

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: The Menninger Clinic  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address): 12301 Main Street Room/suite:  
City or town, state or province, country, and ZIP or foreign postal code: Houston, TX 77035

**D** Employer identification number: 37-1453409  
**E** Telephone number: (713) 275-5000  
**G** Gross receipts \$ 57,217,949

**F** Name and address of principal officer: Antonio Gaglio, 12301 Main Street, Houston, TX 77035

**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: ▶ www.menningerclinic.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2002 **M** State of legal domicile: TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
The Menninger Clinic provides specialty inpatient psychiatric hospital services that include programs for adults, young adults, and adolescents using evidence-based, contemporary, and psychodynamic treatment approaches

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

|  |        |
|--|--------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 16     |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 15     |
| <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | 533    |
| <b>6</b> Total number of volunteers (estimate if necessary)                            |        |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0      |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 19,958 |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 6,482,726  | 5,229,788    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 51,673,972 | 51,984,197   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )                    | 6,728      | -362,149     |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          |            | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 58,163,426 | 56,851,836   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )                 | 1,209,316  | 71,602       |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |            | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 31,106,901 | 32,864,821   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |            | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶139,568                 |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 26,027,169 | 25,711,364   |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 58,343,386 | 58,647,787   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | -179,960   | -1,795,951   |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 66,209,946                | 62,002,336  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 25,044,043                | 22,082,316  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 41,165,903                | 39,920,020  |

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2019-05-09  
Antonio Gaglio Interim Pres & CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Jody Blazek Preparer's signature: Jody Blazek Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00072674  
Firm's name: ▶ Blazek & Vetterling Firm's EIN: ▶ 76-0269860  
Firm's address: ▶ 2900 Wesleyan Suite 200 Houston, TX 770275132 Phone no: (713) 439-5739

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

Menninger is a world leader in psychiatric treatment, research and education

**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

|           |                     |              |           |                        |               |              |
|-----------|---------------------|--------------|-----------|------------------------|---------------|--------------|
| <b>4a</b> | (Code )             | (Expenses \$ | 9,070,988 | including grants of \$ | ) (Revenue \$ | 11,322,040 ) |
|           | See Additional Data |              |           |                        |               |              |

|           |                     |              |           |                        |               |              |
|-----------|---------------------|--------------|-----------|------------------------|---------------|--------------|
| <b>4b</b> | (Code )             | (Expenses \$ | 8,690,902 | including grants of \$ | ) (Revenue \$ | 10,047,870 ) |
|           | See Additional Data |              |           |                        |               |              |

|           |                     |              |           |                        |               |             |
|-----------|---------------------|--------------|-----------|------------------------|---------------|-------------|
| <b>4c</b> | (Code )             | (Expenses \$ | 7,322,358 | including grants of \$ | ) (Revenue \$ | 9,235,347 ) |
|           | See Additional Data |              |           |                        |               |             |

|           |  |            |                        |          |             |              |
|-----------|--|------------|------------------------|----------|-------------|--------------|
| <b>4d</b> | Other program services (Describe in Schedule O ) |            |                        |          |             |              |
|           | (Expenses \$                                     | 27,428,569 | including grants of \$ | 71,602 ) | (Revenue \$ | 21,378,940 ) |

|           |   |            |  |  |  |  |
|-----------|---|------------|--|--|--|--|
| <b>4e</b> | <b>Total program service expenses</b> ▶ | 52,512,817 |  |  |  |  |
|-----------|---|------------|--|--|--|--|

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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   |     | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b> 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             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | Yes |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | No |
| <b>15</b> 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   |     | No |
| <b>16</b> 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   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   | Yes |    |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | Yes |    |
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | Yes |    |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | Yes |    |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     | No |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       |     | No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | Yes |    |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | Yes |    |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

| (A)<br>Name and Title     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
|                           |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |
| See Additional Data Table |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
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|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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 ▶ 37

Questions 3, 4, and 5 regarding compensation reporting and services rendered. Includes columns for Yes/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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Baylor College of Medicine, Kirksey Architecture, etc.

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 ▶ 29

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |          |
|---|--|--|----------------------|--|---|--|----------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                       | <b>1a</b> Federated campaigns . . .  | <b>1a</b>  |                      |  |   |  |          |
|   | <b>b</b> Membership dues . . .   | <b>1b</b>  |                      |  |   |  |          |
|   | <b>c</b> Fundraising events . . .  | <b>1c</b>  |                      |  |   |  |          |
|   | <b>d</b> Related organizations   | <b>1d</b>  | 5,229,788            |  |   |  |          |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  |                      |  |   |  |          |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>  |                      |  |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____  |  |                      |  |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  | 5,229,788            |  |   |  |          |
| <b>Program Service Revenue</b>  |  | Business Code  |                      |  |   |  |          |
|   | <b>2a</b> Patient services   | 621990   | 51,984,197           | 51,984,197   |   |  |          |
|   | <b>b</b> _____   |  |                      |  |   |  |          |
|   | <b>c</b> _____   |  |                      |  |   |  |          |
|   | <b>d</b> _____   |  |                      |  |   |  |          |
|   | <b>e</b> _____   |  |                      |  |   |  |          |
|   | <b>f</b> All other program service revenue   |  |                      |  |   |  |          |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |  | 51,984,197   |                      |  |   |  |          |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶  |  | 3,964                |  |   | 3,964  |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶  |  | 0                    |  |   |  |          |
|   | <b>5</b> Royalties . . . . . ▶   |  | 0                    |  |   |  |          |
|   | <b>6a</b> Gross rents  | (i) Real   | (ii) Personal        |  |   |  |          |
|   |  | <b>b</b> Less rental expenses                        |                      |  |   |  |          |
|   |  | <b>c</b> Rental income or (loss)                     |                      |  |   |  |          |
|   |  | <b>d</b> Net rental income or (loss) . . . . . ▶     |                      |  | 0                                       |  |          |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities                                       | (ii) Other           |  |   |  |          |
|   |  | <b>b</b> Less cost or other basis and sales expenses |                      | 366,113  |   |  |          |
|   |  | <b>c</b> Gain or (loss)                              |                      | -366,113   |   |  |          |
|   |  | <b>d</b> Net gain or (loss) . . . . . ▶              |                      |  | -366,113                                |  | -366,113 |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |                      |  |   |  |          |
|   | <b>b</b> Less direct expenses . . . . . <b>b</b>   |  |                      |  |   |  |          |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |  |                      | 0  |   |  |          |
|   | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |                      |  |   |  |          |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                    |  |  |                      |  |   |  |          |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                    |  |  | 0                    |  |   |  |          |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> |  |  |                      |  |   |  |          |
| <b>b</b> Less cost of goods sold . . . . . <b>b</b>                                 |  |  |                      |  |   |  |          |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                   |  |  | 0                    |  |   |  |          |
| Miscellaneous Revenue   | Business Code  |  |                      |  |   |  |          |
| <b>11a</b> _____  |  |  |                      |  |   |  |          |
| <b>b</b> _____  |  |  |                      |  |   |  |          |
| <b>c</b> _____  |  |  |                      |  |   |  |          |
| <b>d</b> All other revenue . . . . .  |  |  |                      |  |   |  |          |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                       |  |  | 0                    |  |   |  |          |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶                               |  |  | 56,851,836           | 51,984,197   |   | -362,149   |          |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 48,991                | 48,991                          |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 22,611                | 22,611                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 1,595,419             | 1,138,794                       | 456,625                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 22,789,666            | 20,791,974                      | 1,997,692                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  | 627,894               | 581,479                         | 46,415                                 |                             |
| <b>9</b> Other employee benefits.   | 5,874,913             | 5,401,410                       | 473,503                                |                             |
| <b>10</b> Payroll taxes.  | 1,976,929             | 1,794,925                       | 182,004                                |                             |
| <b>11</b> Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b> Management.  | 0                     |                                 |  |                             |
| <b>b</b> Legal.   | 724,141               | 220,825                         | 500,352                                | 2,964                       |
| <b>c</b> Accounting.  | 0                     |                                 |  |                             |
| <b>d</b> Lobbying.  | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees.  | 0                     |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 12,977,903            | 11,691,549                      | 1,257,741                              | 28,613                      |
| <b>12</b> Advertising and promotion.  | 216,855               | 344                             | 216,511                                |                             |
| <b>13</b> Office expenses.  | 2,165,236             | 1,929,415                       | 212,945                                | 22,876                      |
| <b>14</b> Information technology.   | 772,046               | 727,959                         | 34,549                                 | 9,538                       |
| <b>15</b> Royalties.  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy.  | 1,471,033             | 1,420,753                       | 38,433                                 | 11,847                      |
| <b>17</b> Travel.   | 260,906               | 108,343                         | 151,759                                | 804                         |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 304,189               | 166,617                         | 136,033                                | 1,539                       |
| <b>20</b> Interest.   | 816,458               | 772,451                         | 33,638                                 | 10,369                      |
| <b>21</b> Payments to affiliates.   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 3,344,090             | 3,164,293                       | 137,433                                | 42,364                      |
| <b>23</b> Insurance.  | 610,143               | 577,256                         | 25,138                                 | 7,749                       |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| <b>a</b> Food.  | 954,972               | 860,027                         | 94,179                                 | 766                         |
| <b>b</b> Pharmacy.  | 616,563               | 616,563                         |  |                             |
| <b>c</b> Bad debt.  | 245,925               | 245,925                         |  |                             |
| <b>d</b> Patient activities.  | 149,647               | 149,647                         |  |                             |
| <b>e</b> All other expenses.  | 81,257                | 80,666                          | 452                                    | 139                         |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 58,647,787            | 52,512,817                      | 5,995,402                              | 139,568                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 51,732                   | <b>1</b>   | 57,641             |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 4,630,414                | <b>2</b>   | 2,624,654          |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>   | 0                  |
|  | <b>4</b> Accounts receivable, net . . . . .   | 1,238,123                | <b>4</b>   | 1,598,404          |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   | 0                  |
|  | <b>6</b> 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 . . . . . |                          | <b>6</b>   | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .  | 804,133                  | <b>7</b>   | 0                  |
|  | <b>8</b> Inventories for sale or use . . . . .  | 161,375                  | <b>8</b>   | 143,094            |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 873,991                  | <b>9</b>   | 685,017            |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 78,297,826               |            |                    |
|  | <b>b</b> Less accumulated depreciation  | 25,616,128               |            |                    |
|  |   | 53,279,766               | <b>10c</b> | 52,681,698         |
|  | <b>11</b> Investments—publicly traded securities . . . . .  |                          | <b>11</b>  | 0                  |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                          | <b>12</b>  | 0                  |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>  | 0                  |
|  | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>  | 0                  |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                                | 5,170,412   | <b>15</b>                | 4,211,828  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 66,209,946  | <b>16</b>                | 62,002,336 |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 3,902,018                | <b>17</b>  | 4,271,754          |
|  | <b>18</b> Grants payable . . . . .  | 408,000                  | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b>  |                    |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   | 18,775,910               | <b>20</b>  | 16,557,252         |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b>  |                    |
|  | <b>22</b> 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 . . . . .   |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                    |
|  | <b>25</b> 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  | 1,958,115                | <b>25</b>  | 1,253,310          |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 25,044,043               | <b>26</b>  | 22,082,316         |
| <b>Net Assets or Fund Balances</b>   | <b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets   | 41,165,903               | <b>27</b>  | 39,920,020         |
|  | <b>28</b> Temporarily restricted net assets . . . . .   |                          | <b>28</b>  |                    |
|  | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>  |                    |
|  | <b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>  |                    |
|  | <b>33</b> Total net assets or fund balances . . . . .   | 41,165,903               | <b>33</b>  | 39,920,020         |
|  | <b>34</b> Total liabilities and net assets/fund balances . . . . .  | 66,209,946               | <b>34</b>  | 62,002,336         |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 56,851,836 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 58,647,787 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | -1,795,951 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 41,165,903 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | 550,068    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 39,920,020 |

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 37-1453409

**Name:** The Menninger Clinic

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

The Menninger Clinic's Compass Program for Young Adults serves young adults, ages 18 to 30, who are having problems managing the transition from adolescence to adulthood. This inpatient treatment program lasts six to eight weeks. The Houston-based program is designed for young adults who struggle with one or more mental health issues, especially those co-occurring with addiction or substance abuse, including mood disorders such as depression or bipolar disorder, Anxiety, Post-traumatic stress disorder (PTSD), Gender identity and sexual issues, Emerging personality disorders such as borderline and narcissistic, Attention-deficit disorder (ADD), Dysfunctional reactions to developmental and life problems, Self-harm behavior such as cutting, Past suicide attempts or ideation, and Self-esteem issues.

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## **Form 990, Part III, Line 4b:**

The Comprehensive Psychiatric Assessment Service Program (CPAS) at The Menninger Clinic works closely with adults and their families who are dealing with challenging psychiatric issues or crisis, particularly patients who have not responded to previous attempts at treatment and medication. The CPAS also works with patients who require a comprehensive assessment or second opinion. Our patients in the program for stabilization struggle with a variety of issues, including depression, anxiety, mania and cognitive issues. The program offers two distinct services: stabilization for acute symptoms and discharge planning and comprehensive assessment, diagnosis and recommendations for next steps.

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**Form 990, Part III, Line 4c:**

The Hope Program for Adults at The Menninger Clinic helps adults with complex psychiatric issues that have hindered their capacity to meet important vocational, personal and interpersonal goals. The intensive hospital-based program offers a comprehensive approach to treat men and women with Mood disorders, including major depressive and bipolar disorders, Anxiety disorders such as generalized and social anxiety disorders, Substance abuse or other addiction disorders, Personality disorders, such as borderline, narcissistic or dependent, Psychotic disorders beyond the acute phase of stabilization, and Trauma-related disorders.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Jeff Paine<br>.....<br>Chairman                | 1 00<br>.....<br>3 00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| Robert C Wilson III<br>.....<br>Imm Past Chair | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Alan I Abramson<br>.....<br>Director           | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Ronald P Cuenod Jr<br>.....<br>Director        | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Melanie Gray<br>.....<br>Director              | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Kelly Hackett<br>.....<br>Director             | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Linda D Jones<br>.....<br>Director             | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| John C Kerr<br>.....<br>Director               | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Laura J Kissel<br>.....<br>Director            | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Harvey Kurzweil<br>.....<br>Director           | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Allen Lyons<br>.....<br>Director               | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Genevieve O'Sullivan<br>.....<br>Director      | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Judson W Robinson III<br>.....<br>Director     | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Susan Sportsman RN PhD<br>.....<br>Director    | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Ann G Trammell<br>.....<br>Director            | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Antonio Gaglio<br>.....<br>Int CEO 11/2/17     | 40 00<br>.....<br>2 00   | X   |                       | X       |              |                              |        | 257,500   | 0  | 41,844  |
| C Edward Coffey MD<br>.....<br>CEO to 11/30/17 | 40 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 534,652   | 0  | 36,666  |
| Michael Justin Coffey<br>.....<br>CIO          | 40 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 312,813   | 0  | 34,219  |
| Edward Poa<br>.....<br>Ch Inpt Serv            | 40 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 323,267   | 0  | 35,041  |
| Jonathan Stevens<br>.....<br>Ch Child/ Adol    | 40 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 318,367   | 0  | 34,835  |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Avni Cirpili<br>.....<br>CNO                       | 40 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 260,709   | 0  | 24,310  |
| Tina M Baugh<br>.....<br>Director of IT            | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 190,035   | 0  | 21,211  |
| Stephanie A Cunningham<br>.....<br>VP Business Dev | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 184,650   | 0  | 27,859  |
| Andrea Preisinger<br>.....<br>VP of HR             | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 169,950   | 0  | 16,815  |
| Juanice Colwell<br>.....<br>Dir of Pharmacy        | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 163,654   | 0  | 21,725  |
| John Gomolka<br>.....<br>Dir of Facilities         | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 156,560   | 0  | 21,726  |

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

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Menninger Clinic

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

37-1453409

**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 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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<br>(or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")   |          |          |          |          |          |           |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b> | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

|           | Calendar year<br>(or fiscal year beginning in) ►   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017  | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b>  | Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b>  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b>  | Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                 |          |          |          |          |           |           |
| <b>11</b> | <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> | Gross receipts from related activities, etc (see instructions)   |          |          |          |          | <b>12</b> |           |

**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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2016 Schedule A, Part II, line 14                        | <b>15</b> |  |

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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<br>(or fiscal year beginning in) ► |  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2016 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2016</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
|            | <b>1</b>  |     |    |
| <b>2</b>   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
|            | <b>2</b>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
|            | <b>3a</b>   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.   |     |    |
|            | <b>3b</b>   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
|            | <b>3c</b>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     |    |
|            | <b>4a</b>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
|            | <b>4b</b>   |     |    |
| <b>c</b>   | 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 <b>Part VI</b> 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.   |     |    |
|            | <b>4c</b>   |     |    |
| <b>5a</b>  | 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 <b>Part VI</b> , 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). |     |    |
|            | <b>5a</b>   |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
|            | <b>5b</b>   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
|            | <b>5c</b>   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>6</b>  |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
|            | <b>7</b>  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
|            | <b>8</b>  |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .  |     |    |
|            | <b>9a</b>   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>9b</b>   |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .  |     |    |
|            | <b>9c</b>   |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   |     |    |
|            | <b>10a</b>  |     |    |
| <b>b</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.)  |     |    |
|            | <b>10b</b>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? <i>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.</i> |     |    |
| <b>2</b> | 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | 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? <i>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.</i> | Yes | No |
| <b>b</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? <i>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.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | 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? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2017 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2017</b> | <b>(iii)<br/>Distributable<br/>Amount for 2017</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2017   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> From 2013. . . . .  |                                     |   |  |
| <b>c</b> From 2014. . . . .  |                                     |   |  |
| <b>d</b> From 2015. . . . .  |                                     |   |  |
| <b>e</b> From 2016. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2017 from Section D, line 7   |                                     |   |  |
| <b>\$</b>  |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2017. . . . .   |                                     |   |  |

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 37-1453409

**Name:** The Menninger Clinic

**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**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
The Menninger Clinic

**Employer identification number**  
37-1453409

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

|  | (a) Donor advised funds                                  | (b) Funds and other accounts |
|--|--|------------------------------|
| <b>1</b> Total number at end of year   |  |                              |
| <b>2</b> Aggregate value of contributions to (during year)   |  |                              |
| <b>3</b> Aggregate value of grants from (during year)  |  |                              |
| <b>4</b> Aggregate value at end of year  |  |                              |
| <b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| <b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 |  |
|---|-----------------------------|--|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |  |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |  |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |  |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |  |

**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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 43,993,950       | 44,718,375     | 46,922,351         | 45,682,569           | 39,397,722          |
| <b>b</b> Contributions . . . . .                                  | 12,038,684       | 1,180,868      | 3,797,075          | 2,472,095            | 2,544,302           |
| <b>c</b> Net investment earnings, gains, and losses               | 3,035,397        | 5,315,863      | -1,973,709         | 622,862              | 4,624,110           |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 4,736,797        | 7,221,156      | 4,027,342          | 1,855,175            | 883,565             |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 54,331,234       | 43,993,950     | 44,718,375         | 46,922,351           | 45,682,569          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 43 550 %
  - b** Permanent endowment ▶ 49 000 %
  - c** Temporarily restricted endowment ▶ 7 450 %
- The percentages on 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 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" on 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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 5,201,574                       |                              | 5,201,574      |
| <b>b</b> Buildings . . . . .  |                                      | 38,197,838                      | 6,338,388                    | 31,859,450     |
| <b>c</b> Leasehold improvements   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 19,038,202                      | 12,846,084                   | 6,192,118      |
| <b>e</b> Other . . . . .  |                                      | 15,860,212                      | 6,431,656                    | 9,428,556      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . |                                      |                                 |                              | 52,681,698     |

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

| (a) Description of security or category<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives . . . . .                                      |                      |   |
| (2) Closely-held equity interests . . . . .                              |                      |   |
| (3) Other _____  |                      |   |
| (A)  |                      |   |
| (B)  |                      |   |
| (C)  |                      |   |
| (D)  |                      |   |
| (E)  |                      |   |
| (F)  |                      |   |
| (G)  |                      |   |
| (H)  |                      |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) |                      |   |

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

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) |                |   |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) Due from Menninger Clinic Fdn  | 4,019,374      |
| (2) Goodwill   | 192,454        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) | 4,211,828      |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| Derivative Agreements  | 427,517        |
| Patient deposits/refunds payable   | 825,793        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 1,253,310      |

**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' on Form 990, Part IV, line 12a.

|          |   |           |            |            |
|----------|---|-----------|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>   | 69,536,195 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |            |            |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 17,843,007 |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b>  | 17,843,007 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>   | 51,693,188 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |            |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 5,158,648  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b>  | 5,158,648  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>   | 56,851,836 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 60,455,588 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 7,241,044 |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 7,241,044  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 53,214,544 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 5,433,243 |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 5,433,243  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  | 58,647,787 |

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 37-1453409

**Name:** The Menninger Clinic

## Supplemental Information

| Return Reference                                   | Explanation  |
|--|--|
| Part V, Line 4 Intended uses of the endowment fund | Earnings on endowment funds are used to carry out the Menninger Clinic's mission of providing charitable support for clinical and educational purposes |

## Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990 | Revenue of MC Foundation \$18010617 Unrealized investment losses of MCF \$-784884 Investment management fees of MCF \$-203455 Change in value of derivative agreement \$550068 Change in value of benef trusts of MCF \$270661 |

## Supplemental Information

| Return Reference   | Explanation   |
|--|---|
| Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S | Grant from MCF to Clinic \$5229788 Direct donor benefit expense of MCF \$-71140 |

## Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Part XII, Line 2d Other expenses and losses per audited F/S | Expenses of MCF \$7169904 Direct donor benefit expense of MCF \$71140 |

## Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S | Grant from MCF to Clinic \$5229788 Investment management fees of MCF \$203455 |

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 The Menninger Clinic

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 37-1453409

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes           | No |
|---|---------------|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | <b>1a</b> Yes |    |
| <b>b</b> If "Yes," was it a written policy?   | <b>1b</b> Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |               |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  |               |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | <b>3a</b> Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                                    | <b>3b</b>     | No |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care   |               |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | <b>4</b> Yes  |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | <b>5a</b> Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | <b>5b</b> Yes |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   | <b>5c</b>     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <b>6a</b> Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <b>6b</b> Yes |    |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>                                   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   | 6  | 186                                  | 2,639,056                                  |                                      | 2,639,056                                | 4 500 %                             |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |  |                                      |  |                                      |  |                                     |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |  |                                      |  |                                      |  |                                     |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           | 6  | 186                                  | 2,639,056                                  |                                      | 2,639,056                                | 4 500 %                             |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) | 1  |                                      | 1,127,476                                  | 482,943                              | 644,533                                  | 1 100 %                             |
| <b>f</b> Health professions education (from Worksheet 5)   | 1  |                                      | 123,224                                    |                                      | 123,224                                  | 0 210 %                             |
| <b>g</b> Subsidized health services (from Worksheet 6)   |  |                                      |  |                                      |  |                                     |
| <b>h</b> Research (from Worksheet 7)   |  |                                      |  |                                      |  |                                     |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |  |                                      |  |                                      |  |                                     |
| <b>j Total.</b> Other Benefits   | 2  |                                      | 1,250,700                                  | 482,943                              | 767,757                                  | 1 310 %                             |
| <b>k Total.</b> Add lines 7d and 7j  | 8  | 186                                  | 3,889,756                                  | 482,943                              | 3,406,813                                | 5 810 %                             |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               |                                      |                               |                                    |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9 Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>   |   |                               |                                      |                               |                                    |                              |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|   | Yes       | No |
|---|-----------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | 1 Yes     |    |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   | 2 245,925 |    |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3         |    |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |           |    |

**Section B. Medicare**

|  |   |  |
|--|---|--|
| 5 Enter total revenue received from Medicare (including DSH and IME).  | 5 |  |
| 6 Enter Medicare allowable costs of care relating to payments on line 5.   | 6 |  |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall).   | 7 |  |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |  |

**Section C. Collection Practices**

|  |        |  |
|--|--------|--|
| 9a Did the organization have a written debt collection policy during the tax year?   | 9a Yes |  |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b Yes |  |

**Part IV Management Companies and Joint Ventures**

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1   |   |  |  |   |
| 2   |   |  |  |   |
| 3   |   |  |  |   |
| 4   |   |  |  |   |
| 5   |   |  |  |   |
| 6   |   |  |  |   |
| 7   |   |  |  |   |
| 8   |   |  |  |   |
| 9   |   |  |  |   |
| 10  |   |  |  |   |
| 11  |   |  |  |   |
| 12  |   |  |  |   |
| 13  |   |  |  |   |

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
The Menninger Clinic

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

|  |   | Yes | No |
|--|---|-----|----|
| <b>Community Health Needs Assessment</b> |   |     |    |
| <b>1</b>                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .  |     | No |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .   |     | No |
| <b>3</b>                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)  | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained   |     |    |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community   |     |    |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| <b>i</b>                                 | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>  |     |    |
| <b>5</b>                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | Yes |    |
| <b>6 a</b>                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  |     | No |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .   |     | No |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)   | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.menningerclinic.com</u>   |     |    |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url) _____   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |     |    |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>8</b>                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .   | Yes |    |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>  |     |    |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>www.menningerclinic.com/about/community-engagement</u>  | Yes |    |
| <b>a</b>                                 |   |     |    |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .  |     | No |
| <b>11</b>                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed   |     |    |
| <b>12a</b>                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .   |     | No |
| <b>12b</b>                               | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .  |     |    |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____   |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

The Menninger Clinic

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

|           |  | Yes | No |
|-----------|--|-----|----|
|           | Did the hospital facility have in place during the tax year a written financial assistance policy that   |     |    |
| <b>13</b> | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP   | Yes |    |
|           | <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> %<br>and FPG family income limit for eligibility for discounted care of _____ %   |     |    |
|           | <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
|           | <b>c</b> <input type="checkbox"/> Asset level  |     |    |
|           | <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |     |    |
|           | <b>e</b> <input checked="" type="checkbox"/> Insurance status  |     |    |
|           | <b>f</b> <input type="checkbox"/> Underinsurance discount  |     |    |
|           | <b>g</b> <input checked="" type="checkbox"/> Residency   |     |    |
|           | <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b> | Explained the basis for calculating amounts charged to patients? . . . . .   | Yes |    |
| <b>15</b> | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)  | Yes |    |
|           | <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
|           | <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |     |    |
|           | <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |     |    |
|           | <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
|           | <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>16</b> | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)   | Yes |    |
|           | <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>menningerclinic.com/admissions/financial</u>   |     |    |
|           | <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>menningerclinic.com/admissions/financial</u>  |     |    |
|           | <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>menningerclinic.com/admissions/financial</u>   |     |    |
|           | <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
|           | <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
|           | <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
|           | <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |     |    |
|           | <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
|           | <b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  |     |    |
|           | <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |     |    |

**Part V Facility Information** (continued)**Billing and Collections**

The Menninger Clinic

**Name of hospital facility or letter of facility reporting group**

|           |  | Yes | No  |
|-----------|--|-----|-----|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .  | 17  | Yes |
| <b>18</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  |     |     |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |
| <b>f</b>  | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |     |     |
| <b>19</b> | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged | 19  | No  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |
| <b>20</b> | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)   |     |     |
| <b>a</b>  | <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs   |     |     |
| <b>b</b>  | <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process   |     |     |
| <b>c</b>  | <input type="checkbox"/> Processed incomplete and complete FAP applications  |     |     |
| <b>d</b>  | <input type="checkbox"/> Made presumptive eligibility determinations   |     |     |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)   |     |     |
| <b>f</b>  | <input type="checkbox"/> None of these efforts were made   |     |     |

**Policy Relating to Emergency Medical Care**

|           |  |    |     |
|-----------|--|----|-----|
| <b>21</b> | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why | 21 | Yes |
| <b>a</b>  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |     |
| <b>b</b>  | <input type="checkbox"/> The hospital facility's policy was not in writing   |    |     |
| <b>c</b>  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |    |     |
| <b>d</b>  | <input type="checkbox"/> Other (describe in Section C)   |    |     |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

The Menninger Clinic

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data          |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
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|                         |             |
|                         |             |
|                         |             |

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation   |
|--|---|
| Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense | The amount of bad debt expense recorded each period and the resulting adequacy of the allowance at the end of each period are determined using a combination of historical loss experience and customer by customer analysis of account receivable balances each period |
| Part III, Line 4 - Bad Debt Expense                              | See page 6 and 7 of the attached financial statements   |

## 990 Schedule H, Supplemental Information

| Form and Line Reference   | Explanation   |
|---|---|
| Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | Any covered services provided to individuals covered under the financial assistance policy will be at no cost to the patient/guarantor. As such, no extra-ordinary collection actions will occur on emergency or medically necessary services to individuals covered under the financial assistance policy. |
| Part VI, Line 2 - Needs Assessment  | Annual community needs assessment reports from local agencies, leadership and participation in trade organizations, internal customer service and satisfaction data and market analysis through business development department.  |

## 990 Schedule H, Supplemental Information

| Form and Line Reference   | Explanation  |
|---|--|
| Part VI, Line 3 - Patient Education of Eligibility for Assistance | Information is discussed before/during the admission process   |
| Part VI, Line 4 - Community Information                           | Local, regional, and national patients suffering from mental illness who qualify according to the admission criteria There are no geographic or demographic limitations for our service area |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                         | Explanation  |
|---|--|
| Part VI, Line 4 - Community Building Activities | N/A  |
| Part VI, Line 5 - Promotion of Community Health | Continuing education programs in the local, regional, and national market and clinical presentations, active membership and/or leadership in trade organizations |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                     | Explanation |
|---|-------------|
| Part VI, Line 6 - Affiliated Health Care System             | N/A         |
| Part VI, Line 7 - States Filing of Community Benefit Report | TX          |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                         | Explanation  |
|---|--|
| Part V - Explanation of Number of Facility Type | The organization only has one facility   |
| Part VI - Additional Information                | Schedule H, Part V, Line 22 - Other Billing Determination of Individuals Without Insurance Facility<br>Menininger Clinic Patients eligible for financial assistance are not charged for their care their full care is free |

Schedule H (Form 990) 2017

**Additional Data****Software ID:** 17005038**Software Version:** 2017v2.2**EIN:** 37-1453409**Name:** The Menninger Clinic**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b>   |   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe)                  | Facility reporting group |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-----------------------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><u>1</u> |   |                   |                            |                     |                   |                          |                   |             |          |                                   |                          |
| Name, address, primary website address, and state license number  |   |                   |                            |                     |                   |                          |                   |             |          |                                   |                          |
| 1   | The Menninger Clinic<br>12301 Main Street<br>Houston, TX 77035<br>www.menningerclinic.com<br>100144 | X                 |                            |                     |                   |                          |                   |             |          | Freestanding psychiatric hospital | 1                        |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference   | Explanation  |
|---|--|
| Part V, Line 5 - Account Input from Persons Who Represent the Community | Interviews were performed with 10 key stakeholders. All interviews were conducted by a consulting firm. The stakeholders provided insight into the mental and behavioral health needs of the CHNA communities through a seven-question survey. Stakeholders were identified for both the inpatient and outpatient community.                             |
| Part V, Line 15e - Other Method For Applying For Financial Assistance   | An individual who has been classified as "financially indigent" and who requests inpatient or outpatient psychiatric care at The Menninger Clinic shall be processed in accordance with the charity care policy and are not charged for their provided care. Contact information for non profits is provided verbally - it is not written in the policy. |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference  | Explanation   |
|--|---|
| Part V, Line 16j - Other Means Hospital Facility Publicized the Policy | In an effort to notify members of the community about the availability of financial assistance, the Clinic also publicizes the policy by providing information on the availability of financial assistance for medically necessary care with the following community agencies a) Texas Childrens Pediatric Associates (TCPA) Project Medical Home practicesb) The Gathering Placec) Meadows Mental Health Policy Instituted) Baylor College of Medicinee) National Alliance for Mental Illness - Houstonf) Mental Health America of Greater Houstong) Depression Bipolar Support Alliance Houston |

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).**

Name of the organization  
The Menninger Clinic

**Employer identification number**  
37-1453409

**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" on 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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

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

**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" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) Hurricane Harvey Relief     | 13                       | 22,611                   |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**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   |
|---|---|
| Grantmaker's Description of How Grants are Used | Through one-year Magic Grants, BridgeUp aims to add value to both school and after-school initiatives by bringing a focus on mental health via innovative collaborations between community organizations and middle and high schools. BridgeUp seeks measurable, evidence-based approaches that will improve the overall health status, as well as academic achievement of these youth. Grants are for one year of funding, with a six-month review and a full evaluation due at the end of the grant period. |

## Additional Data

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 37-1453409  
**Name:** The Menninger Clinic

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Legacy Community Health Svcs<br>6700 Bellaire Blvd<br>Houston, TX 77074 | 76-0009637     | 501(c)(3)                            | 20,000                          | 0  |  |   | After school/summer prog                  |
| St Johns School<br>2401 Claremont Ln<br>Houston, TX 77019               | 74-1185668     | 501(c)(3)                            | 15,250                          | 0  |  |   | Academics/ Character & Leadership         |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| University of Houston<br>491 Farish Hall<br>Houston, TX 77204 | 74-6001399     | 170(b)(1)(A)(v)                      | 6,556                           | 0  |  |   | Amped Power Up Program                    |

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Menninger Clinic

Employer identification number  
37-1453409

**Part I Questions Regarding Compensation**

|  | Yes   | No   |  |  |  |   |   |  |  |  |
|--|---|--|--|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |  |  |  |   |   |  |  |  |
| <b>b</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  | <b>1b</b>   |  |  |  |  |   |   |  |  |  |
| <b>2</b> 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?  | <b>2</b>  |  |  |  |  |   |   |  |  |  |
| <p><b>3</b> 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract          | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |   |   |  |  |  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization   |   |  |  |  |  |   |   |  |  |  |
| <b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b>   | No   |  |  |  |   |   |  |  |  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b>   | No   |  |  |  |   |   |  |  |  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  | <b>4c</b>   | No   |  |  |  |   |   |  |  |  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |   |  |  |  |  |   |   |  |  |  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of   |   |  |  |  |  |   |   |  |  |  |
| <b>a</b> The organization?   | <b>5a</b>   | No   |  |  |  |   |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III   | <b>5b</b>   | No   |  |  |  |   |   |  |  |  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of   |   |  |  |  |  |   |   |  |  |  |
| <b>a</b> The organization?   | <b>6a</b>   | No   |  |  |  |   |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III   | <b>6b</b>   | No   |  |  |  |   |   |  |  |  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III   | <b>7</b>  | No   |  |  |  |   |   |  |  |  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | <b>8</b>  | No   |  |  |  |   |   |  |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  | No   |  |  |  |   |   |  |  |  |

**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 on 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 on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
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|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |

**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 |
|------------------|-------------|
|------------------|-------------|



Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization The Menninger Clinic

Employer identification number 37-1453409

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: Harris Co Cult Ed Fac, 76-0337885, 12-23-2010, 21,000,000, Construction of Hlth Facility.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), A, B, C, D. Includes rows 14-17 regarding bond issuance details.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D.

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

|   | A            |    | B   |    | C   |    | D   |    |
|---|--------------|----|-----|----|-----|----|-----|----|
|   | Yes          | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . . |              | X  |     |    |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .  |              |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  |              | X  |     |    |     |    |     |    |
| <b>b</b> Exception to rebate? . . . . .   |              | X  |     |    |     |    |     |    |
| <b>c</b> No rebate due? . . . . .   |              | X  |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 |              |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   |              |    |     |    |     |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?        | X            |    |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .   | BBVA Compass |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .  | 850 00 %     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |              | X  |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |              | X  |     |    |     |    |     |    |

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>The Menninger Clinic | Employer identification number<br>37-1453409 |
|--|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Michael Justin Coffey     | Son of CEO  | 312,327                   | Employee comp                  |   | No |
| (2) C Edward Coffey MD        | Father of CIO   | 514,450                   | Employee comp                  |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Menninger Clinic

**Employer identification number**

37-1453409

**990 Schedule O, Supplemental Information**

| Return Reference                        | Explanation   |
|---|---|
| Form 990, Part III, Line 2 New Services | Menninger 360 is a service offering a private psychiatric assertive community treatment team in Texas. The team is a mobile mental health group of professionals who help clients work toward independence while developing and practicing skills to manage their mental health concerns and achieve their goals. |

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| <p>Form 990, Part III, Line 4d Other Program Services Description</p> | <p>OTHER PROGRAM SERVICES 4 The Comprehensive Psychiatric Assessment Service Program (CPAS) at The Menninger Clinic works closely with adults and their families who are dealing with challenging psychiatric issues or crisis, particularly patients who have not responded to previous attempts at treatment and medication. The CPAS also works with patients who require a comprehensive assessment or second opinion. Our patients in the program for stabilization struggle with a variety of issues, including depression, anxiety, mania and cognitive issues. The program offers two distinct services: stabilization for acute symptoms and discharge planning and comprehensive assessment, diagnosis and recommendations for next steps.</p> <p>OTHER PROGRAM SERVICES 5 The Menninger Clinic provides meals and medicine as part of its inpatient programs.</p> <p>OTHER PROGRAM SERVICES 6 Pathfinder is a Community Integration program designed to provide therapeutic support to clients with a history of mental illness. Clients receive individual, family and group therapies to create a highly individualized approach to treatment. Additionally, clients are offered a choice of either living with additional therapeutic support in the Pathfinder apartment or in the more independent and self-directed day program.</p> <p>OTHER PROGRAM SERVICES 7 Menningers Adolescent Treatment Program treats adolescents ages 12-17 who have complex psychiatric disorders or co-occurring disorders, that is, a psychiatric disorder coupled with substance abuse or dependence. The program has 15 beds. With its wide-ranging clinical expertise, the program's interdisciplinary treatment team stabilizes acute symptoms to help identify core issues and determine next steps in treatment. The team offers in-depth assessments when an adolescent's diagnosis is unclear or when a second opinion is needed. The team administers extensive psychological testing, and neuropsychological testing is also available. Specialized, on-site consultation, when appropriate, addresses both addictions or substance abuse and eating-disorder behaviors.</p> <p>OTHER PROGRAM SERVICES 8 Addictions Services At Menninger, roughly 65 percent of patients have an addiction or substance abuse issue in addition to their primary psychiatric diagnoses. For these patients, the treatment teams and their addictions counselors integrate treatment for the co-occurring disorders simultaneously rather than treating the disorders sequentially. Our master's-prepared addictions counselors are an integral part of each program's interdisciplinary treatment team. They help develop individualized treatment plans and counsel adolescents and adults with co-occurring disorders, following patients from assessment through discharge planning for substance-related, gambling, sexual, spending, technology and other addictions.</p> <p>OTHER PROGRAM SERVICES 9 Eating Disorders Services Our Eating Disorders Services are designed to support Menninger patients who have a co-existing eating disorder or whose</p> |

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| <p>Form 990, Part III, Line 4d Other Program Services Description</p> | <p>eating-disorder behaviors have resurfaced during inpatient treatment for major depression, anxiety or other mental illness OTHER PROGRAM SERVICES 10 Wellness At The Menninger Clinic, our focus is on treating patients psychiatric illnesses Exercise is an important aspect of treatment, as its been proven to reduce stress, improve sleep habits and influence self-esteem To encourage patients to engage in exercise, Menninger offers a Wellness Center with an array of features that offers something for everyone The Wellness Program also offers lectures on healthy eating, stress management, cardiac care and other topics related to mental and physical health OTHER PROGRAM SERVICES 11 Outpatient Assessments A four and one-half-day (4 5-day) outpatient assessment is available for anyone seeking a greater understanding of their symptoms and current issues in their personal or work life The outpatient assessments team takes a look at the questions posed by you and the medical, genetic, psychological and social issues that may affect your current situation, health and well-being Outpatient Therapy We offer a range of outpatient therapy services for children, adolescents, adults, couples and families at The Menninger Clinic, including Individual, group, marital and family psychotherapy, Dialectical behavior therapy, Cognitive behavioral therapy, Psychological testing, Substance abuse assessment, counseling and education , and Vocational assessment and education plus career counseling OTHER PROGRAM SERVICES 12 The Gathering Place In the fall of 2010, The Gathering Place, a psychosocial clubhouse , joined the array of Menninger programs It is located about one mile from The Menninger Clinic The Gathering Place provides free psychosocial rehabilitative services to more than 300 clubhouse members with severe and persistent mental illness The most prevalent diagnoses among our members are schizophrenia, schizoaffective disorder, bipolar disorder and depression The program provides support to its adult members through Vocational skills training, Employment assistance, A wellness program, and Recreational and social activities OTHER PROGRAM SERVICES 13 Professional Assessments An inpatient Professional Assessment at Menninger is a diagnostic service designed to assess individuals struggling with issues including Drug or alcohol addiction, Psychiatric and co-occurring disorders, Sexual boundary violations, Disruptive behavior in the workplace, and Career stress and burnout OTHER PROGRAM SERVICES 14 BridgeUp at Menninger aims to promote innovative collaborations among multi-sector community organizations to produce measurable improvement in the mental health status of communities, with a particular focus on vulnerable adolescents in Greater Houston schools, through the funding of one-year grants</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990,<br>Part VI, Line<br>2<br>Description<br>of Business<br>or Family<br>Relationship<br>of Officers,<br>Directors, Et | C Edward Coffey, M D and Michael Justin Coffey have a family relationship |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990,<br>Part VI, Line<br>6<br>Explanation<br>of Classes of<br>Members or<br>Shareholder | The Menninger Clinic Membership Foundation and Baylor College of Medicine are the only Members of the Clinic |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990,<br>Part VI, Line<br>11b Form<br>990 Review<br>Process | The CEO and CFO review the Form 990 prior to providing a copy to the entire board and filing with the IRS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| Form 990,<br>Part VI, Line<br>12c<br>Explanation<br>of Monitoring<br>and<br>Enforcement<br>of Conflicts | Annual disclosure by members of the board of directors of any potential conflict of interest is required. Review of accounting transactions and contractual agreements for potential instances of conflict of interest is conducted. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990,<br>Part VI, Line<br>15a<br>Compensation<br>Review &<br>Approval<br>Process -<br>CEO, Top<br>Management | The Human Resources department collects compensation data for similar positions in similar type organizations in the market area. In addition, independent consultants have reviewed corporate officer compensation and determined such compensation to be fair. This information is reported to the board of directors, who makes the final determination of compensation for officers. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990,<br>Part VI, Line<br>15b<br>Compensation<br>Review and<br>Approval<br>Process for<br>Officers and<br>Key<br>Employees | See above process described in the response for 15a which is also followed for these individuals |

## 990 Schedule O, Supplemental Information

| Return Reference   | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>19 Other<br>Organization<br>Documents<br>Publicly<br>Available | These documents are made available to the public upon request |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>                                 |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Increases | Change in value of derivative agreement = \$550068 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Menninger Clinic

**Employer identification number**

37-1453409

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> The Menninger Clinic Incorporated<br>12301 Main Street<br><br>Houston, TX 77035<br>48-1036668 | Mental Health           | KS   | 501(c)(3)                  | PF  | N/A                              |  | No |
| <b>(2)</b> Menninger Foundation<br>12301 Main Street<br><br>Houston, TX 77035<br>48-0543752              | Mental Health           | KS   | 501(c)(3)                  | 7   | N/A                              |  | No |
| <b>(3)</b> The Menninger Clinic Foundation<br>12301 Main Street<br><br>Houston, TX 77035<br>81-0588012   | Mental Health           | TX   | 501(c)(3)                  | 7   | The Menninger Clinic             | Yes  |    |
| <b>(4)</b> Menninger Clinic Membership Fd<br>12301 Main Street<br><br>Houston, TX 77035<br>46-2405713    | Mental Health           | KS   | 501(c)(3)                  | 7   | N/A                              |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |

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

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

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

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)The Menninger Clinic Foundation  | c                             | 5,229,788              | Accrued amount                               |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

**Part VII** **Supplemental Information**

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