

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning <u>07/01, 2017</u> , and ending <u>06/30, 2018</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION</u> Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>929 GESSNER RD</u> <u>1900</u> City or town, state or province, country, and ZIP or foreign postal code <u>HOUSTON, TX 77024</u>
	D Employer identification number <u>68-0511504</u>
	E Telephone number <u>(713) 338-4552</u>
	G Gross receipts \$ <u>12,671,572.</u>
	H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer <u>CHUCK STOKES</u> <u>929 GESSNER RD STE 1900 HOUSTON, TX 77024</u>	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website ▶ <u>HTTP://COMMUNITYBENEFIT.MEMORIALHERMANN.ORG/</u>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <input type="checkbox"/>	
L Year of formation <u>2001</u> M State of legal domicile <u>TX</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TEST AND MEASURE INNOVATIVE SOLUTIONS THAT PROMOTE GOOD HEALTH FOR THE INDIVIDUAL, THE HEALTH SYSTEM AND THE COMMUNITY.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>4.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>0.</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u> <u>113.</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>0.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> <u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>12,271,478.</u> Current Year <u>12,671,572.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>0.</u> <u>0.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u> <u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0.</u> <u>0.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>12,271,478.</u> <u>12,671,572.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,459,415.</u> <u>759,834.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u> <u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>8,149,205.</u> <u>8,717,393.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u> <u>0.</u>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>40,562.</u>	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,466,515.</u> <u>1,732,335.</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>11,075,135.</u> <u>11,209,562.</u>
	19 Revenue less expenses Subtract line 18 from line 12	<u>1,196,343.</u> <u>1,462,010.</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year <u>11,293,078.</u> End of Year <u>13,005,384.</u>
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	<u>492,939.</u> <u>743,235.</u>
	22 Net assets or fund balances Subtract line 21 from line 20.	<u>10,800,139.</u> <u>12,262,149.</u>

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 <u>Brian Dean</u> Date <u>5-14-19</u>	
	BRIAN DEAN EVP & CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶
	Firm's address ▶	Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 3,849,726 including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code) (Expenses \$ 4,378,641 including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code) (Expenses \$ 1,840,542 including grants of \$ 474,167) (Revenue \$)

ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5
(Expenses \$ 285,820 including grants of \$ 285,667) (Revenue \$)**4e** Total program service expenses ► 10,354,729.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 10	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 113	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

BRIAN DEAN 929 GESSNER RD STE 1900 HOUSTON, TX 77024

713-338-4552

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON, DEBORAH EVP, CAO, CLO, SECRETARY/TREAS	1.00 50.00	X		X				0.	888,156.	160,652.
(2) LARAWAY, DENNIS EVP, CFO THROUGH OCT '17	1.00 50.00	X		X				0.	2,760,637.	12,916.
(3) AULBAUGH CARROL E. EVP, CFO	1.00 50.00	X		X				0.	216,323.	67,337.
(4) STOKES, CHARLES EVP, CEO / PRESIDENT	1.00 50.00	X		X				0.	1,995,258.	281,858.
(5) SHABOT, MICHAEL EVP, CCO	1.00 50.00			X				0.	1,344,400.	235,576.
(6) PARET, CAROL SVP, COMMUNITY HEALTH OFFICER	1.00 50.00			X				0.	550,494.	105,055.
(7) CHALAJOUR, MAHASTI DENTIST	50.00 0.					X		187,847.	0.	25,130.
(8) MOLKE, KIMBER DIR, SYSTEM TRIAGE CENTER	50.00 0.					X		169,487.	0.	8,171.
(9) KIMMEY-WALKER, LISA MGR, NURSE PRACT/PA SBC	50.00 0.					X		156,286.	0.	21,780.
(10) GRAVES, DESHAUNDA DENTIST	50.00 0.					X		157,982.	0.	13,639.
(11) FURTADO, ALBERT DENTIST	50.00 0.					X		145,537.	0.	30,981.
(12)										
(13)										
(14)										

[illegible]

1b Sub-total	817,139.	7,755,268.	963,095.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	817,139.	7,755,268.	963,095.

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

	Yes	No
3		X
4	X	
5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0.
---	--	----

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	6,678,191			
	e	Government grants (contributions)	1e	5,613,137			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	380,244			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		12,671,572			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
	b	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
		See Part IV, line 18		a			
		Less direct expenses		b			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19		a			
Less direct expenses		b					
Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances		a				
	Less cost of goods sold		b				
	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			12,671,572			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	759,834.	759,834.	0.	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	7,095,034.	6,503,444.	558,238.	33,352.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	327,693.	300,329.	25,802.	1,562.
9 Other employee benefits	809,254.	809,254.		
10 Payroll taxes	485,412.	444,887.	38,211.	2,314.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	24,156.	24,156.		
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	86,657.	86,657.		
13 Office expenses	196,600.	171,597.	22,304.	2,699.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	271,276.	270,008.	1,268.	
17 Travel	59,958.	58,757.	1,201.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	8,637.	8,637.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	382,364.	380,729.	1,635.	
23 Insurance	35,522.	35,522.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROFESSIONAL FEES	257,765.	182,631.	74,499.	635.
b MEDICAL SUPPLIES	92,459.	92,459.		
c EQUIPMENT RENTAL & MAINT.	195,372.	191,272.	4,100.	
d RECRUITMENT AND OTHER MISC EX	102,836.	21,228.	81,608.	
e All other expenses	18,733.	13,328.	5,405.	
25 Total functional expenses Add lines 1 through 24e	11,209,562.	10,354,729.	814,271.	40,562.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	467.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	153,074.	3	107,347.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,168,520.		
	b Less accumulated depreciation	10b 2,385,517.	2,067,241.	10c 1,783,003.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities See Part IV, line 11	0.	12	0.
	13 Investments - program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	9,072,763.	15	11,114,567.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,293,078.	16	13,005,384.	
Liabilities	17 Accounts payable and accrued expenses	492,939.	17	743,235.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	492,939.	26	743,235.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,800,139.	27	12,262,149.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,800,139.	33	12,262,149.	
34 Total liabilities and net assets/fund balances	11,293,078.	34	13,005,384.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,671,572.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,209,562.
3	Revenue less expenses Subtract line 2 from line 1	3	1,462,010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,800,139.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,262,149.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization **MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION**

Employer identification number
68-0511504

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

The organization is not a private foundation because it is (For lines 1 through 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
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.		<input type="checkbox"/>
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		<input type="checkbox"/>
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.		<input type="checkbox"/>
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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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 (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,818,519	10,593,168	12,150,379	12,271,478	12,671,572	54,505,116
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	6,818,519	10,593,168	12,150,379	12,271,478	12,671,572	54,505,116
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6)						54,505,116

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	6,818,519	10,593,168	12,150,379	12,271,478	12,671,572	54,505,116
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	6,818,519.	10,593,168	12,150,379	12,271,478	12,671,572	54,505,116
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	100.00 %
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 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 in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI .		
7 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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 Part VI .		
c 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 Part VI .		
10a 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 10b below.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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)			

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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.)

**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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **MEMORIAL HERMANN COMMUNITY BENEFIT
CORPORATION**

Employer identification number
68-0511504

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	► \$

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

Schedule D (Form 990) 2017

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %
- The percentages 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 |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land				
b Buildings		1,789,598.	541,910.	1,247,688.
c Leasehold improvements		575,556.	488,137.	87,419.
d Equipment		1,803,366.	1,355,470.	447,896.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,783,003.

Schedule D (Form 990) 2017

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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (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 Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (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 AFFILIATES	10,988,186.
(2) DEPOSITS-MISCELLANEOUS	126,381.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

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

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

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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.

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

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D PART X LINE 2

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION DOES HAVE AN ANNUAL FINANCIAL AUDIT CONDUCTED ALTHOUGH THE FINANCIAL ACCOUNTS OF MHCBC ARE ALSO INCLUDED IN THE FINANCIAL STATEMENTS THAT ARE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM OF THE CONSOLIDATED MEMORIAL HERMANN HEALTH SYSTEM ENTITIES AND ITS RELATED AFFILIATES. THE PARAGRAPH INCLUDED IN THE LAST ISSUED AUDITED FINANCIAL STATEMENTS OF MHCBC WAS: INCOME TAXES - THE COMMUNITY BENEFIT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND DID NOT CONDUCT UNRELATED BUSINESS ACTIVITIES DURING THE YEARS ENDED JUNE 30, 2018 AND 2017. THEREFORE, THE COMMUNITY BENEFIT HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE COMMUNITY BENEFIT APPLIES THE PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC TOPIC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE COMMUNITY BENEFIT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CORPORATION

MEMORIAL HERMANN COMMUNITY BENEFIT

Employer identification number

68-0511504

OMB No 1545-0047

2017

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER RD STE 1900 HOUSTON, TX 77024	74-1152597	501 (C) (3)	510,753				FUNDING OF HEALTHCARE
(2) INTERFAITH OF THE WOODLANDS 4242 INTERFAITH WAY THE WOODLANDS, TX 77381	74-1804123	501 (C) (3)	75,000				FUNDING OF HEALTHCARE
(3) AVENUE COMMUNITY DEVELOPMENT CORPORATION 2505 WASHINGTON AVE NO 400	76-0380602	501 (C) (3)	60,633				FUNDING OF HEALTHCARE
(4) CHILDREN AT RISK INC 2900 WESLAYAN STE 400 HOUSTON, TX 77027	76-0360533	501 (C) (3)	50,000				FUNDING OF HEALTHCARE
(5) SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PKWY SH200	30-0198705	501 (C) (3)	20,000				FUNDING OF HEALTHCARE
(6) HOUSTON PARKS BOARD 300 N POST OAK LANE HOUSTON, TX 77024	74-1860046	501 (C) (3)	15,000				FUNDING OF HEALTHCARE
(7) YMCA OF GREATER HOUSTON 2600 NORTH LOOP WEST SUITE 300	74-1109737	501 (C) (3)	13,300				FUNDING OF HEALTHCARE
(8) TEXAS A&M UNIVERSITY 1266 TAMU COLLEGE STATION, TX 77843	74-2907553	GOV	10,000				FUNDING OF HEALTHCARE
(9) YES PREP PUBLIC SCHOOLS INS 5515 SOUTH LOST EAST STE B	74-6001164	GOV	5,030				FUNDING OF HEALTHCARE
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 9.
- 3 Enter total number of other organizations listed in the line 1 table. 9.

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

Schedule I (Form 990) (2017)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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.

MONITORING THE USE OF GRANTS AND AWARDS FUNDING

COMMUNITY AGENCIES CAN REQUEST FUNDS FROM MEMORIAL HERMANN BY COMPLETING

A PROPOSAL SUBMISSION PACKET WHICH DETAILS THE AGENCY'S MISSION,

SERVICES, EXISTING COLLABORATORS, AND REALIZED AND PROPOSED GOALS.

MISSIONS AND GOALS THAT SUPPORT MEMORIAL HERMANN'S COMMUNITY BENEFIT

MISSION OF INCREASING AND STRENGTHENING THE PRIMARY AND SPECIALTY CARE

INFRASTRUCTURE FOR THE UNINSURED AND UNDERINSURED COMMUNITY RECEIVE HIGH

PRIORITY. OFTEN A SITE VISIT IS PERFORMED BY MEMORIAL HERMANN COMMUNITY

BENEFIT CORPORATION STAFF AND RECOMMENDATIONS ARE MADE TO THE PRESIDENT,

CEO AND THE COMMUNITY RELATIONS COMMITTEE FOR THE ULTIMATE DECISION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORPORATION

Compensation Information

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
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MEMORIAL HERMANN COMMUNITY BENEFIT

Employer identification number

68-0511504

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

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

6 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:

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

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

8 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.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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 aren't 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	(iii) Other reportable compensation				
1 GORDON, DEBORAH EVP, CAO, CLO, SECRETARY/TREAS	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 544,864.	341,381.	1,911.	1,048,808.	0.	0.	0.	0.	0.
2 LARAWAY, DENNIS EVP, CFO THROUGH OCT '17	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 784,947.	577,126.	1,398,564.	2,773,553.	0.	0.	0.	219,396.	0.
3 AULBAUGH CARROL E. EVP, CFO	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 211,562.	0.	4,761.	283,660.	0.	0.	0.	0.	0.
4 STOKES, CHARLES EVP, CEO / PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 1,124,144.	615,013.	256,101.	2,277,116.	0.	0.	0.	188,597.	0.
5 SHABOT, MICHAEL EVP, CCO	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 664,030.	479,146.	201,224.	1,579,976.	0.	0.	0.	143,184.	0.
6 PARET, CAROL SVP, COMMUNITY HEALTH OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 304,590.	194,707.	51,197.	655,549.	0.	0.	0.	33,220.	0.
7 CHALAJOUR, MAHASTI DENTIST	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 169,213.	18,294.	340.	212,977.	0.	0.	0.	0.	0.
8 MOLKE, KIMBER DIR, SYSTEM TRIAGE CENTER	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 138,979.	29,455.	1,053.	177,658.	0.	0.	0.	0.	0.
9 KIMMEY-WALKER, LISA MGR, NURSE PRACT/PD SBC	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 136,368.	18,386.	1,532.	178,066.	0.	0.	0.	0.	0.
10 GRAVES, DESHAUNDA DENTIST	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 142,389.	15,476.	117.	171,621.	0.	0.	0.	0.	0.
11 FORTADO, ALBERT DENTIST	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 126,833.	16,130.	2,574.	176,518.	0.	0.	0.	0.	0.
12	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii)								
13	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii)								
14	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii)								
15	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii)								
16	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii)								

Schedule J (Form 990) 2017

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

FORM 990 SCHEDULE J LINE 4B

MEMORIAL HERMANN HEALTH SYSTEM SPONSORS TWO NONQUALIFIED RETIREMENT PLANS

- MEMORIAL HERMANN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) AND

EXECUTIVE DEFERRED COMPENSATION PLAN (EDCP). APPLICABLE SERP AND EDCP

AMOUNTS ACCRUED PER PERSON (RESPECTIVELY):

GORDON, DEBORAH (NONE / 120,529)

AULBAUGH CARROL E. (NONE / 62,874)

SHABOT, MICHAEL (51,866 / 128,119)

PARET, CAROL (19,623 / 23,561)

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CORPORATION

MEMORIAL HERMANN COMMUNITY BENEFIT

Employer identification number
68-0511504

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

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) TODD AULBAUGH	FAMILY MEMBER OF DIRECTOR	162,376	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CORPORATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

MEMORIAL HERMANN COMMUNITY BENEFIT

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

68-0511504

FORM 990 PART III LINE 1

IN THE GREATER HOUSTON AREA WHERE ALMOST ONE IN FOUR RESIDENTS ARE
UNINSURED, MEMORIAL HERMANN, THROUGH ITS SUBSIDIARY, MEMORIAL HERMANN
COMMUNITY BENEFIT CORPORATION (MHCBC), IMPLEMENTS PROGRAMS TO WORK WITH
OTHER HEALTHCARE PROVIDERS, GOVERNMENT AGENCIES, BUSINESS LEADERS AND
COMMUNITY STAKEHOLDERS TO ENSURE THAT ALL RESIDENTS OF THE GREATER
HOUSTON AREA HAVE ACCESS TO THE SERVICES THEY NEED TO IMPROVE THEIR
QUALITY OF LIFE AND THE OVERALL HEALTH OF THE COMMUNITY. PRIMARY PROGRAM
FOCI INCLUDE EDUCATION ON, ACCESS TO, AND PROVISION OF PRIMARY MEDICAL,
DENTAL, MENTAL HEALTH, AND SOCIAL SERVICE SUPPORT TO UNDERSERVED
POPULATIONS; FOOD AS HEALTH; AND, EXERCISE AS MEDICINE. NEW PROGRAMS ARE
PILOTED, AND PROVEN PROGRAMS ARE REPLICATED IN THE COMMUNITY. THE MISSION
OF MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION IS TO TEST AND MEASURE
INNOVATIVE SOLUTIONS THAT PROMOTE GOOD HEALTH FOR THE INDIVIDUAL, THE
HEALTH SYSTEM AND THE COMMUNITY. COMMUNITY BENEFIT CORPORATION FUNDING
TENENTS INCLUDE: PROVISION OF PRIMARY AND/OR SPECIALTY CARE FOR THE
UNINSURED AND UNDERINSURED; CONTRIBUTION TO THE EXISTING INFRASTRUCTURE
OF NON-PROFIT CLINICS AND FQHC'S; PROGRAMS, PRACTICES, AND POLICIES THAT
AFFECT THE HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES; COMMITMENT
TO MEASUREMENT; EXISTENCE OF COLLABORATIVE PARTNERS; PROGRAMMATIC
INCLUSION OF HEALTH EDUCATION AND LITERACY; AND, STRIVING TOWARDS
SUSTAINABILITY. AS REQUIRED BY THE COMMUNITY HEALTH NEEDS
ASSESSMENT-SECTION 501(R)(3)-REQUIREMENT OF THE ACA, MEMORIAL HERMANN
COMMUNITY BENEFIT CORPORATION SUPPORTS THE MEMORIAL HERMANN HEALTH

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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SYSTEM'S LICENSED ACUTE, REHAB, SURGICAL AND EMERGENCY HOSPITALS IN CONDUCTING COMMUNITY NEEDS ASSESSMENTS. THE CORRESPONDING IMPLEMENTATION STRATEGIES BALANCE THE INDIVIDUALITY OF THE DIFFERENT HOSPITALS WITH THE STSTEM STRATEGY OF COLLECTIVELY SUPPORTING COMMUNITY OBJECTIVES TO ACHIEVE THE NECESSARY ALIGNMENT AND LEVERAGE TO IMPACT TRUE COMMUNITY CHANGE.

COMMITTED TO MAKING THE GREATER HOUSTON AREA A HEALTHIER AND MORE VITAL PLACE TO LIVE, MHCBC COLLABORATES WITH OTHERS AS WELL AS CREATES SIGNATURE, EVIDENCE-BASED WAYS TO IMPROVE THE COMMUNITIES WHERE PEOPLE LIVE, WORK, LEARN AND PLAY. MHCBC SUPPORTS THE FOLLOWING INITIATIVES AS WELL AS THOSE STATED AS PROGRAM SERVICE ACTIVITIES #1, #2, AND #3: THE BUILD HEALTH CHALLENGE, A PARTNERSHIP OF MEMORIAL HERMANN, CITY OF HOUSTON HEALTH DEPARTMENT AND RESIDENT EMPOWERING NOT-FOR-PROFIT AVENUE CDC, IS A NATIONAL PROGRAM THAT PUTS MULTI-SECTOR COMMUNITY PARTNERSHIPS AT THE FOUNDATION OF IMPROVING PUBLIC HEALTH. OUR PROGRAM, BRIDGING HEALTH AND SAFETY IN NEAR NORTHSIDE, IS FOCUSING ON: HEALTHY HOUSING, FREE OF LEAD, MOLD AND HAZARDS; IMPROVED BUILT ENVIRONMENT INCLUDING PARKS AND SIDEWALKS; PREVENTIVE CHRONIC DISEASE OPPORTUNITIES INCLUDING ACCESS TO PHYSICAL ACTIVITY AND NUTRITIOUS FOOD; AND, BRIDGING OPPORTUNITIES INCLUDING BUILDING RESIDENT LEADERSHIP AND EMPLOYING COMMUNITY HEALTH WORKERS.

THE COMMUNITY CENTERED HEALTH HOME INITIATIVE IS AN EXPANDED VIEW OF 'HEALTH' AND THROUGH PARTNERSHIPS WITH THE YMCA, PARKS DEPARTMENT, AND AVENUE CDC THE COLLABORATION, FACILITATED BY MEMORIAL HERMANN, IS

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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ENABLING THE ACTIVATION OF A COMMUNITY PARK - THE SOLE IN THE AREA BUT LONG NEGLECTED DUE TO SAFETY CONCERNS AND LACK OF OPPORTUNITIES - WITH SOCCER FOR SUCCESS, WALKING GROUPS, SAFETY AUDITS AND ADVOCATING WITH COUNCIL MEMBERS FOR SIDEWALK CONSTRUCTION.

CHILDREN AT RISK - THIS NOT-FOR-PROFIT AGENCY SERVES AS A CATALYST FOR CHANGE TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN THROUGH STRATEGIC RESEARCH, PUBLIC POLICY ANALYSIS, EDUCATION, COLLABORATION AND ADVOCACY.

MEMORIAL HERMANN FUNDS WORK TO RAISE COMMUNITY AWARENESS ON THE IMPORTANCE OF RECESS POLICY IMPLEMENTATION THROUGH OUTREACH EVENTS, FREQUENT MEDIA COVERAGE, AND DIRECT WORK WITH HARRIS COUNTY SCHOOL DISTRICTS, WHILE WORKING CLOSELY WITH STAKEHOLDERS AS PART OF STATE LEVEL ADVOCACY EFFORTS LEADING UP TO AND DURING THE 86TH LEGISLATIVE SESSION IN 2019.

FOOD AS HEALTH, EXERCISE IS MEDICINE - MEMORIAL HERMANN BEGAN SCREENING PATIENTS FOR FOOD INSECURITY IN 2015 IN A FEW SELECT CLINICS AND HAS SINCE EXPANDED THROUGHOUT THE MEMORIAL HERMANN SYSTEM. PATIENTS IDENTIFIED AS FOOD INSECURE RECEIVE SUPPORT IN APPLYING FOR BENEFITS, A REFERRAL TO THE HOUSTON FOOD BANK, AND GUIDANCE ON QUESTIONS TO ASK FOR AN APPROPRIATE FOOD PANTRY REFERRAL. IN A PILOT PROGRAM, MEALS THAT HEAL, DISCHARGED PATIENTS IDENTIFIED IN NEED OF PREPARED, HOT MEALS TO SUPPORT A SUCCESSFUL HEALING PROCESS AT HOME ARE DELIVERED NUTRITIOUS MEALS FOR AS LONG AS IS NECESSARY. THROUGH A PARTNERSHIP WITH TARGET AND WHOLESOME WAVE, A NATIONAL NONPROFIT DEDICATED TO MAKING FRUITS AND VEGETABLES AFFORDABLE TO LOW INCOME COMMUNITIES, 300 SCHOOL-BASED HEALTH CENTER FAMILIES RECEIVED VOUCHERS OVER A SIX-MONTH PERIOD. THROUGH

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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COLLABORATION WITH THE CLINTON FOUNDATION IN HOUSTON, WE ENGAGED OTHER AREA HOSPITALS TO INCORPORATE THE FOOD INSECURITY QUESTIONS INTO THEIR INTAKE PROCESS. THE TRAJECTORY OF THIS INITIATIVE LEADS TO IMPLEMENTATION OF THE EVIDENCED-BASED EXERCISE IS MEDICINE PROGRAM WHICH INCORPORATES EXERCISE AS A VITAL SIGN INTO PHYSICIAN OFFICES, EXERCISE PRESCRIPTIONS, AND ACTIVATION OF PARKS.

HEALTH DISPARITIES, AWARENESS, RESEARCH AND TRAINING CONSORTIUM - THE GOAL OF THE CONSORTIUM IS TO PROVIDE A COMPREHENSIVE UNDERSTANDING OF HEALTH DISPARITIES AND TO INVESTIGATE APPROACHES TO ADVANCING HEALTH EQUITY.

INTERFAITH COMMUNITY CLINIC - THIS PRIVATE NOT-FOR-PROFIT VOLUNTEER BASED HEALTH CARE CLINIC'S MISSION IS TO PROVIDE SHORT-TERM MEDICAL CARE, DENTAL CARE, AND SOCIAL SERVICE REFERRALS FOR INDIGENT PERSONS WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND ARE NOT ELIGIBLE FOR MEDICAID. OPENED IN 1966, THE CLINIC SPECIFICALLY CONCENTRATES ON PROVIDING SERVICES TO MONTGOMERY COUNTY RESIDENTS WHO ARE NOT ELIGIBLE FOR OTHER PROGRAMS AND HAVE NOWHERE ELSE TO TURN.

NEIGHBORHOOD HEALTH CENTERS NORTHWEST AND NORTHEAST - THE CENTERS ARE INTENDED AS A MEDICAL HOME FOR UNINSURED AND UNDERINSURED POPULATIONS. THE CENTERS ENCOURAGE THE APPROPRIATE UTILIZATION OF PRIMARY CARE BY BEING LOCATED CLOSE TO BUSY EMERGENCY ROOMS, OFFERING EXTENDED HOURS AND WEEKEND COVERAGE, KEEPING COSTS LOW, AND CHARGING JUST SLIGHTLY OVER COSTS.

PHYSICIANS OF SUGAR CREEK - FUNDING OF THE DIFFERENCE BETWEEN COSTS AND SLIDING FEE SCALE PAYMENTS OF CARE PROVIDED BY THE MEMORIAL FAMILY

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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PRACTICE RESIDENCY TRAINING SITE TO THE WORKING POOR OF THE AREA.

POPULATION RESEARCH -THIS PROGRAM PROVIDES RESEARCH, DEVELOPMENT, AND IMPLEMENTATION OF EFFECTIVE APPROACHES THAT IMPROVE THE HEALTH OF THE HOUSTON AREA PATIENT POPULATIONS THROUGH DATA DRIVEN RESEARCH, INTERVENTIONS, EVALUATION AND COMMUNITY ENGAGEMENT. PRESENT FOCI ARE ON ER NAVIGATION AND OBESITY PROGRAMMING.

SPRING BRANCH COMMUNITY HEALTH CENTER - THIS FEDERALLY QUALIFIED HEALTH CENTER SERVES THE UNINSURED AND UNDERINSURED POPULATIONS IN SPRING BRANCH AND WEST HOUSTON AREAS. USING THE PRIMARY CARE MODEL, SBCHC OFFERS AN INTEGRATED AND COMPREHENSIVE SERVICE DELIVERY SYSTEM, SERVING AS A MEDICAL HOME FOR ALL WHO SEEK IT.

YES PREP PUBLIC SCHOOLS - THE ACTIVE CLASSROOM AT BRAYS OAKS IS A PILOT PROGRAM WITH THE GOAL OF INCREASING ACADEMIC ACHIEVEMENT IN AN INTERVENTION CLASSROOM THROUGH THE INCORPORATION OF PHYSICAL ACTIVITY THROUGHOUT THE SCHOOL DAY.

FORM 990 PART VI SECTION A LINE 6

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION HAS AS ITS SOLE MEMBER MEMORIAL HERMANN HEALTH SYSTEM. BOTH ORGANIZATIONS ARE IRC SECTION 501(C)(3) NON-PROFIT ENTITIES.

FORM 990 PART VI SECTION A LINE 7A

THE MEMBER HAS THE AUTHORITY TO ANNUALLY ELECT THE BOARD MEMBERS OF THE ORGANIZATION AND TO TERMINATE AND REPLACE THEM AT ITS DISCRETION.

FORM 990 PART VI SECTION A LINE 7B

THE MEMBER HAS APPROVAL AUTHORITY OVER THE DECISIONS OF THE BOARD FOR

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION, ANNUAL OPERATING AND CAPITAL BUDGET, THE PURCHASE OR SALE OF SUBSTANTIAL ASSETS, AND THE MERGER OR DISSOLUTION OF THE ORGANIZATION.

FORM 990 PART VI SECTION B LINE 11B

THE FORM 990 IS REVIEWED BY MEMORIAL HERMANN SYSTEM TAX STAFF, SPECIFIC DEPARTMENTS INVOLVED IN RELATED SECTIONS OF THE RETURN, THE MEMORIAL HERMANN SYSTEM TAX DIRECTOR, THE MEMORIAL HERMANN VICE PRESIDENT OF FINANCE, AND THE MEMORIAL HERMANN CFO. MEMORIAL HERMANN PROVIDES A COMPLETE COPY OF FORM 990 TO ALL MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING FORM 990.

FORM 990 PART VI SECTION B LINE 12C

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION UTILIZES A CONFLICT OF INTEREST SURVEY AND HAS CODIFIED ITS PROCEDURE IN A POLICY. THE POLICY IS MONITORED BY OUR CORPORATE COMPLIANCE DEPARTMENT THROUGH ANNUAL SURVEYS OF BOARD MEMBERS, CORPORATE OFFICERS, MANAGEMENT LEVEL EMPLOYEES, AND OTHER SELECTED EMPLOYEES, PHYSICIANS AND VENDORS FOR ALL OF ITS ENTITIES AND RELATED AFFILIATES. IN ADDITION TO RESPONDING TO THE SURVEY, EACH RECIPIENT AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD IT, HAS AGREED TO COMPLY WITH IT, AND UNDERSTANDS THAT MEMORIAL HERMANN IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE IN PRIMARILY TAX-EXEMPT PURPOSE ACTIVITIES. THE CORPORATE COMPLIANCE DEPARTMENT, CHIEF LEGAL OFFICER AND THE CORPORATE AUDIT COMMITTEE, CONSISTING OF INDEPENDENT BOARD MEMBERS, RECEIVE A REPORT OF ALL ITEMS DISCLOSED. THE AUDIT COMMITTEE CHAIR REPORTS THE EXISTENCE OF

Name of the organization	MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION	Employer identification number	68-0511504
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ANY CONFLICTS TO THE CORPORATE BOARD OF DIRECTORS. MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION'S CONFLICTS OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS EXCUSE THEMSELVES FROM DISCUSSIONS IN WHICH THEY HAVE A CONFLICT OF INTEREST. THE POLICY ALSO SUBJECTS BOARD MEMBERS TO DISCIPLINARY ACTION IF THEY ARE FOUND TO HAVE VIOLATED THE POLICY.

FORM 990 PART VI SECTION B LINE 13

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION (MHCBC) IS COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS AND REGULATIONS. WE SUPPORT THE EFFORTS OF FEDERAL AND STATE AUTHORITIES IN IDENTIFYING INCIDENTS OF FRAUD AND/OR ABUSE AND WE HAVE THE NECESSARY POLICIES AND PROCEDURES IN PLACE TO PREVENT, DETECT, REPORT AND CORRECT INCIDENTS OF FRAUD AND/OR ABUSE IN ACCORDANCE WITH CONTRACTUAL, REGULATORY AND STATUTORY REQUIREMENTS. RECOGNIZING THE COMPLEXITY OF THE VARIOUS FEDERAL, STATE, AND LOCAL LAWS REGULATING HEALTH CARE, MHCBC HAS ADOPTED A CORPORATE COMPLIANCE PROGRAM. THIS PROGRAM IS DESIGNED TO ASSIST THE BOARD, THE HEALTH SYSTEM AND ITS EMPLOYEES, MEDICAL STAFF MEMBERS, AND INDEPENDENT CONTRACTORS TO MAINTAIN COMPLIANCE THROUGH RESPONSIVE EDUCATIONAL PROGRAMS, INTERNAL MONITORING AND REPORTING MECHANISMS, AND COMPLIANCE STANDARDS OF CONDUCT. CORPORATE COMPLIANCE IS "DOING THE RIGHT THING BY FOLLOWING GOVERNMENT REGULATIONS AND THE LAW." THE MHCBC COMPLIANCE PROGRAM INCLUDES THESE 7 ELEMENTS: A COMPLIANCE OFFICER AND COMMITTEE; TO OVERSEE AND ADVISE THE COMPLIANCE PROGRAM COMPLIANCE POLICIES AND PROCEDURES; TO PROVIDE WRITTEN GUIDANCE TO HELP YOU DO YOUR JOB AND DEMONSTRATE OUR COMMITMENT TO COMPLIANCE, COMPLIANCE TRAINING AND EDUCATION; TO ENSURE APPROPRIATE EDUCATION ON AREAS OF LEGAL AND

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REGULATORY COMPLIANCE AUDITING AND MONITORING; TO CONDUCT PERIODIC AND ONGOING AUDITING AND MONITORING OF HIGH-RISK AREAS AND ADHERENCE TO POLICIES AND PROCEDURES CORRECTIVE ACTION; TO DEVELOP PLANS TO RESOLVE IDENTIFIED ISSUES, PREVENT THEM FROM HAPPENING AGAIN AND AVOID THE RISK OF THE SAME OR SIMILAR ISSUES OCCURRING IN OTHER AREAS, DEPARTMENTS OR FACILITIES DISCIPLINARY GUIDELINES: MAY BE NECESSARY TO ENCOURAGE PROMPT REPORTING OF COMPLIANCE CONCERNS; TO ENSURE NON-RETALIATION FOR REPORTING CONCERNS AND TO ENCOURAGE COOPERATION WITH COMPLIANCE INVESTIGATIONS OPEN LINES OF COMMUNICATION: TO ESTABLISH AN OPEN ENVIRONMENT FOR REPORTING COMPLIANCE CONCERNS - A HOTLINE IS AVAILABLE TO ALL EMPLOYEES TO CALL TO REPORT COMPLIANCE CONCERNS AND NON-RETALIATION FOR REPORTING A COMPLIANCE CONCERN IN GOOD FAITH AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK ANONYMOUS AND CONFIDENTIAL CALLERS MAKING REPORTS IN GOOD FAITH ARE PROTECTED FROM ANY FORM OF RETALIATION OR ADVERSE ACTION.

FORM 990 PART VI SECTION B LINE 15A & 15B

THE COMPENSATION COMMITTEE OF THE MEMORIAL HERMANN BOARD OF DIRECTORS RETAINS THE ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF EXECUTIVE COMPENSATION. THE COMMITTEE IS COMPRISED OF INDIVIDUALS WHO ARE NOT EMPLOYED BY MEMORIAL HERMANN, AND HAVE NO CONFLICTING INTERESTS. THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND DISQUALIFIED PERSONS IS MODELED AFTER THE REQUIREMENTS IN IRC SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE TOTAL REMUNERATION FOR THE ORGANIZATION'S DISQUALIFIED PERSONS IN ADVANCE OF BEING PAID. ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE ENGAGES AN INDEPENDENT

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THIRD-PARTY EXECUTIVE COMPENSATION CONSULTANT WHO USES COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND/OR FORMS 990 OF SIMILAR ORGANIZATIONS TO PERFORM A COMPETITIVE ANALYSIS AND WRITE AN OPINION LETTER REGARDING THE COMPETITIVE POSITION OF MEMORIAL HERMANN'S DISQUALIFIED PERSONS. THE COMPENSATION COMMITTEE REVIEWS THE COMPARABILITY DATA AND OPINION LETTER, AND DOCUMENTS ITS DISCUSSION AND DECISIONS IN MINUTES THAT ARE RETAINED WITH THE ORGANIZATION'S OTHER GOVERNANCE MATERIALS. THE ANALYSIS WAS LAST PERFORMED IN 2018 AND IT INCLUDED THE PRESIDENT & CEO, ALL EXECUTIVE VICE PRESIDENTS AND SENIOR VICE PRESIDENTS OF THE ORGANIZATION, AS WELL AS FAMILY MEMBERS OF DISQUALIFIED PERSONS WHO ARE EMPLOYED BY MEMORIAL HERMANN.

FORM 990 PART VI SECTION C LINE 19

THE ARTICLES OF INCORPORATION, CORPORATE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF MEMORIAL HERMANN HEALTH SYSTEM AND ITS AFFILIATES ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC. IF THE INQUIRER PROVIDED A VALID REASON FOR DESIRING A COPY OF THE DOCUMENTS THAT ARE RELATED TO THE BUSINESS INTERESTS OF ANY OF THE MEMORIAL HERMANN HEALTH SYSTEM CORPORATE ENTITIES, WE WOULD CONSIDER DOING SO.

FORM 990 PART XII LINE 2C

MEMORIAL HERMANN HEALTH SYSTEM HAS INDEPENDENT COMMITTEES FOR AUDITS, GOVERNANCE, AND COMPENSATION WHICH PERFORM THEIR RESPECTIVE FUNCTIONS ON A CONSOLIDATED BASIS FOR ALL CORPORATE ENTITIES. THE AUDIT COMMITTEE HIRES THE INDEPENDENT ACCOUNTANTS AND OVERSEES ALL AUDITS THAT ARE CONDUCTED WITHIN ALL AFFILIATED ENTITIES FOR FINANCIAL INFORMATION,

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GRANTS AND AWARDS, AND QUALIFIED PLANS.

ATTACHMENT 1

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

MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION (MHCBC), A SUBSIDIARY OF MEMORIAL HERMANN HEALTH SYSTEM, AN IRC SECTION 501(C)(3) HOSPITAL ORGANIZATION, IMPLEMENTS PROGRAMS TO WORK WITH OTHER HEALTHCARE PROVIDERS, GOVERNMENT AGENCIES, BUSINESS LEADERS AND COMMUNITY STAKEHOLDERS TO ENSURE THAT ALL RESIDENTS OF THE GREATER HOUSTON AREA HAVE ACCESS TO THE CARE THEY NEED TO IMPROVE THEIR QUALITY OF LIFE AND THE OVERALL HEALTH OF THE COMMUNITY. PRIMARY PROGRAM FOCI INCLUDES EDUCATION ON, ACCESS TO, AND PROVISION OF PRIMARY MEDICAL, DENTAL, MENTAL HEALTH, AND SOCIAL SERVICE SUPPORT TO UNDERSERVED POPULATIONS; FOOD AS HEALTH; AND EXERCISE AS MEDICINE.

THE MISSION OF MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION IS TO TEST AND MEASURE INNOVATIVE SOLUTIONS THAT PROMOTE GOOD HEALTH FOR THE INDIVIDUAL, THE HEALTH SYSTEM AND THE COMMUNITY. MHCBC COLLABORATES WITH OTHERS AS WELL AS CREATES SIGNATURE, EVIDENCE-BASED WAYS TO IMPROVE THE COMMUNITIES WHERE PEOPLE LIVE WORK, LEARN, AND PLAY.

VALUES:

WE COLLABORATE WITH OTHERS.

WE EMBRACE INNOVATIVE APPROACHES.

WE SUPPORT EDUCATIONAL EFFORTS FOCUSED ON PREVENTION AND APPROPRIATE USE OF OUR COMMUNITY'S HEALTHCARE RESOURCES.

WE MEASURE THE OUTCOMES OF EACH EFFORT AND ONLY SUSTAIN AND EXPAND

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THOSE WITH DEMONSTRABLE OUTCOMES.

WE ARE COMMITTED TO ENGAGING OUR EMPLOYEES, VOLUNTEERS, AND MEDICAL STAFFS IN OUR EFFORTS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

4A. ADDRESSING THE NEED FOR A "MEDICAL HOME" FOR THE UNINSURED AND UNDERINSURED, MHCBC PARTNERS WITH FIVE SCHOOL DISTRICTS, HOUSTON--THE LARGEST IN TEXAS, PASADENA, LAMAR CONSOLIDATED, ALIEF AND ALDINE FOR ITS HEALTH CENTERS FOR SCHOOLS PROGRAM DESIGNED TO PROVIDE A "MEDICAL HOME" FOR UNINSURED CHILDREN AND A SECONDARY ACCESS POINT FOR INSURED CHILDREN, GRADES K-12TH. THE HEALTH CENTERS PROVIDE PRIMARY HEALTHCARE, MENTAL HEALTHCARE, NUTRITIONAL CARE AND DENTAL CARE TO MEDICALLY UNDERSERVED, AT-RISK CHILDREN. THE PROGRAM BEGAN IN 1996 WITH TWO SCHOOL-BASED HEALTH CENTERS SERVICING THREE SCHOOLS. TODAY, MEMORIAL HERMANN OPERATES HEALTH CENTERS ON-SITE AT TEN CAMPUSES IN THE GREATER HOUSTON AREA PROVIDING ACCESS TO HEALTHCARE FOR STUDENTS AT 72 SCHOOLS. "FEEDER" PATTERNS ARE ACCOMMODATED, MAKING IT POSSIBLE FOR A CHILD TO RECEIVE CONTINUITY OF CARE FROM PRE-KINDERGARTEN THROUGH TWELFTH GRADE. WHILE MEDICAID ELIGIBLE SERVICES ARE BILLED, ALL SERVICES ARE PROVIDED AT NO COST TO FAMILIES. THE HEALTH CENTERS FOR SCHOOLS OPERATE MONDAY THROUGH FRIDAY, 7:30 AM TO 4:00 PM, 12

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ATTACHMENT 2 (CONT'D)

MONTHS A YEAR. THE PRIMARY GOAL OF THE HEALTH CENTERS FOR SCHOOLS PROGRAM IS TO BRING INCREASED HEALTH CARE TO CHILDREN WHO WILL OTHERWISE NOT OBTAIN IT AND TO KEEP CHILDREN HEALTHY AND IN SCHOOL SO THEY CAN LEARN THE SKILLS THEY WILL NEED FOR A BRIGHTER FUTURE.

51% OF THE CHILDREN SERVED AT THE CLINICS DO NOT HAVE ANY TYPE OF HEALTHCARE COVERAGE. 31% HAVE SOME FORM OF MEDICAID. THE REMAINING 18% ARE CHILDREN WHO WILL NOT OBTAIN HEALTHCARE DUE TO TRANSPORTATION ISSUES, WORKING PARENTS UNABLE TO AFFORD A DAY OFF, HIGH PRIVATE INSURANCE DEDUCTIBLES OR SIMPLY A LACK OF PARENTAL INVOLVEMENT. 93% OF STUDENTS SERVED THROUGH THE PROGRAM ARE ON THE FREE/REDUCED LUNCH PROGRAM, AND 30% ARE MORE COMFORTABLE SPEAKING, READING AND WRITING IN A LANGUAGE OTHER THAN ENGLISH. THE SCOPE OF SERVICES OFFERED INCLUDES IMMUNIZATIONS, GENERAL AND SPORTS PHYSICALS, ACUTE, CHRONIC AND MINOR INJURY CARE, MENTAL HEALTH THERAPY, SOCIAL SERVICE COUNSELING AND REFERRALS, HEALTH EDUCATION, AND NUTRITIONAL GUIDANCE AS WELL AS OTHER SPECIFIC CARE TO MEET STUDENTS' NEEDS. STAFFING AT EACH CENTER CONSISTS OF A NURSE PRACTITIONER, LICENSED CLINICAL SOCIAL WORKER, LVN AND A RECEPTIONIST, WITH MEDICAL OVERSIGHT PROVIDED BY A FAMILY PRACTITIONER. TWO DIETITIANS AND CERTIFIED COMMUNITY HEALTH WORKERS ROTATE AMONG THE TEN CENTERS. THE DIETITIANS DELIVER THE HEALTHY EATING AND LIFESTYLES PROGRAM (HELP) DESIGNED TO EDUCATE HEALTH CENTERS FOR SCHOOLS' STUDENTS AND THEIR FAMILIES ON THE IMPORTANCE OF PROPER NUTRITION AND EXERCISE. THE PROGRAM IS INTENSIVE AND INDIVIDUAL, MEETING THE STUDENT AND FAMILY WHERE

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ATTACHMENT 2 (CONT'D)

THEY ARE ON THE "STAGE OF CHANGE" CONTINUUM. THE NAVIGATORS SUPPORT IN HEALTH AND SOCIAL SERVICE APPLICATIONS AND REFERRALS. TWO WRAPAROUND FACILITATORS ARE IN PILOT PROGRAMS WORKING TO MOVE THE NEEDLE FROM CRISIS TO THRIVING FOR HOMELESS STUDENTS, PARENTING STUDENTS, AND STUDENTS AT RISK FOR FAILURE DUE TO ABSENTEEISM. THE THREE MOBILE DENTAL CLINIC VANS ROTATE AMONG THE HEALTH CENTERS FOR SCHOOLS AND ARE STAFFED BY A DENTIST AND ONE TO TWO DENTAL ASSISTANTS. THE VANS PROVIDE SERVICES THAT INCLUDE PERIODIC ORAL EXAMINATIONS, DIAGNOSTIC X-RAYS, PROPHYLAXIS, FLUORIDE TREATMENTS, ORAL HYGIENE INSTRUCTIONS, SEALANTS, COMPOSITE FILLINGS, EXTRACTIONS, STAINLESS STEEL CROWNS, AND PULPOTOMIES. THIS PROGRAM HAS SERVED AS A "DENTAL HOME" TO UNINSURED STUDENTS SINCE 2000. THE MEMORIAL HERMANN HEALTH CENTERS FOR SCHOOLS PROGRAM IS CONTINUALLY EVOLVING AND COMPLEMENTING MEMORIAL HERMANN'S INITIATIVE TO SCREEN PATIENTS FOR FOOD INSECURITY, THE SCHOOL-BASED HEALTH CENTERS HAVE BEEN A COLLABORATIVE PARTNER ON FOOD PRESCRIPTION PROGRAMS AND CREATED A SUMMER BOOT CAMP OPPORTUNITY THAT INCLUDES NOT ONLY NUTRITIONAL GUIDANCE BUT EXERCISE AND SELF-ESTEEM BUILDING CURRICULUMS. AN EVIDENCED-BASED PROGRAM, MEMORIALHERMANN HEALTH CENTERS FOR SCHOOLS BENCHMARKS ARE DERIVED FROM THE NATIONAL ASSOCIATION OF SCHOOL BASED HEALTH CENTERS, PRE/POST DATA, AND HEALTHY PEOPLE 2020. OUTCOMES IN 2017 INCLUDE: 5.0% OF HEALTH CENTER STUDENTS USED AN ER FOR PRIMARY CARE PURPOSES VERSUS 10.5% OF THE GENERAL PRIMARY CARE PEDIATRIC COMMUNITY. ASTHMA EXACERBATIONS, EMERGENCY

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ATTACHMENT 2 (CONT'D)

ROOM VISITS, HOSPITALIZATIONS AND ABSENTEEISM WERE REDUCED BY 90%. 88% OF STUDENTS RETURNED TO THEIR CLASSROOM ON THE SAME DAY. STUDENTS WHO RECEIVED THERAPY FROM LICENSED CLINICAL SOCIAL WORKERS IMPROVED GPAS, REDUCED DAYS ABSENT, AND REDUCED DETENTION/SUSPENSION INCIDENTS. 75% OF STUDENTS WITH 3+ CLINIC VISITS FOR ACUTE OR CHRONIC REASONS RECEIVE A BI-ANNUAL PHYSICAL. 10.2% OF STUDENTS AGE 4-11 AS WELL AS 6.0% OF STUDENTS AGE 12+ EXPERIENCED CARIES AT RECALL. HEALTHY PEOPLE 2020 CALLS FOR THE PROPORTION OF CHILDREN WITH ONE OR MORE CARIES TO BE NO MORE THAN 49% AND 48%, RESPECTIVELY.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

4B. COMPOUNDED BY TEXAS' LACK OF MEDICAID EXPANSION, ARE PEOPLE WHO CANNOT AFFORD PRIVATE INSURANCE; WHO ARE ELIGIBLE BUT NOT ENROLLED IN GOVERNMENT SPONSORED PROGRAMS, AND WHO ARE RECENT OR UNDOCUMENTED IMMIGRANTS. A GROWING NUMBER OBTAIN THEIR HEALTH CARE IN ERS. A HOUSTON STUDY CONDUCTED BY THE UNIVERSITY OF TEXAS SCHOOL OF PUBLIC HEALTH INDICATED THAT ROUGHLY 46% OF ER VISITS ARE USED FOR NON ER CONDITIONS. IN NOVEMBER, 2008, WHEN UNINSURED RATES FOR THE NATION AND THE HOUSTON AREA WERE 15% AND 32%, RESPECTIVELY, THE MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION LAUNCHED A PATIENT NAVIGATION PROGRAM TO ADDRESS PRIMARY CARE RELATED ER USE AT MEMORIAL HERMANN SOUTHWEST HOSPITAL. OVERALL OBJECTIVES WERE AND CONTINUE TO BE: (1) TO CONNECT PATIENTS WITH

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ATTACHMENT 3 (CONT'D)

MEDICAL HOMES THAT ARE THE RIGHT LOCATION, THE RIGHT COST, THE RIGHT HOURS OF OPERATION, AND THE CORRECT SERVICES FOR EACH INDIVIDUAL; (2) TO REDUCE PRIMARY CARE RELATED ER USE; AND (3) TO REDUCE PRIMARY CARE RELATED COSTS, AT LEAST TO THE POINT OF COVERING THE COST OF THE PROGRAM. TODAY, ER NAVIGATORS ARE LOCATED IN TEXAS MEDICAL CENTER, SOUTHWEST, GREATER HEIGHTS, SOUTHEAST, NORTHEAST, MEMORIAL CITY, AND SUGAR LAND ERS. THE TARGET POPULATION CONSISTS OF UNINSURED INDIVIDUALS BETWEEN 18 MONTHS AND 64 YEARS, WHO UTILIZE THE ER FOR LOWER ACUITY CONDITIONS. THE STUDY DESIGN IS BASED ON PRE/POST DATA; AND THE INTERVENTION INCLUDES PATIENT NAVIGATION, CONDUCTED BY BI-LINGUAL, STATE CERTIFIED COMMUNITY HEALTH WORKERS (CHWS) TRAINED IN PEER-TO-PEER COUNSELING. DURING THE ER VISIT CHWS MEET WITH PATIENTS TO: EXPLORE ALL ACCESS ISSUES; ACCESS IS MORE THAN HAVING HEALTH INSURANCE; COACH ON HOW TO ACCESS HEALTHCARE AND COMMUNITY RESOURCES; EDUCATE ON THE IMPORTANCE OF FINDING AND MAINTAINING A MEDICAL HOME; ALL PATIENTS LEAVE THE ER WITH SOME SORT OF FOLLOW-UP INSTRUCTIONS FROM THE MEDICAL TEAM - THE CHWS MAKE SURE THEY HAVE A PLACE TO GO. AFTER THE ER VISIT CHWS: FOLLOW UP WITH PATIENTS; USUALLY WITHIN ONE WEEK MONITOR/REVIEW/RESOLVE ONGOING PATIENT NEEDS AND CONTINUE TO FOLLOW-UP UNTIL THE CASE IS CLOSED. ESSENTIAL TO THE PROCESS IS CONTINUING TO BUILD RELATIONSHIPS WITH HOSPITAL STAFF AND COMMUNITY BASED ORGANIZATIONS. IN PARTNERSHIP WITH MEMORIAL HERMANN ER BUSINESS, CLINICAL AND CARE MANAGEMENT TEAMS, THE PROGRAM ANNUALLY NAVIGATES 16,200 PATIENTS. A 12-MONTH, PRE-POST

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ATTACHMENT 3 (CONT'D)

ANALYSIS OF NAVIGATED PATIENTS RESULTED IN A 73% DECLINE IN ER VISITS. RESEARCH DATA INDICATES THAT SOCIAL DETERMINANTS OF HEALTH (SDOH) HAVE A PROFOUND IMPACT ON THE HEALTH STATUS OF INDIVIDUALS, AND IN ORDER TO IMPROVE POPULATION HEALTH, HEALTH CARE SYSTEMS WILL NEED TO CONSIDER ADDRESSING SDOH. THE ER NAVIGATION PROGRAM BEGAN ADDRESSING SDOH IN FY 16 INCORPORATING FOOD INSECURITY SCREENING INTO THE NAVIGATION INTERVENTION PROCESS AND LEARNED THAT NEARLY 20% OF PATIENTS SCREENED WERE FOUND TO HAVE FOOD INSECURITIES. WITH LARGE NUMBERS OF MEMORIAL HERMANN PATIENTS SUBSEQUENTLY REFERRED TO AREA FOOD PANTRIES, THE PROGRAM IS "GIVING BACK" TO THE FOOD PANTRIES, CHURCHES AND LIBRARIES THROUGH COMMUNITY HEALTH AND OUTREACH INITIATIVES THAT INCLUDE HEALTH LITERACY, EXPECTATIONS OF PRIMARY CARE PROVIDERS, AND DIABETIC CARE EDUCATION. TO FURTHER ALIGN EFFORTS OF ADDRESSING SOCIAL DETERMINANT ISSUES AND INCREASE THE OPPORTUNITY FOR OUR PROGRAM TO BUILD BRIDGES TO HEALTH CARE AND COMMUNITY RESOURCES, COMMUNITY-BASED CARE COORDINATION SERVICES ARE BEING PILOTED WITH A FOCUS ON SCREENING, REFERRALS, COMMUNITY SERVICE NAVIGATION, AND COMMUNITY PARTNER ALIGNMENT FOR SDOH NEEDS FALLING IN ONE OF FOUR CATEGORIES: FOOD INSECURITY, HOUSING, TRANSPORTATION AND UTILITIES. BOTH OF THESE INITIATIVES, COMMUNITY OUTREACH AND CARE COORDINATION PROVIDE INNOVATION OPPORTUNITIES WHILE ALSO ENHANCING POPULATION HEALTH.

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ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

4C. ACCORDING TO AN EMERGENCY DEPARTMENT USE STUDY, PUBLISHED IN JUNE 2013 AND CONDUCTED BY THE UNIVERSITY OF TEXAS SCHOOL OF PUBLIC HEALTH, 46% OF ALL PATIENTS TREATED AND RELEASED FROM EMERGENCY ROOMS IN HOUSTON WERE TREATED FOR PRIMARY CARE RELATED ILLNESSES OR INJURIES. BASED ON THIS DATA WHICH REPRESENTS A CONSISTENT TREND, THE MEMORIAL HERMANN HEALTH SYSTEM NURSE TRIAGE CENTER DBA THE NURSE HEALTH LINE WAS ESTABLISHED AND DESIGNED TO IMPROVE ACCESS TO CARE AND ENSURE MORE EFFICIENT USE OF THE EMERGENCY ROOMS IN HARRIS AND THE SURROUNDING COUNTIES. THE STUDY HIGHLIGHTS THE NEED FOR PATIENT EDUCATION ABOUT APPROPRIATE EMERGENCY DEPARTMENT USE. HEALTHCARE CONSUMERS ARE UNCERTAIN ABOUT WHERE AND WHEN TO GO FOR TREATMENT. THE MEDICAID 1115 WAIVER DSRIP PROGRAM ALLOWED MEMORIAL HERMANN TO LAUNCH AND OPERATE A 24-HOUR NURSE TRIAGE CALL CENTER TO ASSIST PATIENTS WITH THEIR LEVEL OF CARE DECISIONS. THE GOAL OF THE PROGRAM IS TO BE A REGIONAL RESOURCE THAT HOUSTONIANS CAN CALL TO DISCUSS THEIR HEALTH CONCERNS, RECEIVE RECOMMENDATIONS ON THE APPROPRIATE SETTING FOR CARE, AND CONNECT TO APPROPRIATE RESOURCES. THE CALL CENTER IS STAFFED WITH REGISTERED NURSES AND CHWS 24/7 AND IS AVAILABLE TO CALLERS, FREE OF CHARGE, REGARDLESS OF INSURANCE STATUS, LANGUAGE, PHYSICIAN ALIGNMENT OR HOSPITAL AFFILIATION. CALLERS WITH QUESTIONS OR CONCERNS REGARDING MEDICAL CONDITIONS ARE ENCOURAGED TO CALL AND GET HELP FROM A REGISTERED NURSE WHO PROVIDES NURSE TRIAGE, HEALTH EDUCATION/INFORMATION, SUGGESTIONS ON THE URGENCY OF THE NEED FOR TREATMENT AND THE APPROPRIATE LEVEL

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ATTACHMENT 4 (CONT'D)

OF CARE. PATIENTS ARE OFTEN GIVEN DISCHARGE INSTRUCTIONS (FROM HOSPITALS, CLINICS, SURGERY CENTERS, AND DOCTORS' OFFICES) TO CONTACT THE NURSE HEALTH LINE FOR ASSISTANCE WITH MEDICAL CONCERNS POST-DISCHARGE. CONVERSELY, CALLERS ARE REFERRED TO ERS, URGENT CARE CENTERS, CLINICS, OR THEIR PHYSICIAN FOR FOLLOW UP IN ACCORDANCE WITH THE APPROPRIATE TREATMENT SETTING NEEDED. PATIENTS ARE ALSO REFERRED TO PHARMACIES, POISON CONTROL HOTLINES, DENTISTS, AND MENTAL HEALTH HOTLINES/FACILITIES. THE FY18 DATA SHOWS THAT: 95% OF THE TRIAGE LINE CALLERS FOLLOWED THE ADVICE OF THE NURSE AND 63% THAT WOULD HAVE SOUGHT CARE IN AN ER SETTING WERE REDIRECTED TO URGENT CARE, PRIMARY CARE OR HOME CARE. THE 24/7 CALL CENTER IS A CREDIBLE AND AVAILABLE RESOURCE FOR ASSISTANCE WITH MEDICAL CONCERNS AND QUESTIONS. THE CALL VOLUME FOR FY18 WAS 90,093. THE SERVICE IS PROMOTED THROUGH ELECTRONIC ADS (I.E. GOOGLE, CITYGRID, FACEBOOK, YELLOW PAGES), HEALTH FAIRS, UNIVERSITY WELLNESS EVENTS, AND AN AFFILIATION WITH THE HOUSTON FIRE DEPARTMENT, UNITED WAY AND HARRIS HEALTH (THE COUNTY HEALTH SYSTEM)'S ASK MY NURSE ADVICE LINE. OF PATIENTS SERVED IN 2018: 23% WERE MEDICAID OR MEDICAID-MEDICARE DUAL ELIGIBLE AND 29% WERE UNINSURED OR UNDERINSURED; 97% RATED THE SERVICE AS EXCELLENT OR GOOD; AND 99% WOULD USE THE SERVICE AGAIN.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PHYSICIANS OF SUGAR CREEK	65,004.	65,157.	

Name of the organization MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION

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ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SUPPORT OF COMMUNITY HEALTH CENTERS	220,663.	220,663.	
TOTALS	<u>285,667.</u>	<u>285,820.</u>	

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue Service

Name of the organization

MEMORIAL HERMANN COMMUNITY BENEFIT

CORPORATION

Employer identification number

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OMB No 1545-0047

2017Open to Public
Inspection**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MEMORIAL HERMANN FOUNDATION 74-1653640 HOUSTON, TX 77024	FUND RAISING	TX	501 (C) (3)	12A I	MHHS		X
(2)	MEMORIAL HERMANN HEALTH SYSTEM 74-1152597 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (3)	3	N/A		X
(3)	MEMORIAL HERMANN MEDICAL GROUP 20-4923281 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (3)	10	MHHS		X
(4)	MHS PHYSICIANS OF TEXAS 76-0385980 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (3)	3	MHHS		X
(5)	MEMORIAL HERMANN INFORMATION EXCHANGE 02-0684202 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (3)	3	MHHS		X
(6)	MEMORIAL HERMANN ACCOUNTABLE CARE ORG 80-0778181 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (4)	N/A	MHHS		X
(7)	MEMORIAL HERMANN PHARMACY SERVICES LLC 20-2184459 HOUSTON, TX 77024	HEALTHCARE	TX	501 (C) (3)	10	MHHS		X

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MH/USP SURGERY CTR III LLP 20- 15305 DALLAS PARKWAY, SUITE 16	SURGERY CENTER	TX	N/A									
(2) MH KATY REHAB HOSPITAL, LLC 26 929 GESSNER RD STE 1900 HOUSTO	MEDICAL SERVICE	TX	N/A									
(3) MH/USP SURGERY CENTERS IV LLP 15305 DALLAS PKWY, STE 1600 LB	SURGERY CENTER	TX	N/A									
(4) MH EMERUS JV LLC 82-1739402 8686 NEW TRAILS DR STE100 HOUS	MEDICAL SERVICE	TX	N/A									
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MHMD 929 GESSNER RD STE 1900 HOUSTON, TX 77024	HEALTHCARE	TX	N/A	C CORP					X
(2) MEMORIAL HERMANN HEALTH SOLUTIONS 929 GESSNER RD STE 1900 HOUSTON, TX 77024	INSURANCE	TX	N/A	C CORP					X
(3) MEMORIAL HERMANN HEALTH INSURANCE 929 GESSNER RD STE 1900 HOUSTON, TX 77024	INSURANCE	TX	N/A	C CORP					X
(4) THE HEALTH PROFESSIONALS INS COMPANY LTD BARCLAYS HOUSE 3RD FLOOR GRAND CAYMAN, CJ	INSURANCE	CJ	N/A	FOREIGN					X
(5) MEMORIAL HERMANN HEALTH PLAN INC 929 GESSNER RD STE 1900 HOUSTON, TX 77024	INSURANCE	TX	N/A	C CORP					X
(6) MEMORIAL HERMANN HEALTH PLAN HOLDINGS LL 929 GESSNER RD STE 1900 HOUSTON, TX 77024	INSURANCE	TX	N/A	C CORP					X
(7) MH COMMERCIAL HEALTH PLAN INC 929 GESSNER RD STE 1900 HOUSTON, TX 77024	INSURANCE	TX	N/A	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MEMORIAL HERMANN VENTURES LLC 929 GESSNER RD STE 1900 HOUSTON, TX 77024 82-5207571	HOLDING COMPANY	TX	N/A	C CORP					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).
- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).
- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).

p Reimbursement paid to related organization(s) for expenses.

q Reimbursement paid by related organization(s) for expenses.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HERMANN HEALTH SYSTEM	R	14,089,831.	GAAP
(2) MEMORIAL HERMANN HEALTH SYSTEM	S	11,499,999.	GAAP
(3) MHS PHYSICIANS OF TEXAS	R	183,805.	GAAP
(4) MHS PHYSICIANS OF TEXAS	S	771,722.	GAAP
(5) MEMORIAL HERMANN MEDICAL GROUP	S	87,938.	GAAP
(6)			

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
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Part VII**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.