TX 772081429	SHUTTLE SERVICES	887,223

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►60

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	549,599			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,955			
	g	Noncash contributions included in lines 1a-1f \$	1,200			
	h	Total. Add lines 1a-1f	551,554			
Program Service Revenue	2a	SERVICES TO THE TMC COMMUNITY	900099	76,196,398	72,883,716	1,252,235
	b	COMMONS MAINTENANCE & SECURITY	900099	2,984,803	2,984,803	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	79,181,201			
		Business Code				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,736,866			7,736,866
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	68,788,202	79,633		
	c	Gain or (loss)	62,705,239	9,409		
	d	Net gain or (loss)	6,082,963	70,224		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS	900099	97,893		97,893
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	97,893			
	12	Total revenue. See Instructions	93,720,701	75,868,519	1,252,235	16,048,393

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).

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
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	245,872	245,872		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	3,723,427	1,732,027	1,991,400	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	13,697,514	10,789,315	2,908,199	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,455,108	1,927,251	527,857	
9	Other employee benefits.	3,313,713	3,048,606	265,107	
10	Payroll taxes.	1,270,135	968,890	301,245	
11	Fees for services (non-employees):				
a	Management.	274,789	274,789		
b	Legal.	452,187	4,213	447,974	
c	Accounting.	198,980		198,980	
d	Lobbying.	60,000		60,000	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	661,781		661,781	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	661,622	382,122	279,500	
12	Advertising and promotion.	0			
13	Office expenses.	1,538,497	1,103,334	435,163	
14	Information technology.	86,740	19,007	67,733	
15	Royalties.	0			
16	Occupancy.	5,110,866	5,100,746	10,120	
17	Travel.	62,754	26,769	35,985	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	131,757	63,069	68,688	
20	Interest.	8,150,248	8,148,199	2,049	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	12,872,773	12,308,668	564,105	
23	Insurance.	1,031,136	969,509	61,627	
24	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).				
a	FOOD SERVICE EXPENSES	2,348,337	2,348,337		
b	FACILITIES MAINTENANCE	6,087,958	6,032,894	55,064	
c	TRANSPORTATION AGREEMENTS	1,577,398	1,577,398		
d	SECURITY AGREEMENTS	927,659	909,746	17,913	
e	All other expenses	3,020,897	1,873,031	1,147,866	
25	Total functional expenses. Add lines 1 through 24e.	69,962,148	59,853,792	10,108,356	0
26	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

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,704,448	1	13,402,408
	2	Savings and temporary cash investments		5,327,237	2	2,857,633
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,995,892	4	7,396,197
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		433,410	8	461,251
	9	Prepaid expenses and deferred charges		1,158,781	9	1,152,716
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a338,917,594			
	b	Less accumulated depreciation	10b158,300,107	187,833,313	10c	180,617,487
	11	Investments—publicly traded securities		170,349,838	11	180,309,191
	12	Investments—other securities See Part IV, line 11		5,663,975	12	3,938,683
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		32,373,306	15	26,533,179
	16	Total assets. Add lines 1 through 15 (must equal line 34)		413,840,200	16	416,668,745
Liabilities	17	Accounts payable and accrued expenses		8,476,665	17	7,668,485
	18	Grants payable		0	18	0
	19	Deferred revenue		4,951,381	19	5,449,349
	20	Tax-exempt bond liabilities		200,450,837	20	179,408,649
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		721,423	24	0
	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		20,387,977	25	25,964,566
	26	Total liabilities. Add lines 17 through 25		234,988,283	26	218,491,049
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		174,274,865	27	193,366,458
	28	Temporarily restricted net assets		4,031,052	28	4,265,238
	29	Permanently restricted net assets		546,000	29	546,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		178,851,917	33	198,177,696
	34	Total liabilities and net assets/fund balances		413,840,200	34	416,668,745

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,720,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,962,148
3	Revenue less expenses Subtract line 2 from line 1	3	23,758,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	178,851,917
5	Net unrealized gains (losses) on investments	5	1,079,566
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,512,340
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	198,177,696

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 74-1030788

Name: TEXAS MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
RICHARD E WAINERDI PRESIDENT AND CEO	40 0	X		X				1,078,479	0	462,818
ANDREW M ALEXANDER DIRECTOR	1 0	X						0	0	0
PAUL GERVAIS BELL DIRECTOR	1 0	X						0	0	0
A T BLACKSHEAR JR DIRECTOR	1 0	X						0	0	0
JOHN F BOOKOUT DIRECTOR	1 0	X						0	0	0
J DOWNEY BRIDGWATER DIRECTOR	1 0	X						0	0	0
ALAN R BUCKWALTER III DIRECTOR	1 0	X						0	0	0
PHILIP J CARROLL DIRECTOR	1 0	X						0	0	0
JOHN T CATER DIRECTOR	1 0	X						0	0	0
ANTHONY R CHASE DIRECTOR	1 0	X						0	0	0
O HOLCOMBE CROSSWELL DIRECTOR	1 0	X						0	0	0
ROBERT J CRUIKSHANK DIRECTOR	1 0	X						0	0	0
LYNN ELSENHANS DIRECTOR	1 0	X						0	0	0
GIBSON GAYLE JR DIRECTOR	1 0	X						0	0	0
ELIZABETH L GHRIST DIRECTOR	1 0	X						0	0	0
ROBERT G GREER DIRECTOR	1 0	X						0	0	0
CHARLES W HALL DIRECTOR	1 0	X						0	0	0
BRADLEY N HOWELL DIRECTOR	1 0	X						0	0	0
R BRUCE LABOON DIRECTOR	1 0	X						0	0	0
MRS ROBERT C LANIER DIRECTOR	1 0	X						0	0	0
RALPH S O'CONNOR DIRECTOR	1 0	X						0	0	0
PATRICK C OXFORD DIRECTOR	1 0	X						0	0	0
GEORGE A PETERKIN JR DIRECTOR	1 0	X						0	0	0
MRS VALE ASCHE RUSSELL DIRECTOR	1 0	X						0	0	0
DAVID M UNDERWOOD DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
BERNARD L WEINGARTEN DIRECTOR	1 0	X						0	0	0
WALLACE S WILSON DIRECTOR	1 0	X						0	0	0
STEPHEN H DONCARLOS DIRECTOR	1 0	X						0	0	0
JANIECE LONGORIA DIRECTOR	1 0	X						0	0	0
MARC J SHAPIRO DIRECTOR	1 0	X						0	0	0
MAE C JEMISON DIRECTOR	1 0	X						0	0	0
JAMES DANNENBAUM DIRECTOR	1 0	X						0	0	0
WILLIAM N MATHIS DIRECTOR	1 0	X						0	0	0
JACK S BLANTON DIRECTOR	1 0	X						0	0	0
ROBERT C ROBBINS PRESIDENT AND CEO (11/12)	40 0	X		X				136,997	0	121,425
RUSSELL H KRIDEL DIRECTOR	1 0	X						0	0	0
ROBERT STOTT EXECUTIVE VICE PRESIDENT	40 0			X				233,367	0	53,073
PATRICIA C MITCHELL SENIOR VICE PRESIDENT	40 0			X				254,227	0	76,977
DENISE CASTILLO-RHODES EXECUTIVE VP & CFO	40 0			X				379,366	0	63,124
JOHN KAJANDER SENIOR Vice president	40 0			X				70,351	0	15,637
EDGAR TUCKER SENIOR vice president	40 0			X				279,945	0	76,786
TINA LEE SENIOR VICE PRESIDENT	40 0			X				241,969	0	58,822
MICHELLE MAHFOUZ EXECUTIVE VP AND COO	40 0			X				282,087	0	52,281
AKBAR TAVANGARIAN VICE PRESIDENT	40 0					X		153,369	0	67,858
THEODORE LOUIE VICE PRESIDENT	40 0					X		182,696	0	75,061
HAROLD MALVEAUX VICE PRESIDENT	40 0					X		156,927	0	69,639
REID MRSNY VICE PRESIDENT	40 0					X		169,067	0	58,023
DIANE ARENS GLICK VICE PRESIDENT	40 0					X		147,981	0	68,028

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS MEDICAL CENTER

Employer identification number
74-1030788

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 - Non-functionally integrated
- 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?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	234,512	1,278,476	286,560	415,529	551,554	2,766,631
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	78,075,381	80,512,744	77,828,887	77,353,970	75,868,519	389,639,501
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,185,420	1,999,772	1,830,245	1,975,611	2,060,447	12,051,495
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	82,495,313	83,790,992	79,945,692	79,745,110	78,480,520	404,457,627
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	20,000	10,000	10,000	0	40,000
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	49,379,543	47,486,053	40,460,917	38,249,404	37,237,422	212,813,339
c Add lines 7a and 7b	49,379,543	47,506,053	40,470,917	38,259,404	37,237,422	212,853,339
8 Public support (Subtract line 7c from line 6)						191,604,288

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	82,495,313	83,790,992	79,945,692	79,745,110	78,480,520	404,457,627
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,264,876	5,109,977	6,916,306	6,666,160	7,736,866	32,694,185
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	6,264,876	5,109,977	6,916,306	6,666,160	7,736,866	32,694,185
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	28,361	246,213	30,389	727,437	97,893	1,130,293
13 Total support. (Add lines 9, 10c, 11, and 12)	88,788,550	89,147,182	86,892,387	87,138,707	86,315,279	438,282,105
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	43 717 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	42 389 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	7 460 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	7 284 %	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TEXAS MEDICAL CENTER	Employer identification number 74-1030788
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	84,052													
c	Total lobbying expenditures (add lines 1a and 1b)	84,052													
d	Other exempt purpose expenditures	69,878,096													
e	Total exempt purpose expenditures (add lines 1c and 1d)	69,962,148													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	329,481	291,427	153,491	84,052	858,451
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B

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

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

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TEXAS MEDICAL CENTER

Employer identification number
74-1030788

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year

2a

2b

2c

2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 XIII, 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 XIII, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,171,445	5,685,437	5,288,961	5,127,303	5,540,686
b Contributions	0	10,000	10,000	33,540	
c Net investment earnings, gains, and losses	494,556	593,641	493,210	319,787	-394,787
d Grants or scholarships	0				
e Other expenditures for facilities and programs	189,300	96,356	84,426	171,571	66,340
f Administrative expenses	23,030	21,278	22,308	20,099	21,444
g End of year balance	6,453,671	6,171,444	5,685,437	5,288,960	5,058,115

2

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

a

Board designated or quasi-endowment

26 000 %

b

Permanent endowment

8 000 %

c

Temporarily restricted endowment

66 000 %

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

3a(i)

☐

Yes

☐

No

(ii) related organizations

3a(ii)

☐

Yes

☐

No

b

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

☐

3b

4

Describe in Part XIII 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
1a Land		50,976,798		50,976,798
b Buildings		251,079,592	134,765,553	116,314,039
c Leasehold improvements				
d Equipment		34,906,288	23,534,554	11,371,734
e Other		1,954,916		1,954,916
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				180,617,487

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	94,165,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a	1,079,566		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	27,053		
e	Add lines 2a through 2d			2e	1,106,619
3	Subtract line 2e from line 1			3	93,058,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	661,781		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	93,720,701
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	69,327,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	27,053		
e	Add lines 2a through 2d			2e	27,053
3	Subtract line 2e from line 1			3	69,300,367
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	661,781		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	69,962,148

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	ENDOWMENTS ARE USED FOR ACTIVITIES RELATED TO THE TREATMENT AND CARE OF CANCER PATIENTS, STUDIES OF TUBERCULOSIS, CONGENITAL CARDIOVASCULAR DISEASE EDUCATION AND RESEARCH, A LECTURE SERIES ON MEDICAL ETHICS AND FOR GENERAL PURPOSES, INCLUDING EXPENSES TO IMPLEMENT NEW COOPERATIVE PROJECTS INVOLVING SEVERAL INSTITUTIONS FOR THE BENEFIT OF THE MEDICAL CENTER AS A WHOLE
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X	As of December 31, 2012 and 2011, the Corporation (Texas Medical Center) has no material liabilities related to uncertain tax positions
OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN	FORM 990, SCHEDULE D, PART XI, LINE 2D	TMC ANNUAL ASSESSMENT CONTRIBUTION \$27,053
OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN	form 990, schedule d, part XII, line 2d	TMC ANNUAL ASSESSMENT CONTRIBUTION \$27,053

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As Filed Data -

DLN: 93493284000393

Schedule I
(Form 990)

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
TEXAS MEDICAL CENTER

Employer identification number
74-1030788

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STAR OF HOPE 6897 ARDMORE STREET HOUSTON,TX 775042307	74-1152599	501(C)(3)	97,497				FURNITURE
(2) THE METHODIST HOSPITAL RESEARCH INSTITUTE 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS,IN 46204	35-2023710	501(C)(3)	73,907				RESEARCH PROJECT
(3) THE METHODIST HOSPITAL 6565 FANNIN NO GB240 HOUSTON,TX 770302707	74-1180155	501(C)(3)	27,350				FURNITURE
(4) UNIVERSITY OF HOUSTON 4800 CALHOUN HOUSTON,TX 772042015	74-6001399	STATE OF TEXAS	10,000				RESEARCH PROJECT

2

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

4

3

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
procedure for MONITORING USE OF GRANT FUNDS IN THE U S	FORM 990, SCHEDULE I, PART I, LINE 2	Grant activity is monitored by tracking the expenditures in a separate cost center for Grants. An excel spreadsheet is maintained for each grant, showing the budget, the expenditures to-date, the reimbursement received from the grant funds and any remaining balance of the grant. ADDITIONALLY, GRANT RECIPIENTS ARE ASKED TO FILE ANNUAL REPORTS WITH TEXAS MEDICAL CENTER DISCUSSING THE USE OF THE GRANT FUNDS.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TEXAS MEDICAL CENTER

Employer identification number
74-1030788

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>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, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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 and Title		(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				
See Additional Data Table								

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.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4B		EFFECTIVE IN 2008, THE COMPENSATION COMMITTEE OF TEXAS MEDICAL CENTER'S BOARD OF DIRECTORS AWARDED DR WAINERDI DEFERRED COMPENSATION IN THE FORM OF A NONQUALIFIED RETIREMENT PLAN. DR WAINERDI IS A PARTICIPANT IN TEXAS MEDICAL CENTER'S RETIREMENT PLAN BUT WAS NOT ELIGIBLE TO ACCRUE ANY ADDITIONAL BENEFITS SINCE REACHING AGE 65. THE PURPOSE OF THIS ADDITIONAL COMPENSATION WAS TO RESTORE TO DR WAINERDI THE VALUE OF CERTAIN RETIREMENT BENEFITS WHICH WAS REDUCED BY CHANGES IN THE INTERNAL REVENUE CODE AND REGULATORY GUIDANCE. EFFECTIVE JANUARY 1, 2007, THE TAX REGULATIONS CHANGED THE MANNER THAT THE LUMP SUM VALUE OF AN INDIVIDUAL'S PENSION BENEFIT UNDER THE TEXAS MEDICAL CENTER RETIREMENT PLAN IS CALCULATED AND REDUCED THE VALUE OF HIS PENSION. THEREFORE, THE AGREEMENT WAS DESIGNED TO MAKE-UP THE VALUE OF THE LOST PENSION BENEFIT AND TO INCENTIVIZE DR WAINERDI TO CONTINUE TO SERVE TEXAS MEDICAL CENTER. THE DEFERRED INCENTIVE VESTS JANUARY 1, 2013. THE AMOUNT ACCRUED FOR 2012 WAS \$390,486.

Software ID:
Software Version:
EIN: 74-1030788
Name: TEXAS MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD E WAINERDI	(i) (ii)	831,320 0	0 0	247,159 0	439,800 0	23,018 0	1,541,297 0	214,303 0
ROBERT STOTT	(i) (ii)	191,874 0	0 0	41,493 0	41,940 0	11,133 0	286,440 0	0 0
PATRICIA C MITCHELL	(i) (ii)	209,282 0	0 0	44,945 0	48,517 0	28,460 0	331,204 0	0 0
DENISE CASTILLO-RHODES	(i) (ii)	323,993 0	0 0	55,373 0	49,314 0	13,810 0	442,490 0	0 0
AKBAR TAVANGARIAN	(i) (ii)	116,975 0	0 0	36,394 0	29,816 0	38,042 0	221,227 0	0 0
EDGAR TUCKER	(i) (ii)	235,000 0	0 0	44,945 0	49,314 0	27,472 0	356,731 0	0 0
THEODORE LOUIE	(i) (ii)	147,627 0	0 0	35,069 0	35,519 0	39,542 0	257,757 0	0 0
TINA LEE	(i) (ii)	207,766 0	0 0	34,203 0	46,080 0	12,742 0	300,791 0	0 0
HAROLD MALVEAUX	(i) (ii)	129,431 0	0 0	27,496 0	30,573 0	39,066 0	226,566 0	0 0
REID MRSNY	(i) (ii)	136,804 0	0 0	32,263 0	32,631 0	25,392 0	227,090 0	0 0
ROBERT C ROBBINS	(i) (ii)	134,372 0	0 0	2,625 0	121,121 0	304 0	258,422 0	0 0
MICHELLE MAHFOUZ	(i) (ii)	250,532 0	0 0	31,555 0	39,806 0	12,475 0	334,368 0	0 0
DIANE ARENS GLICK	(i) (ii)	137,833 0	0 0	10,148 0	39,646 0	28,382 0	216,009 0	0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2012
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization TEXAS MEDICAL CENTER	Employer identification number 74-1030788
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Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HARRIS COUNTY CULTURAL EDU FACIL FIN CORP 2008A	76-0337885	414010AE8	12-01-2008	55,700,000	REFUND PRIOR ISSUE 04/19/2006		X		X		X
B	HARRIS COUNTY CULTURAL EDU FACIL FIN CORP 2008B	76-0337885	414010AA6	10-22-2008	120,000,000	REFUND PRIOR ISSUES		X		X		X
C	HARRIS COUNTY CULTURAL EDU FACIL FIN CORP 2009A	76-0337885	414010AS7	04-09-2009	54,480,408	REFUND PRIOR ISSUES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	34,465,000		52,710,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	55,700,000		120,000,000		54,480,408			
4	Gross proceeds in reserve funds	0		0		5,500,000			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		408			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	55,700,000		120,000,000		48,980,408			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2008		2008		2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		0 00000%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		0 00000%		0 00000%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		JP Morgan Chase		0			
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 7	0	TEXAS MEDICAL CENTER PAID ISSUANCE COSTS OUT OF ITS OWN FUNDS SCHEDULE K, PART III THE PROJECTS COVERED BY THESE BONDS HAVE NO PRIVATE BUSINESS USE SCHEDULE K, PART IV, LINE 4C, COLUMN (B) THERE ARE TWO HEDGES WITH JP MORGAN CHASE FOR THESE BONDS THE HEDGE TERMS ARE 14 YEARS AND 30 YEARS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization TEXAS MEDICAL CENTER	Employer identification number 74-1030788
--	--

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTERPOINT ENERGY	2 BOARD MEMBERS-DIRECTORS	155,385	UTILITY SERVICES		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization TEXAS MEDICAL CENTER	Employer identification number 74-1030788
--	--

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1	THE MISSION OF THE TEXAS MEDICAL CENTER IS TO PROMOTE THE HIGHEST QUALITY HEALTH STATUS FOR ALL PEOPLE BY ASSISTING INSTITUTIONS OF THE TEXAS MEDICAL CENTER TO ACHIEVE INDIVIDUAL AND COLLECTIVE GOALS OF THE HIGHEST POSSIBLE STANDARDS OF PATIENT AND PREVENTIVE CARE, OF RESEARCH AND EDUCATION, AND OF LOCAL, NATIONAL AND INTERNATIONAL COMMUNITY WELL-BEING

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1	FORM 990, PART III, LINE 4A	<p>SERVICES TO THE TEXAS MEDICAL CENTER COMMUNITY THE STATE OF TEXAS CREATED THE CHARTER FOR TEXAS MEDICAL CENTER TO PROMOTE AND PROVIDE FOR THE COMMON GOOD ACTING THROUGH A SERIES OF BOARD OF DIRECTOR COMMITTEES SUCH AS FORWARD PLANNING COMMITTEE AND THE BUILDING AND LANDS COMMITTEE, THE BOARD OF DIRECTORS GUIDES THE DEVELOPMENT AND EFFECTIVE USES OF OUR LAND RESOURCES THROUGH STRATEGIC AND MASTER PLANNING ACTING THROUGH THE POLICY COUNCIL AND 20 OTHER COUNCILS AND COMMITTEES, TEXAS MEDICAL CENTER PROMOTES MEMBER INSTITUTIONAL COLLABORATION AND MODERATES CAMPUS-WIDE ISSUES SUCH AS THE ELIMINATION OF SMOKING ON OUR CAMPUSES AND OUR UNIFIED PREPARATIONS FOR PANDEMIC FLU ONCE CONSENSUS IS REACHED AMONG THE MEMBERS, TEXAS MEDICAL CENTER IMPLEMENTS CAMPUS POLICY TEXAS MEDICAL CENTER CONTINUES TO PLAN FOR GROWTH AND DEVELOPMENT BY ACTING AS A CENTRAL REPOSITORY FOR INSTITUTIONAL GROWTH PLANS AND WORKING WITH URBAN PLANNERS AND CONSULTANTS AS THE ORGANIZATION CHARGED WITH PROMOTING AND PROVIDING SUPPORT FOR THIS MEDICAL CITY WITHIN A CITY, TEXAS MEDICAL CENTER IS DEDICATED TO THE FOLLOWING GOALS AND OBJECTIVES - TO PROVIDE THE HIGHEST QUALITY HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES - TO PROVIDE THE HIGHEST QUALITY LEARNING ENVIRONMENT FOR STUDENTS AND FACULTY - TO DEMONSTRATE STEWARDSHIP OF THE LAND DEDICATED TO THE TEXAS MEDICAL CENTER - TO REFLECT A COMMITMENT TO MULTI-DISCIPLINE COLLABORATION, INSTITUTIONAL PARTNERSHIPS AND ENCOURAGE THE EXCHANGE OF IDEAS IN RESEARCH, EDUCATION, AND PATIENT CARE - TO EXPAND, ENHANCE AND SUPPORT INITIATIVES THAT CONTRIBUTE TO THE COMMON GOOD - TO PROMOTE COLLABORATIVE PLANNING EFFORTS TO MANAGE THE EXPANSION OF TEXAS MEDICAL CENTER - TO PLAN FOR PARKING, WAYFINDING SIGNAGE, LANDSCAPE AND OTHER SHARED FACILITIES AND SERVICES CONSISTENT WITH PLANNED GROWTH - TO PREPARE FOR HAZARDOUS CONDITIONS AND PLAN TO MITIGATE CAMPUS VULNERABILITIES - TO ENSURE ACCESS TO AND WITHIN THE CAMPUS, WITH AN EMPHASIS ON PUBLIC TRANSIT - TO INTEGRATE MIXED USE (LIVE/WORK) FACILITIES INTO THE TEXAS MEDICAL COMMUNITY TO CARRY OUT TEXAS MEDICAL CENTER'S MISSION, TEXAS MEDICAL CENTER'S VARIOUS ROLES AND RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO - MANAGING THE COMMON AREA INFRASTRUCTURE /LANDSCAPE AND PARKING FACILITIES FOR VISITORS AND EMPLOYEES - MODERATOR OF CAMPUS-WIDE ISSUES AND CONCERNS - CREATING AND MAINTAINING SHARED FACILITIES - COORDINATING ACCESS TO AND MOBILITY WITHIN THE TEXAS MEDICAL CENTER CAMPUS - LAND MANAGEMENT AND REAL ESTATE - SPECIAL SERVICES FOR THE MANY INTERNATIONAL GUESTS WHO VISIT THE TEXAS MEDICAL CENTER ANNUALLY - CREATING COST-EFFECTIVE ECONOMIES OF SCALE - ECONOMIC DEVELOPMENT TO ATTRACT ADVANCED MEDICAL TECHNOLOGY TO THE AREA - MASTER PLANNING VISION FOR LONG-TERM GROWTH AND DEVELOPMENT MANAGING CAMPUS PROPERTY TEXAS MEDICAL CENTER PROVIDES EMERGENCY PREPAREDNESS AND HAZARD MITIGATION PLANNING SERVICES IN ADDITION TO CAMPUS-WIDE LONG-RANGE INFRASTRUCTURE MASTER PLANNING TO ADDRESS FUTURE GROWTH TEXAS MEDICAL CENTER OWNS AND OPERATES MORE THAN 28,000 PARKING SPACES AND UTILIZES METRO LIGHTRAIL (HOUSTON'S LIGHT RAIL SYSTEM) AND BUSES TO SHUTTLE EMPLOYEES FROM OUR SATELLITE PARKING LOCATIONS MODERATOR OF CAMPUS-WIDE ISSUES AND CONCERNS AS THE INDEPENDENT NEUTRAL ORGANIZATION FOUNDED TO PROMOTE AND PROVIDE FOR THE COMMON GOOD, TEXAS MEDICAL CENTER SERVES AS CONVENER AND FACILITATOR TO PROMOTE COLLABORATION AMONG ITS 54 MEMBER INSTITUTIONS TEXAS MEDICAL CENTER BRINGS REPRESENTATIVES FROM OUR MEMBER INSTITUTIONS TOGETHER ON A DAILY BASIS TO CREATE UNIQUE SYNERGIES LEADING TO INNOVATIVE PROGRAMS THAT ENHANCE THE LIVES OF THOSE WHO WORK, STUDY AND SEEK TREATMENT AT TEXAS MEDICAL CENTER INSTITUTIONS, AS WELL AS THE COMMUNITY AT LARGE TO RESOLVE SHARED ISSUES AND CONCERNS, TEXAS MEDICAL CENTER HOSTS 21 COUNCILS, EACH DEVOTED TO A PARTICULAR AREA OF INTEREST, WHETHER IT BE NURSING, SECURITY, PHARMACY, PARKING AND MOBILITY, CONSTRUCTION, VOLUNTEER SERVICES, ETC EACH COUNCIL INCLUDES A REPRESENTATIVE OF EACH TEXAS MEDICAL CENTER INSTITUTION MAKING IT POSSIBLE TO CROSS-POLLINATE IDEAS, SHARE BEST PRACTICES AND FOSTER CAMPUS COOPERATION TO MAINTAIN POSITIVE RELATIONSHIPS WITH OUR NEIGHBORING COMMUNITIES, REPRESENTATIVES FROM THE TEXAS MEDICAL CENTER ATTEND NEIGHBORHOOD CIVIC CLUB MEETINGS AND OTHER EVENTS DESIGNED TO FOSTER GOOD WILL AND COOPERATION CREATING AND DEVELOPING SHARED FACILITIES TEXAS MEDICAL CENTER OWNS AND OPERATES SEVERAL SHARED FACILITIES AS A SERVICE TO ALL MEMBER INSTITUTIONS THE JOHN P MCGOVERN TEXAS MEDICAL CENTER COMMONS BUILDING IS LOCATED IN THE HEART OF THE MAIN CAMPUS WITHIN EASY WALKING DISTANCE OF MOST MEMBER INSTITUTIONS THE 288,000-SQUARE-FOOT BUILDING IS A CONVENIENT CENTRAL MEETING PLACE FOR PATIENTS, VISITORS, EMPLOYEES AND VOLUNTEERS TO EAT SOCIALIZE AND PARK UNDER ONE ROOF AMENITIES INCLUDE A VARIETY OF CASUAL EATERIES AND AN UPSCALE RESTAURANT NAMED TREVISIO IN ADDITION, TREVISIO OFFERS PRIVATE MEETING AND DINING ROOMS FOR</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1	FORM 990, PART III, LINE 4A	<p>R CONFERENCES AND RECEPTIONS THE AWARD-WINNING BUILDING DESIGN INCLUDES A PAIR OF 64-FOOT WATER WALLS, ADDING BEAUTY TO THE TEXAS MEDICAL CENTER MAIN CAMPUS THE JOHN P MCGOVERN CAMPUS, AN AWARD WINNING RENOVATION PROJECT OF THE FORMER NABISCO BAKERY SITE AT HOLCOMBE BLVD AND ALMEDA ROAD, SERVES AS A GATEWAY TO THE TEXAS MEDICAL CENTER CAMPUSES FROM THE S OUTHEAST THE BUILDING IS HOME TO NOT ONLY TEXAS MEDICAL CENTER STAFF, BUT ALSO PROVIDES SIGNIFICANT LEASE SPACE TO ACCOMMODATE THE GROWTH OF MEMBER INSTITUTIONS THAT HAVE OUTGROWN THEIR EXISTING FACILITIES FOR EXAMPLE, SEVERAL INSTITUTIONS HAVE RELOCATED RESEARCH LABORATORIES, INFORMATION TECHNOLOGY DEPARTMENTS, SCHOOLS, HUMAN RESOURCES DEPARTMENTS, HEALTH CLINICS AND OTHER NON-PATIENT CARE DEPARTMENTS TO THIS BURGEONING CAMPUS FACILITY RELOCATING THESE ACTIVITIES TO THE PERIMETER OF THE TEXAS MEDICAL CENTER CAMPUS HAS FREED UP SPACE WITHIN THE MAIN CAMPUS FOR MORE CRITICAL NEEDS IN ADDITION, BRINGING MULTIPLE INSTITUTIONS TOGETHER UNDER ONE ROOF HELPS NURTURE AND DEVELOP COLLABORATION BETWEEN MEMBER ORGANIZATIONS TEXAS MEDICAL CENTER OWNS AND OPERATES THE NATIONAL CENTER FOR HUMAN PERFORMANCE, LOCATED AT THE JOHN P MCGOVERN CAMPUS, FOR THE BENEFIT OF ITS MEMBER INSTITUTIONS ORGANIZED IN 2003, THE CENTER IS A COLLABORATIVE SCIENTIFIC INSTITUTE WITH A MISSION TO MAINTAIN AND ENHANCE HUMAN PERFORMANCE THROUGH THE ETHICAL AND APPROPRIATE APPLICATION OF RESEARCH AND EDUCATION IN MEDICINE AND RELATED SCIENCES IN ADDITION TO FOSTERING GROUNDBREAKING RESEARCH, THE ORGANIZATION HAS BEEN ESTABLISHED TO COLLECT, ARCHIVE, AND DISSEMINATE INFORMATION ON HUMAN PERFORMANCE THROUGH THE DEVELOPMENT OF COLLABORATIVE PROGRAMS, THE CENTER SERVES TO CONNECT SCIENTISTS AND RESEARCHERS WHO ARE INTERESTED IN HUMAN PERFORMANCE TEXAS MEDICAL CENTER PUBLISHES ONE OF THE LARGEST CIRCULATION NEWSPAPERS IN THE STATE OF TEXAS TEXAS MEDICAL CENTER NEWS, FOUNDED IN 1979 AND PUBLISHED TWICE A MONTH, IS THE ONLY CAMPUS-WIDE NEWSPAPER DEDICATED TO REPORTING NEWS AND DEVELOPMENTS FROM THE ENTIRE TEXAS MEDICAL CENTER COMMUNITY THROUGH NEWS ARTICLES, IN-DEPTH FEATURES AND EDITORIALS, THIS AWARD-WINNING PUBLICATION KEEPS ITS DIVERSE AUDIENCE OF PHYSICIANS, NURSES, EMPLOYEES, PATIENTS, VISITORS, VOLUNTEERS, STUDENTS, FACULTY AND OTHER AREA LEADERS ON TOP OF THE VERY LATEST IN WHAT'S NEW AT THE TEXAS MEDICAL CENTER, AND AT THE MEMBER INSTITUTIONS TEXAS MEDICAL CENTER NEWS IS DISTRIBUTED FREE OF CHARGE FROM RACKS LOCATED THROUGHOUT THE CAMPUS AREA IN ADDITION, THE NEWSPAPER IS PUBLISHED ONLINE AND HOSTS MORE THAN 40,000 READERS EACH MONTH A DISTRIBUTION LIST OF 15,000+ TARGETED SUBSCRIBERS PUTS THE NEWSPAPER IN THE HANDS OF LEGISLATORS, HOSPITAL ADMINISTRATORS, NEWS MEDIA, HEALTH POLICY MAKERS AND CIVIC, BUSINESS AND ACADEMIC LEADERS THROUGHOUT THE STATE</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1 (continued)	FORM 990, PART III, LINE 4A	<p>IMPROVING ACCESS AND MOBILITY FOR THE TEXAS MEDICAL CENTER TEXAS MEDICAL CENTER WORKS CLOSELY WITH CITY OF HOUSTON, HARRIS COUNTY AND METRO (METROPOLITAN TRANSIT AUTHORITY OF HARRIS COUNTY) AND TXDOT (TEXAS DEPARTMENT OF TRANSPORTATION) OFFICIALS TO COORDINATE IMPROVED ACCESS TO AND MOVEMENT WITHIN THE TEXAS MEDICAL CENTER CAMPUSES THIS INCLUDES COMPREHENSIVE TRAFFIC ANALYSES, INCLUDING COORDINATION OF FUTURE ROADWAY CONFIGURATIONS, TRAFFIC SIGNAL PLANNING, CONGESTION REDUCTION, PEDESTRIAN SAFETY, METRO LIGHT RAIL INITIATIVES, BUSES AND OTHER PUBLIC TRANSPORTATION CONCERNS THROUGH WAYFINDING SIGNAGE, MAPS, PRINTED MATERIALS AND GUIDEBOOKS, TEXAS MEDICAL CENTER HAS BEEN INSTRUMENTAL IN GUIDING THE MORE THAN 16 0,000 DAILY PATIENTS, VISITORS AND EMPLOYEES AROUND THE CAMPUS TO REACH THEIR DESIRED DESTINATIONS TEXAS MEDICAL CENTER HAS DEVELOPED A MASTER PLAN FOR EXPANDING THE SKYBRIDGE NETWORK ON THE MAIN CAMPUS WITH CONNECTIONS TO THE GROUND TRANSPORTATION SYSTEM A SERIES OF PEDESTRIAN SKY BRIDGES DESIGNED BY OUR MEMBER INSTITUTIONS ARCH OVER BUSY STREETS WITHIN THE TEXAS MEDICAL CENTER MAIN CAMPUS, CONNECTING HOSPITALS, CLINIC BUILDINGS, PARKING GARAGES AND OTHER CAMPUS FACILITIES PEDESTRIANS MOVE FREELY AND SAFELY ACROSS THESE BRIDGES TO REACH THEIR DESTINATIONS IN ADDITION, TEXAS MEDICAL CENTER HAS BEEN SUCCESSFUL IN FACILITATING AND COORDINATING WITH THE CITY OF HOUSTON AND HARRIS COUNTY TO FUND AND BUILD BRIDGES ACROSS THE BRAYS BAYOU ON BOTH BERTNER AVENUE AND CAMBRIDGE STREET CREATING MORE SIGNATURE HIGHWAYS IN AND OUT OF THE TEXAS MEDICAL CENTER THE BRIDGE CROSSING THE BAYOU AT CAMBRIDGE PROVIDES EMERGENCY VEHICLES WITH A LESS FLOOD PRONE ROUTE FROM SH 610 TO HOUSTON'S ONLY TWO LEVEL 1 TRAUMA CENTERS REAL ESTATE AND LAND STEWARDSHIP ACTIVITIES THE TEXAS MEDICAL CENTER IS NESTLED BETWEEN A VARIETY OF NEIGHBORHOODS, RETAIL AND INDUSTRIAL-USE AREAS APPROXIMATELY FIVE MILES SOUTHEAST OF DOWNTOWN HOUSTON THE CAMPUS' ADJOINING NEIGHBORHOODS ARE AS DIVERSE AS THE CITY OF HOUSTON IS ITSELF THE TEXAS MEDICAL CENTER CAMPUS IS BORDERED TO THE NORTH BY THE CITY-OWNED HERMANN PARK, TO THE EAST BY HIGHWAY 288 AND A VARIETY OF MIXED BUSINESS AND RESIDENTIAL NEIGHBORHOODS, TO THE SOUTH BY MULTI-FAMILY HOUSING, INDUSTRIAL AREAS AND THE RELIANT SPORTS AND CONFERENCE CENTER COMPLEX AND TO THE WEST BY THE RICE UNIVERSITY VILLAGE AND SURROUNDING NEIGHBORHOODS AS A GOOD NEIGHBOR, TEXAS MEDICAL CENTER WORKS WITH SCORES OF SURROUNDING NEIGHBORHOOD AND RESIDENT ASSOCIATIONS TO IDENTIFY AND RESOLVE ISSUES OF INTEREST TO ALL WHAT BEGAN AS A 134-ACRE PURCHASE HAS GROWN TO MORE THAN 1,000 ACRES TODAY THE TEXAS MEDICAL CENTER HAS ENJOYED TREMENDOUS GROWTH TO THE SOUTH OF THE CAMPUS IN RECENT YEARS INTERNATIONAL GUEST SERVICES TEXAS MEDICAL CENTER OFTEN SERVES AS THE INITIAL GATEWAY TO HELP INTRODUCE INTERNATIONAL VISITORS TO THE TEXAS MEDICAL CENTER AND TO THE VARIOUS FACILITIES AND SERVICES ITS MEMBER INSTITUTIONS OFFER AS A RESULT, TEXAS MEDICAL CENTER PROVIDES SPECIAL SERVICES TO INTERNATIONAL TRAVELERS TO HELP MAKE THEIR VISIT TO THE TEXAS MEDICAL CENTER EASIER AND MORE WELCOMING FOR EXAMPLE, IN THE AFTERMATH OF SEPT 11, 2001, VISA REQUIREMENTS HAVE BECOME MORE COMPLICATED FOR INTERNATIONAL PATIENTS ENTERING THE UNITED STATES FOR HEALTH CARE NEEDS TEXAS MEDICAL CENTER ASSISTS INTERNATIONAL VISITORS WITH VISA APPLICATIONS AND OTHER PAPERWORK TO HELP FACILITATE THEIR ENTRY PERMISSION PROCESS IN ADDITION, TEXAS MEDICAL CENTER STAFF SET UP AND FACILITATE TOURS AND MEETINGS FOR INTERNATIONAL HEALTH CARE COLLEAGUES WHO COME FROM AROUND THE WORLD AND WISH TO EXPLORE THE FEASIBILITY OF ESTABLISHING SIMILAR PATIENT CARE, EDUCATIONAL AND RESEARCH CENTERS IN THEIR RESPECTIVE COUNTRIES OFFICIALS FROM VARIOUS CITIES AROUND THE WORLD HAVE VISITED TO LEARN HOW THE TEXAS MEDICAL CENTER IS ARRANGED AND OPERATED, BUT SO FAR, NO ONE HAS BEEN ABLE TO DUPLICATE IT TEXAS MEDICAL CENTER WAS ALSO INSTRUMENTAL IN ESTABLISHING THE TEXAS MEDICAL CENTER VISITORS' CENTER IN THE INTERNATIONAL TERMINAL AT GEORGE BUSH INTERCONTINENTAL AIRPORT, TO GREET AND HELP ORIENT INTERNATIONAL PATIENTS HEADED TO THE TEXAS MEDICAL CENTER INITIATED IN 2005 AND DEVELOPED IN COOPERATION WITH THE HOUSTON AIRPORT SYSTEM, THE CENTER IS STAFFED BY MORE THAN 20 PEOPLE WHO SPEAK 30 OR MORE DIFFERENT LANGUAGES WITH ADDITIONAL INTERPRETERS ON CALL CENTER EMPLOYEES GREET INTERNATIONAL PATIENTS AT THE PLANE AS INTERPRETERS WHO HELP GUIDE THEM THROUGH CUSTOMS AND LUGGAGE PICK-UP, AS WELL AS HELP ARRANGE TRANSPORTATION TO THE SPECIFIC TEXAS MEDICAL CENTER INSTITUTION NEEDED IN ADDITION, THE CENTER OFFERS A LOUNGE, TELEPHONES, AND A CHILDREN'S AREA COMPLETE WITH TOYS AND BOOKS DEVELOP MEMBER COST SAVINGS THROUGH COMMON ECONOMIES OF SCALE SERVICES TEXAS MEDICAL CENTER ALSO PROVIDES COST-SAVING COMMON SERVICES THAT DELIVER ECONOMIES OF SCALE TO THE MEMBER INSTITUTIONS FOR EXAMPLE, TEXAS MEDICAL CENTER WAS INSTRUMENTAL IN DEVELOPING A THERMAL ENERGY COOPERATIVE THAT</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1 (continued)	FORM 990, PART III, LINE 4A	PROVIDES LOWER-COST UTILITY SERVICES TO TEXAS MEDICAL CENTER MEMBER INSTITUTIONS, AND A HOSPITAL LAUNDRY COOPERATIVE, BOTH WHICH HAVE SPUN OFF TO BECOME TEXAS MEDICAL CENTER MEMBER INSTITUTIONS IN THEIR OWN RIGHT ECONOMIC DEVELOPMENT TO ATTRACT ADVANCED MEDICAL TECHNOLOGY TO AREA SINCE ITS INITIAL CHARTER IN 1945, TEXAS MEDICAL CENTER HAS SOUGHT TO ATTRACT AND RECRUIT NON-PROFIT, ACADEMICALLY ORIENTED INSTITUTIONS DEDICATED TO MEDICAL CARE, HEALTH CARE, EDUCATION AND RESEARCH TO JOIN THE TEXAS MEDICAL CENTER TEXAS MEDICAL CENTER INSTITUTIONS COMBINED REPRESENT THE SINGLE LARGEST EMPLOYMENT REGION WITHIN THE GREATER HOUSTON METROPOLITAN AREA MORE THAN 90,000 PEOPLE WORK AROUND THE CLOCK AS PHYSICIANS, NURSES, EDUCATORS, CLINICAL CAREGIVERS, TECHNICIANS AND OTHER SUPPORT STAFF TODAY, THE TEXAS MEDICAL CENTER IS AS DENSE AS NEW YORK'S WALL STREET, TWICE AS DENSE AS DOWNTOWN HOUSTON, THREE TIMES AS DENSE AS THE HOUSTON GALLERIA AREA, AND THE SAME SIZE AS CHICAGO INSIDE THE LOOP WITH ITS 54 MEMBER INSTITUTIONS, THE TEXAS MEDICAL CENTER PROVIDES A HEALTHY BOOST TO HOUSTON'S ECONOMY, CONFIRMED BY A REPORT FROM THE FEDERAL RESERVE BANK WHOSE MOST RECENT FIGURES SHOW THE TEXAS MEDICAL CENTER IN A ONE-YEAR PERIOD CONTRIBUTED \$14 BILLION IN HARRIS COUNTY AND THE SURROUNDING REGION

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1 (CONTINUED)	FORM 990, PART III, LINE 4A	MASTER PLANNING VISION FOR LONG-TERM GROWTH AND DEVELOPMENT TEXAS MEDICAL CENTER HAS TAKEN THE LEAD IN DEVELOPING A COMPREHENSIVE 50-YEAR MASTER PLANNED APPROACH TO MANAGING GROWTH CHALLENGES FOR THE CAMPUS OF THE FUTURE. THE PLAN IS A UNIQUE COLLABORATION AMONG TEXAS MEDICAL CENTER'S MEMBER INSTITUTIONS AND NEIGHBORS. BECAUSE CHANGE IN ONE AREA IMPACTS ALL INVOLVED, TEXAS MEDICAL CENTER'S ROLE AS CONVENER OF THE MASTER PLAN ENSURES THAT EVERYONE'S NEEDS ARE TAKEN INTO CONSIDERATION WHEN MAPPING FUTURE GROWTH. FOR EXAMPLE, ONE OF THE MOST IMPORTANT MASTER PLANNING ROLES TEXAS MEDICAL CENTER HAS PROVIDED DURING THIS DECADE IS LEADERSHIP AND GUIDANCE IN BRINGING TOGETHER MEMBER INSTITUTIONS AND MUNICIPAL, COUNTY AND FEDERAL OFFICIALS IN THE WAKE OF TROPICAL STORM ALLISON, WHICH BROUGHT UNPRECEDENTED FLOODING TO HOUSTON AND THE REGION, INCLUDING THE TEXAS MEDICAL CENTER, IN JUNE 2001. MORE THAN 11 YEARS LATER, THIS EFFORT HAS RESULTED IN SIGNIFICANT REGIONAL FLOOD CONTROL AND AREA MOBILITY, TRANSPORTATION STUDIES AND IMPROVED UNIFIED EMERGENCY RESPONSE AND STORM WATER MANAGEMENT INITIATIVES THAT ARE BENEFITING NOT ONLY THE TEXAS MEDICAL CENTER, BUT SURROUNDING NEIGHBORS AS WELL. OUR PUBLIC VOICE TO EDUCATE AND ADVOCATE PUBLIC HEALTH ISSUES AND CONCERNS TEXAS MEDICAL CENTER FULFILLS AN EXTERNAL LEADERSHIP ROLE AS A CATALYST FOR ACTION TO IMPROVE WELLNESS AND QUALITY OF LIFE IN HOUSTON, THE STATE OF TEXAS AND BEYOND. TEXAS MEDICAL CENTER ISSUES CALLS TO ACTION, CALLING UPON CORPORATE, PUBLIC AND CIVIC LEADERS TO ADDRESS CHILD IMMUNIZATION ISSUES, THE HIGH PERCENTAGE OF UNDERINSURED AND UNINSURED CITIZENS, THE PUSH FOR GREATER HEALTH AWARENESS AND OTHER PRESSING HEALTH CONCERNS THAT IMPACT QUALITY OF LIFE AND AREA ECONOMICS. TEXAS MEDICAL CENTER ALSO ASSISTS AREA LEGISLATORS IN ACQUIRING THE INFORMATION THEY NEED ABOUT THE TEXAS MEDICAL CENTER OR ABOUT HEALTH POLICY ISSUES AS THEY HELP TO SHAPE HEALTH POLICY AT THE LOCAL, STATE AND NATIONAL LEVELS. SYNERGIES GREATER THAN SUM OF OUR PARTS THE TEXAS MEDICAL CENTER IS THE LARGEST MEDICAL CENTER OF ITS KIND IN THE WORLD, BUT THIS "CITY OF HEALTH" IS MORE THAN THE SUM OF ITS INDIVIDUAL MEMBERS. TEXAS MEDICAL CENTER IS A VITAL PART OF THE GLOBAL MEDICAL INFORMATION LOOP, ATTRACTING TOP RESEARCHERS, ACADEMICS AND PHYSICIANS TO THE CAMPUS TO ADVANCE MEDICINE AND PATIENT TREATMENT PROTOCOLS. AS THE KEY CONVENER AND MODERATOR OF SHARED CONCERNS, TEXAS MEDICAL CENTER HELPS SET THE STAGE FOR THE CROSS-POLLINATION OF IDEAS, PROJECTS AND BEST PRACTICES, AND FOSTERS COLLABORATION AMONG TEXAS MEDICAL CENTER MEMBER INSTITUTIONS FOR THE GREATER GOOD OF ADVANCED HEALTH, SCIENCE AND EDUCATION. PROGRAM SERVICE ACTIVITY #2 (CONTINUED) FORM 990, PART III, LINE 4B AS THE OWNER OF THE MAIN CAMPUS STREETS AND SIDEWALKS, THE TEXAS MEDICAL CENTER FUNCTIONS SIMILAR TO A CITY PUBLIC WORKS DEPARTMENT REPRESENTING ALL THE MEMBER INSTITUTIONS. TEXAS MEDICAL CENTER HAS OVER THE LAST TEN YEARS REPLACED NEARLY ALL EXISTING MAIN CAMPUS STREETS, SIDEWALKS AND PUBLIC UTILITIES. TEXAS MEDICAL CENTER'S FACILITY OPERATIONS AND MAINTENANCE DEPARTMENT MAINTAINS THIS INFRASTRUCTURE INCLUDING THE TREES, SHRUBS, FLOWERS, WAYFINDING SIGNAGE AND STREET HARDWARE. TEXAS MEDICAL CENTER PROVIDES SECURITY AND POLICE SERVICES FOR PROPERTY COVERED UNDER THE COMMONS ASSESSMENT AGREEMENT. FAMILY/BUSINESS RELATIONSHIPS WITH OFFICERS, DIRECTORS, TRUSTEES FORM 990, PART VI, LINE 2 MR. BERNARD L. WEINGARTEN AND MR. ANDREW M. ALEXANDER HAVE A FAMILY RELATIONSHIP. MR. PAUL GERVAIS BELL AND MR. WALLACE S. WILSON HAVE A BUSINESS RELATIONSHIP. MR. JOHN T. CATER AND MR. ROBERT J. CRUIKSHANK HAVE A BUSINESS RELATIONSHIP. MS. LYNN ELSENHANS AND MR. RALPH S. O'CONNOR HAVE A BUSINESS RELATIONSHIP. MR. ANDREW M. ALEXANDER, MR. ROBERT J. CRUIKSHANK AND MR. MARC J. SHAPIRO HAVE A BUSINESS RELATIONSHIP. MR. BERNARD L. WEINGARTEN AND MS. JANIECE LONGORIA HAVE A FAMILY RELATIONSHIP. MR. O. HOLCOMBE CROSSWELL AND MR. DAVID M. UNDERWOOD HAVE A BUSINESS RELATIONSHIP. MR. O. HOLCOMBE CROSSWELL AND MS. JANIECE LONGORIA HAVE A BUSINESS RELATIONSHIP. MR. WALLACE S. WILSON AND MR. WILLIAM N. MATHIS HAVE A FAMILY RELATIONSHIP. MR. WALLACE S. WILSON AND MR. WILLIAM N. MATHIS HAVE A FAMILY RELATIONSHIP. MR. WALLACE S. WILSON AND MR. WILLIAM N. MATHIS HAVE A FAMILY RELATIONSHIP. MR. WALLACE S. WILSON AND MR. WILLIAM N. MATHIS HAVE A FAMILY RELATIONSHIP. MR. WALLACE S. WILSON AND MR. WILLIAM N. MATHIS HAVE A FAMILY RELATIONSHIP.

Identifier	Return Reference	Explanation
FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE	LINE 11 - 990 REVIEW PROCESS	<p>THE PREPARER REVIEWS THE FORM 990 WITH THE CFO. THE FORM 990 IS DISTRIBUTED TO AND REVIEWED BY THE AUDIT COMMITTEE. THE FINAL 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING. LINE 12C - CONFLICT OF INTEREST COMPLIANCE: CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY BY THE BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES. THE STATEMENTS ARE REVIEWED BY THE FINANCE DEPARTMENT. IF A CONFLICT WERE TO ARISE, THE BOARD MEMBER WOULD BE REQUIRED TO DISMISS HIMSELF/HERSELF FROM ANY DISCUSSIONS OR DECISIONS REGARDING THE AREA OF CONFLICT. LINE 15 - COMPENSATION APPROVAL: IN 2012, TEXAS MEDICAL CENTER'S PRESIDENT & CEO, EXECUTIVE VICE PRESIDENT AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER'S COMPENSATION WAS ANALYZED BY AN INDEPENDENT COMPENSATION CONSULTANT WHICH USED COMPARABILITY DATA TO ASSESS COMPENSATION FOR THESE INDIVIDUALS. COMPENSATION FOR OTHER SENIOR VICE PRESIDENTS WAS REVIEWED. THE TOTAL COMPENSATION BUDGET IS ACCEPTED BY THE COMPENSATION COMMITTEE AND RATIFIED BY THE BOARD OF DIRECTORS. LINE 19 - PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS: TEXAS MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI RECONCILIATION OF NET ASSETS: LINE 9 - OTHER CHANGES FAS 158 ANNUAL EXPENSE (\$4,833,942) (GAIN)/LOSS ON EXTINGUISHMENT OF DEBT (\$960,922) (GAIN)/LOSS ON CONTRIBUTED PROPERTY \$282,524 _____ TOTAL (5,512,340)</p>

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

2012

Open to Public Inspection

Name of the organization
TEXAS MEDICAL CENTER

Employer identification number
74-1030788

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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?	
						Yes	No
(1) TMC HEATING AND COOLING SERVICES CORP 1615 BRAESWOOD PARK DR HOUSTON, TX 77030 94-3425643	THERMAL SVCS	TX	501(C)(3)	11A TYPE I	NA		No

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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 74-1030788
Name: TEXAS MEDICAL CENTER

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment
Sequence No **179**

Name(s) shown on return
TEXAS MEDICAL CENTER

Business or activity to which this form relates
GENERAL DEPRECIATION

Identifying number

74-1030788

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	80,737

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	80,737
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►

Telephone No. ► FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until, 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or

- ☐ tax year beginning, 20, and ending, 20

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No. 27916D

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Texas Medical Center	74 1030788
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	John P. McGovern Campus, 2450 Holcombe Blvd., Suite 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Houston, Tx 77021-2040	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Denise Castillo-Rhodes**
Telephone No. **713 791-6104** FAX No. **713 791-9829**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **November 15**, 20 **13**.
- 5 For calendar year **2012**, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Denise Castillo-Rhodes Title Chief Financial Off Date 7-24-13