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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Memorial Hermann Community Benefits Corporation
% ANTHONY FRANK

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
909 Frostwood Suite 2100

City or town, state or province, country, and ZIP or foreign postal code
Houston, TX 77024

D Employer identification number
68-0511504

E Telephone number
(713) 338-4643

G Gross receipts $ 10,593,168

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //communitybenefit memorialhermann org/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001 **M** State of legal domicile TX

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	98
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,818,519	10,593,168
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,818,519	10,593,168
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,504,149	1,338,399
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,585,721	6,625,990
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶74,300		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	691,824	1,191,144
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,781,694	9,155,533
	19	Revenue less expenses Subtract line 18 from line 12	1,036,825	1,437,635

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,683,220	8,241,570
	21	Total liabilities (Part X, line 26)	515,277	635,992
	22	Net assets or fund balances Subtract line 21 from line 20	6,167,943	7,605,578

Part II Signature Block

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

Sign Here

▶ Signature of officer | 2016-05-13 Date

▶ ANTHONY FRANK SVP & CAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION (MHCBC) IS TO TEST AND MEASURE INNOVATIVE SOLUTIONS THAT REDUCE THE IMPACT OF THE LACK OF ACCESS TO CARE ON THE INDIVIDUAL, THE HEALTH SYSTEM AND THE COMMUNITY NEW PROGRAMS ARE PILOTED, AND PROVEN PROGRAMS ARE REPLICATED IN THE COMMUNITY THAT INCLUDE INITIATIVES TO REMOVE BARRIERS TO HEALTHCARE ACCESS, INCREASE AND STRENGTHEN THE PRIMARY AND SPECIALTY CARE INFRASTRUCTURE, PROVIDE EDUCATION AND INCREASE HEALTHCARE AWARENESS, AND IMPROVE THE USE OF PREVENTATIVE MEDICAL SERVICES

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 $ 3,520,817 including grants of $) (Revenue $)

4A ADDRESSING THE NEED FOR A "MEDICAL HOME" FOR THE UNINSURED AND UNDERINSURED, MHCBC PARTNERS WITH FIVE SCHOOL DISTRICTS, HOUSTON--THE LARGEST IN TEXAS, PASADENA, LAMAR CONSOLIDATED, ALIEF AND ALDINE FOR ITS HEALTH CENTERS FOR SCHOOLS PROGRAM DESIGNED TO PROVIDE A "MEDICAL HOME" FOR UNINSURED CHILDREN AND A SECONDARY ACCESS POINT FOR INSURED CHILDREN, GRADES K-12TH THE HEALTH CENTERS PROVIDE PRIMARY HEALTHCARE, MENTAL HEALTHCARE, NUTRITIONAL CAREAND DENTAL CARE TO MEDICALLY UNDERSERVED, AT-RISK CHILDREN THE PROGRAM BEGAN IN 1996 WITH TWO SCHOOL-BASED HEALTH CENTERS SERVICING THREE SCHOOLS TODAY, MEMORIAL HERMANN OPERATES HEALTH CENTERS ON-SITE AT TEN CAMPUSES IN THE GREATER HOUSTON AREA PROVIDING ACCESS TO HEALTHCARE FOR STUDENTS AT 70 SCHOOLS "FEEDER" PATTERNS ARE ACCOMMODATED, MAKING IT POSSIBLE FOR A CHILD TO RECEIVE CONTINUITY OF CARE FROM PRE-KINDERGARTEN THROUGH TWELFTH GRADE WHILE MEDICAID ELIGIBLE SERVICES ARE BILLED, ALL SERVICES ARE PROVIDED AT NO COST TO FAMILIES THE HEALTH CENTERS FOR SCHOOLS OPERATE MONDAY THROUGH FRIDAY, 7 30 AM TO 4 00 PM, 12 MONTHS A YEAR THE SCOPE OF SERVICES OFFERED INCLUDES IMMUNIZATIONS, GENERAL AND SPORTS PHYSICALS, ACUTE, CHRONIC AND MINOR INJURY CARE, MENTAL HEALTH THERAPY, SOCIAL SERVICE COUNSELING AND REFERRALS, HEALTH EDUCATION, AND NUTRITIONAL GUIDANCE AS WELL AS OTHER SPECIFIC CARE TO MEET STUDENTS' NEEDS STAFFING AT EACH CENTER CONSISTS OF A NURSE PRACTITIONER, LICENSED CLINICAL SOCIAL WORKER, LVN AND A RECEPTIONIST, WITH MEDICAL OVERSIGHT PROVIDED BY A MEMORIAL HERMANN FAMILY PRACTITIONER TWO DIETITIAN AND CERTIFIED COMMUNITY HEALTH WORKERS ROTATE AMONG THE TEN CENTERS THE DIETITIANS DELIVER THE HEALTHY EATING AND LIFESTYLES PROGRAM (HELP) DESIGNED TO EDUCATE HEALTH CENTERS FOR SCHOOLS' STUDENTS AND THEIR FAMILIES ON THE IMPORTANCE OF PROPER NUTRITION AND EXERCISE THE PROGRAM IS INTENSIVE AND INDIVIDUAL, MEETING THE STUDENT AND FAMILY WHERE THEY ARE ON THE "STAGE OF CHANGE" CONTINUUM THE THREE MOBILE DENTAL CLINIC VANS ROTATE AMONG THE HEALTH CENTERS FOR SCHOOLS AND ARE STAFFED BY A DENTIST AND ONE TO TWO DENTAL ASSISTANTS THE VANS PROVIDE SERVICES THAT INCLUDE PERIODIC ORAL EXAMINATIONS, DIAGNOSTIC X-RAYS, PROPHYLAXIS, FLUORIDE TREATMENTS, ORAL HYGIENE INSTRUCTIONS, SEALANTS, COMPOSITE FILLINGS, EXTRACTIONS, STAINLESS STEEL CROWNS, AND PULPOTOMIES THIS PROGRAM HAS SERVED AS A "DENTAL HOME" TO UNINSURED STUDENTS SINCE 2000 THE PRIMARY GOAL OF THE HEALTH CENTERS FOR SCHOOLS PROGRAM IS TO BRING INCREASED HEALTH CARE TO CHILDREN WHO WILL OTHERWISE NOT OBTAIN IT AND TO KEEP CHILDREN HEALTHY AND IN SCHOOL SO THEY CAN LEARN THE SKILLS THEY WILL NEED FOR A BRIGHTER FUTURE 50%% OF THE CHILDREN SERVED AT THE CLINICS DO NOT HAVE ANY TYPE OF HEALTHCARE COVERAGE 34% HAVE SOME FORM OF MEDICAID THE REMAINING 16% ARE CHILDREN WHO WILL NOT OBTAIN HEALTHCARE DUE TO TRANSPORTATION ISSUES, WORKING PARENTS UNABLE TO AFFORD A DAY OFF, HIGH PRIVATE INSURANCE DEDUCTIBLES OR SIMPLY A LACK OF PARENTAL INVOLVEMENT MORE THAN 89% OF STUDENTS SERVED THROUGH THE PROGRAM ARE ON THE FREE/REDUCED LUNCH PROGRAM, AND 33% ARE MORE COMFORTABLE SPEAKING, READING AND WRITING IN A LANGUAGE OTHER THAN ENGLISH AN EVIDENCED-BASED PROGRAM, BENCHMARKS ARE DERIVED FROM THE NATIONAL ASSOCIATION OF SCHOOL BASED HEALTH CENTERS, PRE/POST DATA, AND HEALTHY PEOPLE 2020 OUTCOMES IN 2015 INCLUDE 3 7% OF HEALTH CENTER STUDENTS USED AN ER FOR PRIMARY CARE PURPOSES VERSUS 10 5% OF THE GENERAL PRIMARY CARE PEDIATRIC COMMUNITY ASTHMA EXACERBATIONS, EMERGENCY ROOM VISITS AND HOSPITALIZATIONS WERE REDUCED BY 92 2% 89% OF STUDENTS RETURNED TO THEIR CLASSROOM ON THE SAME DAY STUDENTS WHO RECEIVED THERAPY FROM LICENSED CLINICAL SOCIAL WORKERS IMPROVED GPAS 2 8 TO 3 7, REDUCED DAYS ABSENT 1 6 TO 1 4 DAYS, AND REDUCED DETENTION/SUSPENSION INCIDENTS 1 0 TO 5 DAYS 85% OF STUDENTS WITH 3+ CLINIC VISITS FOR ACUTE OR CHRONIC REASONS RECEIVE A BI-ANNUAL PHYSICAL 6 3% OF SUDENTS AGE 4-11 AND 7 6% OF STUDENTS AGE 12+ EXPERIENCED CARIES AT RECALL HEALTHY PEOPLE 2020 CALLS FOR THE PROPORTION OF CHHILDREN WITH ONE OR MLORE CARIES TO BE MNO MORE THAN 49% AND 48%, RESPECTIVELY

4b (Code) (Expenses $ 2,847,716 including grants of $) (Revenue $)

4B IN 2015, MEMORIAL HERMANN ONCE AGAIN PARTNERED WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SCHOOL FOR PUBLIC HEALTH IN A HOUSTON HOSPITALS EMERGENCY DEPARTMENT(ED) USE STUDY THAT REVEALED THAT MORE THAN 4 IN 10 HOUSTON AREA ER VISITS ARE PRIMARY CARE RELATED IN 2008, MHCBC LAUNCHED THE ER NAVIGATION PROGRAM AT MEMORIAL HERMANN TO ADDRESS THE PROBLEM OF INAPPROPRIATE ED USE THE ER NAVIGATION PROGRAM PLACES COMMUNITY HEALTH WORKERS (CHWS) OR "NAVIGATORS" ON-SITE IN SEVEN MEMORIAL HERMANN EMERGENCY ROOMS THAT ARE USED HEAVILY BY THE UNINSURED AND UNDERINSURED IN ORDER TO IDENTIFY MORE APPROPRIATE HEALTHCARE VENUES FOR THESE PATIENTS THE NAVIGATORS, TRAINED AND CERTIFIED BY MEMORIAL HERMANN PARTNER, GATEWAY TO CARE, GAIN THE TRUST OF PATIENTS BY BEING FAMILIAR WITH THE COMMUNITY'S CULTURE, LANGUAGE AND VALUES AND BY SHARING THEIR KNOWLEDGE ABOUT LOCAL HEALTHCARE SERVICES AND PROGRAMS NAVIGATORS IDENTIFY CLINICS THAT ARE THE BEST FIT FOR AN INDIVIDUAL'S LOCATION, INCOME, LANGUAGE, WORK HOURS, AND BUS ROUTES WHILE NAVIGATORS INITIALLY MEET WITH PATIENTS DURING THE ER VISIT, MUCH OF THEIR WORK IS DONE IN FOLLOW-UP, ENSURING THAT A CLINIC APPOINTMENT WAS MADE, WAS SUCCESSFUL AND ASSISTING WITH THE PAPERWORK REQUIRED FOR QUALIFICATION FOR MEDICAID, CHIP OR COUNTY INDIGENT PROGRAMS THE PRIMARY GOAL OF THE ER NAVIGATION PROGRAM IS TO FIND AN APPROPRIATE HEALTH HOME FOR PATIENTS AND PROVIDE THEM WITH THE RESOURCES TO NAVIGATE THROUGH FUTURE MEDICAL CONCERNS A 6-MONTH, PRE-POST ANALYSIS OF NAVIGATED PATIENTS RESULTED IN A 77% DECLINE IN ER VISITS A 12-MONTH PRE-POST ANALYSIS RESULTED IN A 70%% DECLINE

4c (Code) (Expenses $ 2,018,969 including grants of $ 1,020,399) (Revenue $)

4C IN 2014 THE NURSE HELP LINE-- A 24-HOUR NURSE TRIAGE CALL CENTER-- WAS IMPLEMENTED BY MEMORIAL HERMANN FOR THE CITIZENS OF HARRIS AND THE EIGHT SURROUNDING COUNTIES TO HELP THEM CHOOSE THE APPROPRIATE PLACE FOR CARE THE FREE COMMUNITY-WIDE RESOURCE PROVIDES FOR DIRECT COMMUNICATIONS WITH A REGISTERED NURSE WHO ASKS QUESITONS, DETERMINES THE LEVEL OF CARE NEEDED, THEN REFERS TO APPROPRIATE RESOURCES THE NURSE HEALTH LINE IS NOT DESIGNED TO ASSIST WITH LIFE-THREATENING CONDITIONS OR EMERGENCIES RATHER, AFTER AN ASSESSMENT IS MADE, CALLERS ARE ADVISED TO SEEK CARE WITH THEIR PHYSICIAN OF CHOICE OR, ONLY IF SYMPTOMS INDICATE, REFER TO LOCAL EMERGENT CARE CENTERS ADDITIONALLY, COMMUNITY HEALTH WORKERS ARE AVAILABLE TO PROVIDE INFORMATION ON FREE OR LOW COST COMMUNITY RESOURCES OR CLINICS WITH VISITS TO EMERGENCY ROOMS AT AN ALL-TIME HIGH-MORE THAN 41% OF ALL PATIENTS TREATED AND RELEASED FROM EMERGENCY ROOMS IN HARRIS COUNTY ARE PRIMARY CARE TREATABLE-A GOAL OF THE NURSE HEALTH LINE IS TO IMPROVE ACCESS TO CARE AS WELL AS ENSURE MORE EFFICIENT USE OF EMERGENCY ROOMS OVERUSE OF EMERGENCY ROOMS EXISTS, IN PART, BECAUSE PATIENTS DO NOT HAVE THE CLINICAL KNOWLEDGE TO ASSESS THE SEVERTIY OF SYMPTOMS AND CONDITIONS AND DETERMINE WHERE TO GO FOR APPROPRIATE CARE NURSE HEALTH LINE CALLERS ACHIEVED THE FOLLOWING OUTCOMES 5000 CALLS PER MONTH, 67% OF TRIAGED CALLERS WERE DIRECTED TO PRIMARY CARE SETTINGS AS COMPARED TO 33% TO THE ER, 96% OF THE CALLERS WITH THE INITIAL INTENT TO SEEK CARE IN THE ER WER REFERRED TO PRIMARY CARE SETTINGS, 895 OF CALLERS FOLLOWED THE CARE ADVICE OF THE NURSE, AND 99% OF CALLERS WOULD USE THE SERVICE AGAIN

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 318,672 including grants of $ 318,000) (Revenue $)

4e **Total program service expenses** ▶ 8,706,174

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . ☑

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	98			
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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring 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 or note to any line 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 3			
	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 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders? . . .		6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .		8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		9		No

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

			Yes	No
10a	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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records

▶ANTHONY FRANK
909 FROSTWOOD SUITE 2100
Houston, TX 77024 (713) 338-4643

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

Check ıf Schedule O contaıns a response or note to any lıne ın thıs Part VII . . . . ☑

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

1a Complete thıs table for all persons requıred to be lısted Report compensatıon for the calendar year endıng wıth or wıthın the organızatıon's tax year

- List all of the organızatıon's **current** officers, dırectors, trustees (whether ındıvıduals or organızatıons), regardless of amount of compensatıon Enter -0- ın columns (D), (E), and (F) ıf no compensatıon was paıd
- List all of the organızatıon's **current** key employees, ıf any See ınstructıons for definıtıon of "key employee "
- List the organızatıon's five **current** hıghest compensated employees (other than an officer, dırector, trustee or key employee) who receıved reportable compensatıon (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organızatıon and any related organızatıons
- List all of the organızatıon's **former** officers, key employees, or hıghest compensated employees who receıved more than $100,000 of reportable compensatıon from the organızatıon and any related organızatıons
- List all of the organızatıon's **former directors or trustees** that receıved, ın the capacıty as a former dırector or trustee of the organızatıon, more than $10,000 of reportable compensatıon from the organızatıon and any related organızatıons

Lıst persons ın the followıng order ındıvıdual trustees or dırectors, ınstıtutıonal trustees, officers, key employees, hıghest compensated employees, and former such persons

☐ Check thıs box ıf neıther the organızatıon nor any related organızatıon compensated any current officer, dırector, or trustee

(A) Name and Tıtle	(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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Wolterman Danıel J Dırector, Presıdent & CEO	1 0 50 0	X		X				0	3,146,244	2,463,975
(2) Gordon Deborah Dırector, CLO & Secr/Treas	1 0 50 0	X		X				0	411,091	26,473
(3) Laraway Dennıs L Dırector, CFO	1 0 50 0	X						0	1,361,585	210,209
(4) Shabot M Mıchael MD Chıef Clınıcal Officer	1 0 50 0			X				0	1,139,853	144,320
(5) Paret Carol J SVP Chıef Communıty Officer	0 0 50 0				X			0	520,112	87,472
(6) Furtado Albert Dentıst	50 0 0 0					X		138,408	0	23,654
(7) Harrıs Teresa A NP/PA MANAGER	50 0 0 0					X		124,555	0	12,919
(8) Kımmey-Walker Lısa L NP/PA MANAGER	50 0 0 0					X		140,443	0	19,575
(9) FelderShırl L NP/PA MANAGER	50 0 0 0					X		124,934	0	18,449
(10) Chalajour Mahastı Dentıst	50 0 0 0					X		179,935	0	16,389
(11) Duco Bernard Former CLO, Secr/Treas	0 0 0 0						X	0	1,274,619	45,309

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

(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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	708,275	7,853,504	3,068,744

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 ▶9

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

Section B. Independent Contractors

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

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 ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d	5,344,823				
	e	Government grants (contributions)	1e	5,155,570				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	92,775				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f . . . . ▶			10,593,168			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f . . . . ▶			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			0			
	4	Income from investment of tax-exempt bond proceeds . . ▶			0			
	5	Royalties . . . . ▶			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) . . . . ▶			0			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . ▶			0			
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue	Business Code					
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . ▶			0			
	12	**Total revenue.** See Instructions . . . . . ▶			10,593,168			

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	1,338,399	1,338,399		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,532,894	5,224,767	234,276	73,851
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	184,980	184,980		
9	Other employee benefits	540,269	540,269		
10	Payroll taxes	367,847	367,847		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	1,007	1,007		
13	Office expenses	140,222	120,673	19,503	46
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	132,022	132,022		
17	Travel	42,350	42,350		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	24,667	24,667		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	329,989	302,395	27,594	
23	Insurance	4,217	4,217		
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	PROFESSIONAL FEES	229,345	180,789	48,556	
b	MEDICAL SUPPLIES	111,604	111,604		
c	EQUIPMENT RENTAL & MAINT	86,666	83,321	3,345	
d	RECUITMENT AND OTHER MISC EXP	57,939	15,751	41,785	403
e	All other expenses	31,116	31,116		
25	**Total functional expenses.** Add lines 1 through 24e	9,155,533	8,706,174	375,059	74,300
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	**1**	Cash–non-interest-bearing		0	**1**	0
	2	Savings and temporary cash investments		0	**2**	0
	3	Pledges and grants receivable, net		38,709	**3**	126,511
	4	Accounts receivable, net		0	**4**	0
	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		0	**8**	0
	9	Prepaid expenses and deferred charges		0	**9**	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	**10a** 3,840,930			
	b	Less accumulated depreciation	**10b** 1,172,050	2,045,551	**10c**	2,668,880
	11	Investments—publicly traded securities		0	**11**	0
	12	Investments—other securities See Part IV, line 11		0	**12**	0
	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		4,598,960	**15**	5,446,179
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,683,220	**16**	8,241,570
Liabilities	**17**	Accounts payable and accrued expenses		515,277	**17**	635,992
	18	Grants payable		0	**18**	0
	19	Deferred revenue		0	**19**	0
	20	Tax-exempt bond liabilities		0	**20**	0
	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		0	**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		0	**25**	0
	26	**Total liabilities.** Add lines 17 through 25		515,277	**26**	635,992
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,167,943	**27**	7,605,578
	28	Temporarily restricted net assets		0	**28**	0
	29	Permanently restricted net assets		0	**29**	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			**30**	
	31	Paid-in or capital surplus, or land, building or equipment fund			**31**	
	32	Retained earnings, endowment, accumulated income, or other funds			**32**	
	33	Total net assets or fund balances		6,167,943	**33**	7,605,578
	34	Total liabilities and net assets/fund balances		6,683,220	**34**	8,241,570

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,593,168
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,155,533
3	Revenue less expenses Subtract line 2 from line 1	3	1,437,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,167,943
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,605,578

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 68-0511504
Name: Memorial Hermann Community Benefits Corporation

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

(Code	) (Expenses $	198,672	including grants of $	198,000	) (Revenue $		)
Physicians of Sugar Creek							
(Code	) (Expenses $	120,000	including grants of $	120,000	) (Revenue $		)
Support of Community Health Centers							

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . .

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,133,760	5,188,659	5,676,593	6,818,519	10,593,168	33,410,699
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
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	5,133,760	5,188,659	5,676,593	6,818,519	10,593,168	33,410,699
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						33,410,699

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	5,133,760	5,188,659	5,676,593	6,818,519	10,593,168	33,410,699
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						0
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 VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	5,133,760	5,188,659	5,676,593	6,818,519	10,593,168	33,410,699

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100 000 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	100 000 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization	Employer identification number
Memorial Hermann Community Benefits Corporation	68-0511504

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
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
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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				
b Buildings		1,329,376	194,221	1,135,155
c Leasehold improvements		548,380	406,034	142,346
d Equipment		1,392,599	571,795	820,804
e Other		570,575		570,575
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,668,880

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	5,446,179
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	5,446,179

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,593,168
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	10,593,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	10,593,168

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,155,533
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,155,533
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	9,155,533

Part XIII Supplemental Information

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

Return Reference	Explanation
Audit Financial Statement Footnote Disclosure for ASC 740	The Community Benefits Corporation does have an annual financial audit conducted although the financial accounts of the Community Benefits are also included in the financial statements that are audited by an independent public accounting firm of the consolidated Memorial Hermann Health System entities and its related affiliates The paragraph included in the last issued audited financial statements of the Community Benefits was Income Taxes - The Community Benefit is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (Code) and did not conduct unrelated business activities during the years ended June 30, 2015 and 2014 Therefore, the Community Benefit has made no provisions for federal income taxes in the accompanying financial statements The Community Benefit applies the provisions of FASB ASC Topic 740, Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return FASB ASC Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition The Community Benefit believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements disclosure, and transition The Community Benefit believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Children at Risk 2900 Weslayan Suite 400 Houston, TX 77024	76-0360533	501(C)(3)	25,000				Funding of healthcare services
(2) South County Community Clinic 101 Pine Manor Dr Oak Ridge North, TX 77385	75-2634623	501(c)(3)	75,000				Funding of Healthcare Services
(3) Tomagwa Healthcare Ministries 455 School Suite 30 Tomball, TX 77375	76-0280324	501(c)(3)	20,000				Funding of healthcare services
(4) Memorial Hermann Health System 909 Frostwood Suite 2100 Houston, TX 77024	74-1152597	501(C)(3)	1,218,399				Funding of healthcare services

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Wolterman Daniel J, Director, President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,275,024	1,463,325	407,895	272,575	14,651	3,433,470	272,575
2 Gordon Deborah, Director, CLO & Secr/Treas	(i)	0	0	0	0	0	0	0
	(ii)	246,487	0	164,604	18,049	8,424	437,564	0
3 Laraway Dennis L, Director, CFO	(i)	0	0	0	0	0	0	0
	(ii)	747,405	609,321	4,859	0	10,853	1,372,438	0
4 Shabot M Michael MD, Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	568,968	415,062	155,823	133,100	11,220	1,284,173	102,005
5 Paret Carol J, SVP Chief Community Officer	(i)	0	0	0	0	0	0	0
	(ii)	280,576	188,244	51,292	74,181	13,291	607,584	29,322
6 Furtado Albert, Dentist	(i)	118,872	16,114	3,422	10,765	12,889	162,062	0
	(ii)	0	0	0	0	0	0	0
7 Kimmey-Walker Lisa L, NP/PA MANAGER	(i)	121,384	15,935	3,124	14,515	5,060	160,018	0
	(ii)	0	0	0	0	0	0	0
8 Chalajour Mahasti, Dentist	(i)	161,692	18,243	0	6,464	9,925	196,324	0
	(ii)	0	0	0	0	0	0	0
9 Duco Bernard, Former CLO, Secr/Treas	(i)	0	0	0	0	0	0	0
	(ii)	271,923	353,040	649,656	43,001	2,308	1,319,928	938,822

Part III Supplemental Information

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

Return Reference	Explanation
Non-qualifed Retirement plans	Memorial Hermann Health System (of which this filer is a part) sponsors two nonqualified retirement plans for certain executives who are part of a select group of highly compensated or management employees The first plan is called the Memorial Hermann Supplemental Executive Retirement Plan (SERP) It is a make-up plan and provides for an annual payment (upon achieving full vesting in the qualified retirement plan) equivalent to the amount of the accrual from the employer that is lost to the employee due to the limits on compensation and benefits in the Internal Revenue Code The second plan is called the Memorial Hermann Health System Select Group 457(b) Deferred Compensation Plan (457) It allows for deferral of base salary for those executives who work for a tax exempt entity of Memorial Hermann and whose base salary is above the qualified plan limit Contributions to this plan are subject to the IRS federal limit No matching contributions are made on any deferrals under this plan Applicable SERP amounts accrued per person SHABOT,MICHAEL 27,265 01 PARET,CAROL J 12,029 82 DUCO,BERNARD 12,385 41 WOLTERMAN,DAN J 100,490 59 Applicable 457 amounts distributed per person Beckstett, Douglas G 47,873 42

Additional Data

Software ID:
Software Version:
EIN: 68-0511504
Name: Memorial Hermann Community Benefits Corporation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Wolterman Daniel J, Director, President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,275,024	1,463,325	407,895	272,575	14,651	3,433,470	272,575
Gordon Deborah, Director, CLO & Secr/Treas	(i)	0	0	0	0	0	0	0
	(ii)	246,487	0	164,604	18,049	8,424	437,564	0
Laraway Dennis L, Director, CFO	(i)	0	0	0	0	0	0	0
	(ii)	747,405	609,321	4,859	0	10,853	1,372,438	0
Shabot M Michael MD, Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	568,968	415,062	155,823	133,100	11,220	1,284,173	102,005
Paret Carol J, SVP Chief Community Officer	(i)	0	0	0	0	0	0	0
	(ii)	280,576	188,244	51,292	74,181	13,291	607,584	29,322
Furtado Albert, Dentist	(i)	118,872	16,114	3,422	10,765	12,889	162,062	0
	(ii)	0	0	0	0	0	0	0
Kimmey-Walker Lisa L, NP/PA MANAGER	(i)	121,384	15,935	3,124	14,515	5,060	160,018	0
	(ii)	0	0	0	0	0	0	0
Chalajour Mahasti, Dentist	(i)	161,692	18,243	0	6,464	9,925	196,324	0
	(ii)	0	0	0	0	0	0	0
Duco Bernard, Former CLO, Secr/Treas	(i)	0	0	0	0	0	0	0
	(ii)	271,923	353,040	649,656	43,001	2,308	1,319,928	938,822

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Memorial Hermann Community Benefits Corporation	68-0511504

Return Reference	Explanation
Assessment of Community Needs for Healthcare Services	Form 990, Part III, Line 1 IN THE GREATER HOUSTON AREA WHERE ALMOST ONE IN FOUR RESIDENTS ARE UNINSURED, MEMORIAL HERMANN, THROUGH ITS SUBSIDIARY, THE MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION (MHCBC) ESTABLISHED IN 2007, IMPLEMENTS PROGRAMS TO WORK WITH OTHER HEALTHCARE PROVIDERS, GOVERNMENT AGENCIES, BUSINESS LEADERS AND COMMUNITY STAKEHOLDERS TO ENSURE THAT ALL RESIDENTS OF THE GREATER HOUSTON AREA HAVE ACCESS TO THE CARE THEY NEED TO IMPROVE THEIR QUALITY OF LIFE AND THE OVERALL HEALTH OF THE COMMUNITY THE MISSION OF MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION IS TO TEST AND MEASURE INNOVATIVE SOLUTIONS THAT REDUCE THE IMPACT OF THE LACK OF ACCESS TO CARE ON THE INDIVIDUAL, THE HEALTH SYSTEM AND THE COMMUNITY NEW PROGRAMS ARE PILOTED, AND PROVEN PROGRAMS ARE REPLICATED IN THE COMMUNITY THAT INCLUDES INITIATIVES TO REMOVE BARRIERS TO HEALTHCARE ACCESS, INCREASE AND STRENGTHEN THE PRIMARY AND SPECIALTY CARE INFRASTRUCTURE, PROVIDE EDUCATION AND INCREASE HEALTHCARE AWARENESS, AND IMPROVE THE USE OF PREVENTATIVE MEDICAL SERVICES COMMUNITY BENEFIT CORPORATION FUNDING TENENTS INCLUDE PROVISION OF PRIMARY AND/OR SPECIALTY CARE FOR THE UNINSURED AND UNDERINSURED, CONTRIBUTION TO THE EXISTING INFRASTRUCTURE OF NON-PROFIT CLINICS AND FQHC'S, COMMITMENT TO MEASUREMENT, EXISTENCE OF COLLABORATIVE PARTNERS, PROGRAMMATIC INCLUSION OF HEALTH EDUCATION AND LITERACY, STRIVE TOWARDS SUSTAINABILITY AS REQUIRED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT-SECTION 501(R)(3)-REQUIREMENT OF THE ACA, MEMORIAL HERMANN CONDUCTED COMMUNITY NEEDS ASSESSMENTS FOR EACH OF ITS 11 ACUTE AND REHAB HOSPITALS THE STUDIES INCLUDED DEMOGRAPHIC DATA OF HARRIS, FORT BEND, MONTGOMERY, AND BRAZORIA COUNTIES (COUNTIES THAT COMPOSE 89% OF MEMORIAL HERMANN DISCHARGES, A DESCRIPTION OF THE PROCESSES AND METHODOLOGIES, SURVEYS AND INTERVIEWS WITH PUBLIC HEALTH OFFICIALS WHERE PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO PRIORITIZE COMMUNITY HEALTH NEEDS AND RATE THE IMPORTANCE OF HEALTH CARE INITIATIVES, AND, IDENTIFICATION OF ALL COLLABORATING ORGANIZATIONS AND EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES WITHIN THE COMMUNITY AVAILABLE TO MEET THE NEEDS IDENTIFIED IN EACH OF THE COMMUNITY NEEDS ASSESSMENTS THE ANALYSIS INCLUDED A CAREFUL REVIEW OF THE MOST CURRENT HEALTH DATA AVAILABLE AND INPUT FROM NUMEROUS COMMUNITY REPRESENTATIVES WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH FINDINGS INDICATED THAT THERE WERE EIGHT MAIN NEEDS IN THE COMMUNITIES SERVED BY MEMORIAL HERMANN THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM, CONSISTING OF LEADERSHIP FROM MEMORIAL HERMANN HEALTH SYSTEM (MEMORIAL HERMANN), PRIORITIZED THOSE EIGHT NEEDS BY STUDYING THEM WITHIN THE CONTEXT OF THE HOSPITAL'S OVERALL STRATEGIC PLAN AND THE AVAILABILITY OF FINITE RESOURCES, WITH THE FOLLOWING PRIORITIZATION, IN DESCENDING ORDER, RESULTING 1) EDUCATION AND PREVENTION FOR DISEASES AND CHRONIC CONDITIONS, 2) ADDRESS ISSUES WITH SERVICE INTEGRATION, SUCH AS COORDINATION AMONG PROVIDERS AND THE FRAGMENTED CONTINUUM OF CARE, 3) ADDRESS BARRIERS TO PRIMARY CARE, SUCH AS AFFORDABILITY AND SHORTAGE OF PROVIDERS, 4) ADDRESS UNHEALTHY LIFESTYLES AND BEHAVIORS, 5) ADDRESS BARRIERS TO MENTAL HEALTHCARE, SUCH AS ACCESS TO SERVICES AND SHORTAGE OF PROVIDERS, 6) DECREASE HEALTH DISPARITIES BY TARGETING SPECIFIC POPULATIONS, 7) INCREASE ACCESS TO AFFORDABLE DENTAL CARE, 8) INCREASE ACCESS TO TRANSPORTATION FOLLOWING THE COMMUNITY NEEDS ASSESSMENT, EACH MEMORIAL HERMANN HOSPITAL ALONG WITH THE SUPPORT OF MEMORIAL HERMANN COMMUNITY BENEFIT DEPARTMENT DEVELOPED AN IMPLEMENTATION PLAN WITH SUPPORTING OBJECTIVES, AND IMPLEMENTATION ACTIVITIES AND METRICS REPORTS RESIDE ON THE MEMORIAL HERMANN WEBSITE PROGRESS IS MONITORED AND REPORTED TO THE BOARD SEMI-ANUALLY PLANS TO CONDUCT THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENTS AND CREATE THE CORRESPONDING 2016 IMPLEMENTATION STRATEGIES ARE UNDERWAY

Return Reference	Explanation
Assessment of Community Needs for Healthcare Services 2	MHCBC'S PROGRAMS ARE DESIGNED TO PROVIDE CARE FOR UNINSURED AND UNDERINSURED CHILDREN, TO REACH THOSE HOUSTONIANS NEEDING LOW COST CARE, TO SUPPORT THE EXISTING INFRASTRUCTURE OF NON-PROFIT CLINICS AND FQHCS, AND TO EDUCATE INDIVIDUALS AND THEIR FAMILIES ON HOW TO ACCESS THE HEALTHCARE AVAILABLE TO THEM COMMITTED TO MAKING THE GREATER HOUSTON AREA A HEALTHIER AND MORE VITAL PLACE TO LIVE, MHCBC COLLABORATES WITH OTHERS AS WELL AS CREATES SIGNATURE, EVIFDENCE-BASED WAYS TO IMPROVE THE COMMUNITIES WHERE PEOPLE LIVE, WORK, LEARN AND PLAY MHCBC SUPPORTS THE FOLLOWING INITIATIVES AS WELL AS THOSE STATED IN ATTACHMENTS 2, 3 AND 4 CHILDREN AT RISK - FUNDING OF A POLICY COORDINATOR FOR A FOOD IN SCHOOLS INITIATIVE, WITH THE GOAL OF INCREASING SCHOOL PARTICIPATION IN THE UNIVERSAL FREE BREAKFAST PROGRAM INTERFAITH COMMUNITY CLINIC - OPERATIONAL FUNDING FOR THIS PRIVATE NOT-FOR-PROFIT VOLUNTEER BASED HEALTH CARE CLINIC ITS MISSION IS TO PROVIDE SHORT-TERM MEDICAL CARE, DENTAL CARE, AND SOCIAL SERVICE REFERRALS FOR INDIGENT PERSONS WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND ARE NOT ELIGIBLE FOR MEDICAID OPENED IN 1966, THE CLINIC SPECIFICALLY CONCENTRATES ON PROVIDING SERVICES TO MONTGOMERY COUNTY RESIDENTS WHO ARE NOT ELIGIBLE FOR OTHER PROGRAMS AND HAVE NOWHERE ELSE TO TURN MEMORIAL HERMANN HAS SUPPORTED THE CLINIC SINCE INCEPTION, WITH MEMORIAL HERMANN-THE WOODLANDS PROVIDING AN ADDITIONAL $60,000/MO IN ANCILLARY SERVICES PHYSICIANS OF SUGAR CREEK - FUNDING OF THE DIFFERENCE BETWEEN COSTS AND SLIDING FEE SCALE PAYMENTS OF CARE PROVIDED BY THIS MEMORIAL FAMILY PRACTICE RESIDENCY TRAINING SITE TO THE WORKING POOR OF THE AREA E C H 0 (EPIPHANY COMMUNITY HEALTH OUTREACH) - SUPPORT OF OPERATIONS THAT PROVIDE HEALTH AND SOCIAL SERVICES TO THE NEW IMMIGRANTS AND REFUGEES, PRIMARILY LIVING IN THE SOUTHWEST AREA TOMAGWA MINISTRIES, INC - SUPPORT OF PRIMARY CARE AND EDUCATION TO THE WORKING POOR NOT QUALIFYING FOR PUBLIC ASSISTANCE AND NOT EARNING ENOUGH TO PAY FOR DOCTOR VISITS IN THE TOMBALL, MAGNOLIA, AND WALLER AREAS POPULATION RESEARCH AND PROGRAM IMPLEMENTATION - RESEARCH, DEVELOPMENT, AND IMPLEMENTATION OF EFFECTIVE APPROACHES THAT IMPROVE THE HEALTH OF HOUSTON AREA PATIENT POPULATIONS THROUGH DATA DRIVEN RESEARCH, INTERVENTIONS, EVALUATION AND COMMUNITY ENGAGEMENT PROGRAM FOCUS IN OBESITY, ER NAVIGATION, AND ACADEMIC OUTCOMES ASSOCIATED WITH MENTAL HEALTH THERAPY SUPPORT MEMORIAL HERMANN NEIGHBORHOOD HEALTH CENTERS - OPERATIONAL SUPPORT FOR TWO LOW-COST CLINICS OPEN EXTENDED HOURS AND STRATEGICALLY LOCATED NEAR BUSY EMERGENCY CENTERS DESIGNED TO SERVE AS A "MEDICAL HOME" TO UNINSURED WORKING FAMILIES WHO DO NOT QUALIFY FOR OTHER PROGRAMS, THE CENTERS ACCEPT CASH, MEDICARE AND MEDICAID THE GOAL IS TO PROVIDE THIS POPULATION WITH A MEDICAL HOME FOR ROUTINE AS WELL AS CHRONIC CARE, AND PREVENT THESE CASES FROM ESCALATING TO EMERGENCIES AND POOR HEATLHCARE OUTCOMES

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

Return Reference	Explanation
Members or Stockholders	Memorial Hermann Community Benefits has as its sole member Memorial Hermann Health System, both of which are 501(c)(3) non-profit entities

Return Reference	Explanation
Elect Governing Body	The member has the authority to annually elect the board members of the organization and to terminate and replace them at its discretion

Return Reference	Explanation
Decisions of Governing Body	The member has approval authority over the decisions of the board for amendments to the bylaws and articles of incorporation, annual operating and capital budget, the purchase or sale of substantial assets, and the merger or dissolution of the organization

Return Reference	Explanation
Review of Form 990	Memorial Hermann Community Benefits PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY VIA A WEBSITE SET UP SPECIFICALLY FOR BOARD MEMBERS TO ACCESS VARIOUS BOARD MEMBER DOCUMENTS THE FORM 990 IS REVIEWED BY MEMORIAL HERMANN FINANCIAL ACCOUNTING STAFF, BY SPECIFIC DEPARTMENTS INVOLVED IN RELATED SECTIONS OF THE RETURN, BY THE MEMORIAL HERMANN CHIEF ACCOUNTING OFFICER, PRIOR TO ITS FILING

Return Reference	Explanation
Conflict of Interest Policy	Memorial Hermann Community Benefits utilizes a conflict of interest survey and has codified its procedure in a policy The policy is monitored by our Corporate Compliance Department through annual surveys of board members, corporate officers, management level employees, and other selected employees, physicians and vendors for all of its entities and related affiliates In addition to responding to the survey, each recipient affirms that they have received a copy of the policy, has read and understood it, has agreed to comply with it, and understands that Memorial Hermann is a charitable organization that must engage in primarily tax-exempt purpose activities The Corporate Compliance Department, Chief Legal Officer and the Corporate Audit Committee, consisting of independent board members, receive a report of all items disclosed The Audit Committee Chair reports the existence of any conflicts to the Corporate Board of Directors Memorial Hermann Community Benefits conflicts of interest policy requires that Board members excuse themselves from discussions in which they have a conflict of interest The policy also subjects Board members to disciplinary action if they are found to have violated the policy

Return Reference	Explanation
Whistle Blower Policy	Memorial Hermann Community Benefits Corp (MHCBC) is committed to complying with all applicable laws and regulations We support the efforts of federal and state authorities in identifying incidents of fraud and/or abuse and we have the necessary policies and procedures in place to prevent, detect, report and correct incidents of fraud and/or abuse in accordance with contractual, regulatory and statutory requirements Recognizing the complexity of the various federal, state, and local laws regulating health care, MHCBC has adopted a Corporate Compliance Program This Program is designed to assist the Board, the Health System and its employees, medical staff members, and independent contractors to maintain compliance through responsive educational programs, internal monitoring and reporting mechanisms, and compliance Standards of Conduct Corporate Compliance is "Doing the Right Thing by following government regulations and the law " The MHCBC Compliance Program includes these 7 elements A Compliance Officer and Committee, to oversee and advise the Compliance Program Compliance Policies and Procedures, to provide written guidance to help you do your job and demonstrate our commitment to compliance, Compliance Training and Education, to ensure appropriate education on areas of legal and regulatory compliance Auditing and Monitoring, to conduct periodic and ongoing auditing and monitoring of high-risk areas and adherence to policies and procedures Corrective Action, to develop plans to resolve identified issues, prevent them from happening again and avoid the risk of the same or similar issues occurring in other areas, departments or facilities Disciplinary Guidelines may be necessary to encourage prompt reporting of Compliance concerns, to ensure non-retaliation for reporting concerns and to encourage cooperation with compliance investigations Open Lines of Communication to establish an open environment for reporting compliance concerns - a hotline is available to all employees to call to report compliance concerns and non-retaliation for reporting a compliance concern in good faith Available 24 hours a day, 7 days a week Anonymous and Confidential Callers making reports in good faith are protected from any form of retaliation or adverse action

Return Reference	Explanation
Form 990, Part VI, Section B Line 15a & 15b Compensation Determination	The process for determining compensation for the Organization's CEO and other Officers, Directors and Key employees is modeled after the requirements in the IRS Code Section 4958 to establish the presumption of reasonable compensation Compensation was reviewed and approved in advance of being paid by a Compensation Committee of the Board of Memorial Hermann Health System The Committee is comprised of individuals who have no conflict of interest The Compensation Committee engages an independent third-party executive compensation consultant who provides comparable market data from published surveys and/or Form 990s of similar organizations The compensation for each Officer, Director, and Key employee is determined based on the market data The Compensation Committee conducted a review of the comparability data and documented its discussion and decisions in minutes that are retained with the Organization's other governance materials Officers, Directors and Key employees of the organization undergo a review and Compensation Committee approval (as outlined above) on an annual-basis, and such approval is recorded in minutes The executive compensation philosophy drives the strategy and design of Memorial Hermann's compensation package The executive compensation philosophy is established and maintained by the Compensation Committee The philosophy is as follows Executive compensation should be tied to our long-term and short-term business strategies of each dimension of our business including, but not limited to Quality & Safety, Service & Satisfaction, Operational Excellence, and Growth & People Compensation should reflect the competitive marketplace so the Company can attract, retain and motivate talented executives Compensation should be tied to our individual and business unit performance Compensation programs and pay levels should be "Reasonable" within the definition of IRC Section 4958 We should balance any potential strategic, financial, operational and reputational risk with our pay-for-performance philosophy Based on the above philosophy, Memorial Hermann's executive total compensation package includes a mix of fixed compensation and variable compensation The following components are included in the executive total compensation package base salary, annual incentive plan, long term incentive plan and deferred compensation plan In addition to the compensation components listed above , the CEO and President, Mr Wolterman, has been provided with a retention agreement Per the terms of this agreement, he will receive a lump sum payment in July 2016 This lump sum payment is being accrued over the life of the retention agreement (July 2009 to July 2016) The 2014 accrual is included in Column C of Part II on the attached Form 990 Schedule J If Mr Wolterman voluntarily leaves prior to July 2016, he does not receive any portion of this lump sum payment Under certain circumstances (e g , death or disability), Mr Wolterman, or his beneficiary, would be entitled to a prorated portion of this lump sum payment

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

Return Reference	Explanation
Audited Financial Statement Oversight	Memorial Hermann Health System has independent committees for audits, governance, and compensation which perform their respective functions on a consolidated basis for all corporate entities The audit committee hires the independent accountants and oversees all audits that are conducted within all affiliated entities for financial information, grants and awards, and qualified plans

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Memorial Hermann Community Benefits Corporation

Employer identification number
68-0511504

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Memorial Hermann Foundation 909 Frostwood Suite 2100 Houston, TX 77024 74-1653640	Fund raising	TX	501(c)3	11a I	MHHS	Yes	
(2) Memorial Hermann Health System 909 Frostwood Suite 2100 Houston, TX 77024 74-1152597	Healthcare	TX	501(c)3	3	na		No
(3) Memorial Hermann Medical Group 909 Frostwood Suite 2100 Houston, TX 77024 20-4923281	Healthcare	TX	501(c)3	3	MHHS	Yes	
(4) MHS Physicians of Texas 909 Frostwood Suite 2100 Houston, TX 77024 76-0385980	Healthcare	TX	501(c)3	3	MHHS	Yes	
(5) Memorial Hermann Information Exchange 909 Frostwood Suite 2100 Houston, TX 77024 02-0684202	Healthcare	TX	501(c)3	3	MHHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) The Woodlands POB III LP 909 Frostwood Suite 2100 Houston, TX 77024 20-2184543	Managed Med B	TX	na	Related or Exempt	0	0		No	0		No	
(2) Memorial HermannUSP Surgery Ctr III LP 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 20-0707543	Surgery Cente	TX	na	Related or Exempt	0	0		No	0		No	
(3) Memorial Hermann Surgery Center Katy LLP 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 20-3360737	Surgery Cente	TX	na	Related or Exempt	0	0		No	0		No	
(4) MH Katy Rehab Hospital LLC 909 Frostwood suite 2100 houston, TX 77024 26-3896057	medical servi	TX	na	Related or Exempt	0	0		No	0		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) MHMD 909 Frostwood Suite 2100 Houston, TX 77024 76-0074819	Claims Admin	TX	NA	C Corp	0	0		Yes	
(2) Memorial Hermann Health Solutions 909 Frostwood suite 2100 Houston, TX 77024 26-4419989	Insurance	TX	NA	C Corp	0	0		Yes	
(3) Memorial Hermann Health Insurance 909 Frostwood Suite 2100 Houston, TX 77024 76-0646301	Insurance	TX	NA	C Corp	0	0		Yes	
(4) Memorial Hermann Accountable Care Org 909 Frostwood Suite 2100 Houston, TX 77024 80-0778181	Insurance	TX	NA	C Corp	0	0		Yes	
(5) The Health Professionals Ins Company LTD Barclays House 3rd Floor Grand Cayman CJ	Insurance	CJ	NA	Foreign	0	0		Yes	
(6) Memorial Hermann Health Plan Inc 909 Frostwood Suite 2100 Houston, TX 77024 46-2707092	Insurance	TX	na	C corp	0	0		Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation