

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:

Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending

**C** Name of organization

**St. David's Foundation**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1303 San Antonio St.**

Room/suite

**500**

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

**Austin, TX 78701**

**F** Name and address of principal officer: **Edward B. Burger**  
same as C above

**D** Employer identification number

**74-1356589**

**E** Telephone number

**512-879-6600**

**G** Gross receipts \$ **139,216,028.**

**H(a)** Is this a group return

for subordinates? Yes ☒ No

**H(b)** Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

**J** Website: **www.stdavidsfoundation.org**

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

**L** Year of formation: **1924** **M** State of legal domicile: **TX**

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: **To improve health and healthcare for all Central Texans.**

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

**3** Number of voting members of the governing body (Part VI, line 1a) **3** **17**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **17**

**5** Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** **102**

**6** Total number of volunteers (estimate if necessary) **6** **65**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

**b** Net unrelated business taxable income from Form 990-T, line 39 **7b** **0.**

**8** Contributions and grants (Part VIII, line 1h) **111320** **Prior Year** **153,770.** **Current Year** **94,007.**

**9** Program service revenue (Part VIII, line 2g) **135,071,194.** **136,625,475.**

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **773,938.** **2,493,247.**

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **2,152.** **3,299.**

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **136,001,054.** **139,216,028.**

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **57,302,069.** **66,517,511.**

**14** Benefits paid to or for members (Part IX, column (A), line 4) **0.** **0.**

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **10,655,754.** **11,403,652.**

**16a** Professional fundraising fees (Part IX, column (A), line 11e) **0.** **0.**

**b** Total fundraising expenses (Part IX, column (D), line 25) **0.**

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **8,580,414.** **7,549,955.**

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **76,538,237.** **85,471,118.**

**19** Revenue less expenses. Subtract line 18 from line 12 **59,462,817.** **53,744,910.**

**20** Total assets (Part X, line 16) **Beginning of Current Year** **End of Year**

**21** Total liabilities (Part X, line 26) **1028979939.** **1,209,179,960.**

**22** Net assets or fund balances. Subtract line 21 from line 20 **42,601,693.** **55,878,060.**

**22** Net assets or fund balances. Subtract line 21 from line 20 **986,378,246.** **1,153,301,900.**

## 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** **Amy Vaughan** Signature of officer **11-13-20** Date

**Amy Vaughan, CFO**  
Type or print name and title

**Paid** Print/Type preparer's name **Paula Wendling** Preparer's signature **Paula Wendling** Date **11/13/2020** Check ☒ self-employed PTIN **P00536805**

**Preparer Use Only** Firm's name ▶ **CHERRY BEKART LLP** Firm's EIN ▶ **56-0574444**

Firm's address ▶ **221 W. 6th Street, Ste 1900**  
**Austin, TX 78701**

Phone no. **512-479-6000**

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

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission.

To improve health and healthcare for all Central Texans.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 \$ 70,628,881. including grants of \$ 66,517,511. ) (Revenue \$ )The reporting organization provides grants and corresponding program services to community organizations and indigent adults with the purpose of improving access to health care in Central Texas.4b (Code ) (Expenses \$ 8,151,129. including grants of \$ ) (Revenue \$ )The reporting organization provides free dental care for low income children through Title 1 schools and for indigent adults in Central Texas who have no other access to services. This service is provided with fully equipped mobile dental clinics that are taken to the schools and safety-net agencies where the adults are located. Each clinic is staffed with full time dentists and support personnel.4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 136,625,475. )The reporting organization controls hospitals dedicated to serving Central Texas under the community benefit standard and The Affordable Care Act. St. David's Healthcare Partnership includes hospitals, free-standing emergency rooms, ambulatory care centers, and urgent care centers.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 78,780,010.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

Note: All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	102
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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 on 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	17	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	17	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **None**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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 **Amy Vaughan - (512) 879-6600**  
**1303 San Antonio Street, Suite 500, Austin, TX 78701**

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

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

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

☐ 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 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) Darrick McGill Trustee	1.00 0.00	X						0.	0.	0.
(2) Marc Winkelman Trustee	1.00 0.00	X						0.	0.	0.
(3) Craig Hester Trustee	1.00 0.00	X						0.	0.	0.
(4) Lew Little Trustee	1.00 0.00	X						0.	0.	0.
(5) Shannon Ratliff Secretary	10.00 0.00	X						0.	0.	0.
(6) Ray Bonilla Vice Chair	5.00 1.00	X						0.	0.	0.
(7) Chuck Treadwell Trustee	1.00 0.00	X						0.	0.	0.
(8) Ray Benson Trustee	1.00 0.00	X						0.	0.	0.
(9) John Murray Trustee	1.00 5.00	X						0.	0.	0.
(10) Lino Mendiola Trustee	1.00 0.00	X						0.	0.	0.
(11) H. David Hughes Past BOG Chair	1.00 5.00	X						0.	0.	0.
(12) Harriet O'Neill Trustee	1.00 0.00	X						0.	0.	0.
(13) Jerry Turner Past Chair and BOG Chair	5.00 10.00	X						0.	0.	0.
(14) Jim Prentice Trustee	1.00 0.00	X						0.	0.	0.
(15) Peter Pincoffs Board Chair	10.00 5.00	X						0.	0.	0.
(16) Maya Payne Smart Trustee	1.00 0.00	X						0.	0.	0.
(17) Betsy Abell Trustee	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) R. Earl Maxwell CEO	40.00 5.00			X				428,226.	1,000.	39,117.
(19) Kathleen A Wiggin Executive Vice President	35.00 5.00			X				323,732.	0.	30,806.
(20) William Buster Executive Vice President	35.00 5.00			X				249,464.	0.	38,742.
(21) Cathy Iberg Vice President	10.00 0.00			X				212,119.	0.	6,364.
(22) Amy Vaughan CFO	35.00 5.00			X				157,744.	0.	28,509.
(23) Fernando X. Pena Executive Vice President	35.00 5.00			X				143,489.	0.	5,231.
(24) Blake Holman CIO	32.00 8.00			X				82,304.	0.	4,935.
(25) Shailee Gupta Clinical Director	40.00 0.00				X			182,740.	0.	41,056.
(26) Ensy Atarod Lead Dentist	40.00 0.00					X		164,911.	0.	40,398.
<b>1b Subtotal</b>								1,944,729.	1,000.	235,158.
<b>c Total from continuation sheets to Part VII, Section A</b>								620,335.	0.	159,463.
<b>d Total (add lines 1b and 1c)</b>								2,565,064.	1,000.	394,621.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Summit Rock Advisors, LP, 9 West 57th Street, 12th Floor, New York, NY 10019	Investment Manager	461,250.
Marketing for Change Co., 117 S. Gadsden Street, Tallahassee, FL 32301	Consulting	255,835.
Edelman, JP Morgan Chase, N.A. 21992 Network Place, Chicago, IL 60673	Consulting	253,748.
Austin Central Park Pediatric Dentistry 1005 W 38th St. Ste 200, Austin, TX 78705	Complex Care	240,487.
Community eConsult Network Inc. 635 Main Street, Middletown, CT 06457	Consulting	227,094.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

See Part VII, Section A Continuation sheets



## Part VII

Total to Part VII, Section A, line 1c	620,335.	159,463.
---------------------------------------	----------	----------

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	13,256.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	80,751.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h <b>Total.</b> Add lines 1a-1f			94,007.			
<b>Program Service Revenue</b>			Business Code				
	2 a St. David's HealthCare Partnershi		621990	136,552,714.	136,552,714.		
	b Other Program Income		621990	72,761.	72,761.		
	c						
	d						
	e						
	f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f			136,625,475.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			2,493,247.			2,493,247.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,299.			3,299.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
e <b>Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				139,216,028.	136,625,475.	0.	2,496,546.

**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	65,579,329.	65,579,329.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	938,182.	938,182.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,979,717.	511,992.	1,467,725.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,452,719.	4,993,644.	1,459,075.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	348,234.	255,778.	92,456.	
9 Other employee benefits	2,033,547.	1,444,797.	588,750.	
10 Payroll taxes	589,435.	404,064.	185,371.	
11 Fees for services (nonemployees):				
a Management				
b Legal	397,001.		397,001.	
c Accounting	101,942.		101,942.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	422,451.		422,451.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,453,410.	1,057,981.	395,429.	
12 Advertising and promotion	355,168.	37,506.	317,662.	
13 Office expenses	1,042,403.	395,266.	647,137.	
14 Information technology	507,040.	322,536.	184,504.	
15 Royalties				
16 Occupancy	1,096,801.	796,730.	300,071.	
17 Travel	239,405.	189,665.	49,740.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,039.	58,447.	100,592.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	538,433.	384,243.	154,190.	
23 Insurance	336,108.	100,126.	235,982.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Dental Program Supplies</u>	539,840.	539,840.		
b <u>Complex Dental Care Sub</u>	501,292.	501,292.		
c <u>Repairs and Maintenance</u>	268,592.	268,592.		
d <u>Friends &amp; Family Expen</u>	7,913.		7,913.	
e All other expenses	-416,883.		-416,883.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	85,471,118.	78,780,010.	6,691,108.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	98.	1	97.
	2 Savings and temporary cash investments	14,170,839.	2	21,625,656.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	45,285,835.	7	43,199,062.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,970,905.	9	3,063,465.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,637,596.		
	b Less: accumulated depreciation	10b 3,333,558.	3,139,619.	10c 3,304,038.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	575,143,240.	12	718,288,475.
	13 Investments - program-related. See Part IV, line 11	388,215,554.	13	419,699,167.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	53,849.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,028,979,939.	16	1,209,179,960.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	3,479,241.	17	698,701.
	18 Grants payable	39,122,452.	18	55,179,359.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	42,601,693.	26	55,878,060.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions		983,749,695.	27	1,150,668,828.
28 Net assets with donor restrictions		2,628,551.	28	2,633,072.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 <b>Total net assets or fund balances</b>		986,378,246.	32	1,153,301,900.
33 <b>Total liabilities and net assets/fund balances</b>		1,028,979,939.	33	1,209,179,960.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,216,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,471,118.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,744,910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	986,378,246.
5	Net unrealized gains (losses) on investments	5	113,178,744.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,153,301,900.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		<input checked="" type="checkbox"/>
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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

**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 03
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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**

- 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 (as 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

- 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.*

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.*

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
1		

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

- 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.*

	Yes	No
1		
2		
3		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**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.*

	Yes	No
2a		
2b		
3a		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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 H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**St. David's Foundation**

Employer identification number  
**74-1356589**

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

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?  
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:  
☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities  
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
<b>1a</b>	<input checked="" type="checkbox"/>	
<b>1b</b>	<input checked="" type="checkbox"/>	
<b>3a</b>	<input checked="" type="checkbox"/>	
<b>3b</b>	<input checked="" type="checkbox"/>	
<b>4</b>	<input checked="" type="checkbox"/>	
<b>5a</b>	<input checked="" type="checkbox"/>	
<b>5b</b>	<input checked="" type="checkbox"/>	
<b>5c</b>		<input checked="" type="checkbox"/>
<b>6a</b>	<input checked="" type="checkbox"/>	
<b>6b</b>	<input checked="" type="checkbox"/>	

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			55961034.	313,762.	55647272.	7.93%
<b>b</b> Medicaid (from Worksheet 3, column a)			50539870.	68506900.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			106500904	68820662.	55647272.	7.93%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			14655721.	0.	14655721.	2.09%
<b>f</b> Health professions education (from Worksheet 5)			2178722.	0.	2178722.	.31%
<b>g</b> Subsidized health services (from Worksheet 6)			0.	0.		
<b>h</b> Research (from Worksheet 7)			531,394.	70,455.	460,939.	.07%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			67131728.	0.	67131728.	9.56%
<b>j Total.</b> Other Benefits			84497565.	70,455.	84427110.	12.03%
<b>k Total.</b> Add lines 7d and 7j			190998469	68891117.	140074382	19.96%

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

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

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes No

1 X

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount

2 5,468,670.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3 0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)

5 174,578,461.

6 Enter Medicare allowable costs of care relating to payments on line 5

6 162,607,941.

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

7 11,970,520.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

3

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year?

9a X

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

9b X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 St. David's HealthCare Partnership, L.P., LLP	The Foundation owns a controlling interest in St. David's HealthCare Partnership, which operated four hospitals in Central Texas.	40.59%	.00%	.00%
2				

### Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? **4**

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

[illegible]



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.stdavidsfoundation.org/grantmaking/co</u>		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy. <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>www.stdavidsfoundation.org/grantmaking/community-nee</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group Facility Reporting Group A

- Did the hospital facility have in place during the tax year a written financial assistance policy that.
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
- If "Yes," indicate the eligibility criteria explained in the FAP:
- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %  
and FPG family income limit for eligibility for discounted care of 500 %
- b ☐ Income level other than FPG (describe in Section C)
- c ☒ Asset level
- d ☒ Medical indigency
- e ☒ Insurance status
- f ☒ Underinsurance status
- g ☒ Residency
- h ☐ Other (describe in Section C)
- 14** Explained the basis for calculating amounts charged to patients?
- 15** Explained the method for applying for financial assistance?
- If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
- a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e ☐ Other (describe in Section C)
- 16** Was widely publicized within the community served by the hospital facility?
- If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
- a ☒ The FAP was widely available on a website (list url) See Part V, Page 8
- b ☒ The FAP application form was widely available on a website (list url) See Part V, Page 8
- c ☒ A plain language summary of the FAP was widely available on a website (list url) See Part V, Page 8
- d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
- j ☐ Other (describe in Section C)

	Yes	No
13	X	
14	X	
15	X	
16	X	

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group Facility Reporting Group A

- 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:
- a ☐ Reporting to credit agency(ies)
  - b ☐ Selling an individual's debt to another party
  - c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
  - d ☐ Actions that require a legal or judicial process
  - e ☐ Other similar actions (describe in Section C)
  - f ☒ None of these actions or other similar actions were permitted
- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
- If "Yes," check all actions in which the hospital facility or a third party engaged:
- a ☐ Reporting to credit agency(ies)
  - b ☐ Selling an individual's debt to another party
  - c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
  - d ☐ Actions that require a legal or judicial process
  - e ☐ Other similar actions (describe in Section C)
- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):
- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
  - b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
  - c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
  - d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
  - e ☐ Other (describe in Section C)
  - f ☐ None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

**Policy Relating to Emergency Medical Care**

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

	Yes	No
21	X	
22		

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group Facility Reporting Group A**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

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

Facility Reporting Group APart V, line 16a, FAP website:[www.stdavids.com/patients-visitors/charity-discount-policy.dot](http://www.stdavids.com/patients-visitors/charity-discount-policy.dot)Facility Reporting Group APart V, line 16b, FAP Application website:[www.stdavids.com/patients-visitors/charity-discount-policy.dot](http://www.stdavids.com/patients-visitors/charity-discount-policy.dot)Facility Reporting Group APart V, line 16c, FAP Plain Language Summary website:[www.stdavids.com/patients-visitors/charity-discount-policy.dot](http://www.stdavids.com/patients-visitors/charity-discount-policy.dot)Schedule H, Part V, Section B. Facility Reporting Group AFacility Reporting Group A consists of:

- Facility 1: St. David's Medical Center
- Facility 2: St. David's North Austin Medical Center
- Facility 3: St. David's South Austin Medical Center
- Facility 4: St. David's Round Rock Medical Center

Group A-Facility 1 -- St. David's Medical Center

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis  
County, the reporting organization collaborated with Ascension Seton,  
Austin Public Health, Georgetown Health Foundation, and Baylor Scott and  
White. Through the collective effort, a focus group, interviews and online  
surveys were conducted from July 2018 August 2018 with leaders from a  
wide range of organizations in different sectors, community stakeholders,

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

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

and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 40 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of five interviews, 504 unique door-to-door interviews surveys and six focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged over 550 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Texas Department of State Health Services HSR 7, Central Texas Food Bank, Lake Travis ISD, Central Texas Catholic Charities, St. John Episcopal Church, Pleasant Hill Branch Public Library, William Cannon Apartment Homes, Booker T. Washington Terraces Public Housing Complex, North Austin YMCA, Pflugerville Library, and East Austin Stakeholder Focus Group.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation, and Bastrop County Cares. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and

**Part V Facility Information** (continued)

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

residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 34 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of six community input sessions and nine key informant interviews were conducted. Ultimately, the qualitative research engaged 39 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Smithville Hospital, Combined Community Action, Texas A&M AgriLife Extension Services, Veterans Affairs, Texas Association of Community Health Centers, Smithville School District, Bluebonnet Trails, Bastrop ISD, Ascension Catholic Church, and Lone Star Circle of Care.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation and Baylor Scott and White. Through the collective effort, two community input sessions and nine interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health

**Part V Facility Information** (continued)

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

needs and the resources for meeting those needs. The steering committee members contributed contact information for 15 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine key informant interviews and two focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged 24 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, San Marcos Public Library, City of Buda, Texas Department of State Health Services HSR 7, Central Texas Catholic Charities, Central Texas Food Bank and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Ascension Seton, Baylor Scott & White Health, Bluebonnet Trails Community Services, Georgetown Health Foundation, and Opportunities for Williamson and Burnet Counties, collectively referred to as the CHA Team. The CHA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, paper and electronic surveys, and focus groups with residents and stakeholders. Trained facilitators conducted eight focus groups with community members from a variety of groups including youth, non-English speakers, older



**Part V** Facility Information (continued)

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

adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 2,200 individual community members.

In preparation of the CHNA for Caldwell County, the reporting organization collaborated with Ascension Seton. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from the collaborating agencies made up a steering committee, which was responsible for designing the assessment. The steering committee members contributed contact information for five people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of two community input sessions and five key informant interviews were conducted.

Ultimately, the qualitative research engaged 25 individuals in discussions about the health issues they deemed critical in their community.

Organizations represented by these individuals include Texas A&M University Extension Services, Texas Association of Community Health Centers of South Central Texas, Lockhart WIC Program Clinic, Lockhart City Library, and City of Luling.

Group A-Facility 1 -- St. David's Medical Center

Part V, Section B, line 6a: See response to Line 5 above.

**Part V Facility Information** (continued)

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

Group A-Facility 1 -- St. David's Medical Center

Part V, Section B, line 6b: See response to Line 5 above.

Group A-Facility 1 -- St. David's Medical Center

Part V, Section B, line 7d: The Community Health Needs Assessments are made available on the facility's web page, [www.stdavids.com/locations/st-davids-medical-center](http://www.stdavids.com/locations/st-davids-medical-center)

Group A-Facility 1 -- St. David's Medical Center

Part V, Section B, line 11: The St. David's Foundation embraced the Affordable Care Act requirements to conduct community health needs assessments in the geographies of its medical facilities and create strategic implementation plans for each facility. St. David's augmented its area-based, collaborative, comprehensive community health planning efforts in Travis and Williamson Counties by leading similar assessments for Bastrop and Hays Counties and consolidating an assessment of community health needs across all communities in the medical facilities' geographies. The community health needs assessment (CHNA) process was data-led, evidence-based and reflective of key community partnerships.

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs conducted in 2016 (2016 CHNAs). These needs informed the priorities, goals, objectives, and strategies of the St. David's Strategic Implementation Plan that was adopted in April 2017 (2017 Strategic Implementation Plan).

**Part V Facility Information** (continued)

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

**Need Areas:**

1. Improved healthcare access, quality and insurance coverage
2. Improved health and well-being of children
3. Improved health and well-being of women
4. Improved health and well-being of seniors
5. Improved socioeconomic factors that contribute to health
6. Improved health and well-being in rural communities

These major findings from the 2016 CHNAs align well with the six established priority areas of St. David's Foundation as described in the 2017 Strategic Implementation Plan. During 2019, all enumerated areas highlighted by the 2016 CHNAs continued to be addressed by the 2017 Strategic Implementation Plan. A copy of the 2019 Strategic Initiatives, Indicators and Progress is attached as Exhibit H-1.

In addition to carrying out the 2017 Strategic Implementation Plan during 2019, St. David's Foundation also conducted new CHNAs during the year (2019 CHNAs). The Strategic Implementation Plan related to the 2019 CHNAs was formally adopted in April 2020 (2020 Strategic Implementation Plan). A copy of the 2020 Strategic Implementation Plan is attached as Exhibit H-2. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

Group A-Facility 2 -- St. David's North Austin Medical Center

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Ascension Seton, Austin Public Health, Georgetown Health Foundation, and Baylor Scott and

**Part V Facility Information** (continued)

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

White. Through the collective effort, a focus group, interviews and online surveys were conducted from July 2018 August 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 40 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of five interviews, 504 unique door-to-door interviews surveys and six focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged over 550 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Texas Department of State Health Services HSR 7, Central Texas Food Bank, Lake Travis ISD, Central Texas Catholic Charities, St. John Episcopal Church, Pleasant Hill Branch Public Library, William Cannon Apartment Homes, Booker T. Washington Terraces Public Housing Complex, North Austin YMCA, Pflugerville Library, and East Austin Stakeholder Focus Group.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation, and

**Part V Facility Information** (continued)

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

Bastrop County Cares. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 34 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of six community input sessions and nine key informant interviews were conducted. Ultimately, the qualitative research engaged 39 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Smithville Hospital, Combined Community Action, Texas A&M AgriLife Extension Services, Veterans Affairs, Texas Association of Community Health Centers, Smithville School District, Bluebonnet Trails, Bastrop ISD, Ascension Catholic Church, and Lone Star Circle of Care.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation and Baylor Scott and White. Through the collective effort, two community input sessions and nine interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community,

**Part V** Facility Information (continued)

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

their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 15 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine key informant interviews and two focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged 24 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, San Marcos Public Library, City of Buda, Texas Department of State Health Services HSR 7, Central Texas Catholic Charities, Central Texas Food Bank and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Ascension Seton, Baylor Scott & White Health, Bluebonnet Trails Community Services, Georgetown Health Foundation, and Opportunities for Williamson and Burnet Counties, collectively referred to as the CHA Team. The CHA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, paper and

**Part V Facility Information** (continued)

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

electronic surveys, and focus groups with residents and stakeholders.

Trained facilitators conducted eight focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 2,200 individual community members.

Group A-Facility 2 -- St. David's North Austin Medical Center

Part V, Section B, line 6a: See response to Line 5 above.

Group A-Facility 2 -- St. David's North Austin Medical Center

Part V, Section B, line 6b: See response to Line 5 above.

Group A-Facility 2 -- St. David's North Austin Medical Center

Part V, Section B, line 7d: The Community Health Needs Assessments are made available on the facility's web page, [www.stdavids.com/locations/st-davids-north-austin-medical-center](http://www.stdavids.com/locations/st-davids-north-austin-medical-center).

Group A-Facility 2 -- St. David's North Austin Medical Center

Part V, Section B, line 11: The St. David's Foundation embraced the Affordable Care Act requirements to conduct community health needs assessments in the geographies of its medical facilities and create strategic implementation plans for each facility. St. David's augmented its area-based, collaborative, comprehensive community health planning efforts in Travis and Williamson Counties by leading similar assessments for Bastrop and Hays Counties and consolidating an assessment of community health needs across all communities in the medical facilities'

**Part V Facility Information** (continued)

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

geographies. The community health needs assessment (CHNA) process was data-led, evidence-based and reflective of key community partnerships.

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs conducted in 2016 (2016 CHNAs). These needs informed the priorities, goals, objectives, and strategies of the St. David's Strategic Implementation Plan that was adopted in April 2017 (2017 Strategic Implementation Plan).

**Need Areas:**

1. Improved healthcare access, quality and insurance coverage
2. Improved health and well-being of children
3. Improved health and well-being of women
4. Improved health and well-being of seniors
5. Improved socioeconomic factors that contribute to health
6. Improved health and well-being in rural communities

These major findings from the 2016 CHNAs align well with the six established priority areas of St. David's Foundation as described in the 2017 Strategic Implementation Plan. During 2019, all enumerated areas highlighted by the 2016 CHNAs continued to be addressed by the 2017 Strategic Implementation Plan. A copy of the 2019 Strategic Initiatives, Indicators and Progress is attached as Exhibit H-1.

In addition to carrying out the 2017 Strategic Implementation Plan during 2019, St. David's Foundation also conducted new CHNAs during the year (2019 CHNAs). The Strategic Implementation Plan related to the 2019 CHNAs



**Part V Facility Information** (continued)

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

was formally adopted in April 2020 (2020 Strategic Implementation Plan).

A copy of the 2020 Strategic Implementation Plan is attached as Exhibit H-2. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

Group A-Facility 3 -- St. David's South Austin Medical Center

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Ascension Seton, Austin Public Health, Georgetown Health Foundation, and Baylor Scott and White. Through the collective effort, a focus group, interviews and online surveys were conducted from July 2018 August 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 40 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of five interviews, 504 unique door-to-door interviews surveys and six focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged over 550 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these

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

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

individuals include Texas Department of State Health Services HSR 7, Central Texas Food Bank, Lake Travis ISD, Central Texas Catholic Charities, St. John Episcopal Church, Pleasant Hill Branch Public Library, William Cannon Apartment Homes, Booker T. Washington Terraces Public Housing Complex, North Austin YMCA, Pflugerville Library, and East Austin Stakeholder Focus Group.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation, and Bastrop County Cares. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 34 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of six community input sessions and nine key informant interviews were conducted. Ultimately, the qualitative research engaged 39 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Smithville Hospital, Combined Community Action, Texas A&M AgriLife Extension Services, Veterans Affairs, Texas Association of Community

**Part V Facility Information** (continued)

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

Health Centers, Smithville School District, Bluebonnet Trails, Bastrop  
ISD, Ascension Catholic Church, and Lone Star Circle of Care.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation and Baylor Scott and White. Through the collective effort, two community input sessions and nine interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 15 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine key informant interviews and two focus groups with community stakeholders were conducted. Ultimately, the qualitative research engaged 24 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, San Marcos Public Library, City of Buda, Texas Department of State Health Services HSR 7, Central Texas Catholic Charities, Central Texas Food Bank and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health

**Part V Facility Information** (continued)

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

District, the WilCo Wellness Alliance, Ascension Seton, Baylor Scott & White Health, Bluebonnet Trails Community Services, Georgetown Health Foundation, and Opportunities for Williamson and Burnet Counties, collectively referred to as the CHA Team. The CHA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, paper and electronic surveys, and focus groups with residents and stakeholders. Trained facilitators conducted eight focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 2,200 individual community members.

In preparation of the CHNA for Caldwell County, the reporting organization collaborated with Ascension Seton. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from the collaborating agencies made up a steering committee, which was responsible for designing the assessment. The steering committee members contributed contact information for five people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering

**Part V Facility Information** (continued)

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

committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of two community input sessions and five key informant interviews were conducted.

Ultimately, the qualitative research engaged 25 individuals in discussions about the health issues they deemed critical in their community.

Organizations represented by these individuals include Texas A&M

University Extension Services, Texas Association of Community Health

Centers of South Central Texas, Lockhart WIC Program Clinic, Lockhart City Library, and City of Luling.

Group A-Facility 3 -- St. David's South Austin Medical Center

Part V, Section B, line 6a: See response to Line 5 above.

Group A-Facility 3 -- St. David's South Austin Medical Center

Part V, Section B, line 6b: See response to Line 5 above.

Group A-Facility 3 -- St. David's South Austin Medical Center

Part V, Section B, line 7d: The Community Health Needs Assessments are made available on the facility's web page,

[www.stdavids.com/locations/st-davids-south-austin-medical-center](http://www.stdavids.com/locations/st-davids-south-austin-medical-center)

Group A-Facility 3 -- St. David's South Austin Medical Center

Part V, Section B, line 11: The St. David's Foundation embraced the Affordable Care Act requirements to conduct community health needs

assessments in the geographies of its medical facilities and create

strategic implementation plans for each facility. St. David's augmented

its area-based, collaborative, comprehensive community health planning

**Part V Facility Information** (continued)

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

efforts in Travis and Williamson Counties by leading similar assessments for Bastrop and Hays Counties and consolidating an assessment of community health needs across all communities in the medical facilities' geographies. The community health needs assessment (CHNA) process was data-led, evidence-based and reflective of key community partnerships.

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs conducted in 2016 (2016 CHNAs). These needs informed the priorities, goals, objectives, and strategies of the St. David's Strategic Implementation Plan that was adopted in April 2017 (2017 Strategic Implementation Plan).

**Need Areas:**

1. Improved healthcare access, quality and insurance coverage
2. Improved health and well-being of children
3. Improved health and well-being of women
4. Improved health and well-being of seniors
5. Improved socioeconomic factors that contribute to health
6. Improved health and well-being in rural communities

These major findings from the 2016 CHNAs align well with the six established priority areas of St. David's Foundation as described in the 2017 Strategic Implementation Plan. During 2019, all enumerated areas highlighted by the 2016 CHNAs continued to be addressed by the 2017 Strategic Implementation Plan. A copy of the 2019 Strategic Initiatives, Indicators and Progress is attached as Exhibit H-1.

**Part V Facility Information** (continued)

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

In addition to carrying out the 2017 Strategic Implementation Plan during 2019, St. David's Foundation also conducted new CHNAs during the year (2019 CHNAs). The Strategic Implementation Plan related to the 2019 CHNAs was formally adopted in April 2020 (2020 Strategic Implementation Plan). A copy of the 2020 Strategic Implementation Plan is attached as Exhibit H-2. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

**Group A-Facility 4 -- St. David's Round Rock Medical Center**

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Ascension Seton, Austin Public Health, Georgetown Health Foundation, and Baylor Scott and White. Through the collective effort, a focus group, interviews and online surveys were conducted from July 2018 August 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 40 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of five interviews, 504 unique door-to-door interviews surveys and six focus groups with community

**Part V Facility Information** (continued)

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

stakeholders were conducted. Ultimately, the qualitative research engaged over 550 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Texas Department of State Health Services HSR 7, Central Texas Food Bank, Lake Travis ISD, Central Texas Catholic Charities, St. John Episcopal Church, Pleasant Hill Branch Public Library, William Cannon Apartment Homes, Booker T. Washington Terraces Public Housing Complex, North Austin YMCA, Pflugerville Library, and East Austin Stakeholder Focus Group.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Ascension Seton, Georgetown Health Foundation, and Bastrop County Cares. Through the collective effort, key informant interviews were conducted in August of 2018 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. The CHNA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The steering committee members contributed contact information for 34 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of six community input sessions and nine key informant interviews were conducted. Ultimately, the qualitative research engaged 39 individuals in discussions about the health issues they deemed critical in



**Part V Facility Information** (continued)

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

their community. Organizations represented by these individuals include Smithville Hospital, Combined Community Action, Texas A&M AgriLife Extension Services, Veterans Affairs, Texas Association of Community Health Centers, Smithville School District, Bluebonnet Trails, Bastrop ISD, Ascension Catholic Church, and Lone Star Circle of Care.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Ascension Seton, Baylor Scott & White Health, Bluebonnet Trails Community Services, Georgetown Health Foundation, and Opportunities for Williamson and Burnet Counties, collectively referred to as the CHA Team. The CHA Team used the NACCHO MAPP process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, paper and electronic surveys, and focus groups with residents and stakeholders. Trained facilitators conducted eight focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 2,200 individual community members.

Group A-Facility 4 -- St. David's Round Rock Medical Center

Part V, Section B, line 6a: See response to Line 5 above.

**Part V Facility Information** (continued)

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

Group A-Facility 4 -- St. David's Round Rock Medical Center

Part V, Section B, line 6b: See response to Line 5 above.

Group A-Facility 4 -- St. David's Round Rock Medical Center

Part V, Section B, line 7d: The Community Health Needs Assessments are made available on the facility's web page,

[www.stdavidss.com/locations/st-davids-round-rock-medical-center](http://www.stdavidss.com/locations/st-davids-round-rock-medical-center)

Group A-Facility 4 -- St. David's Round Rock Medical Center

Part V, Section B, line 11: The St. David's Foundation embraced the Affordable Care Act requirements to conduct community health needs assessments in the geographies of its medical facilities and create strategic implementation plans for each facility. St. David's augmented its area-based, collaborative, comprehensive community health planning efforts in Travis and Williamson Counties by leading similar assessments for Bastrop and Hays Counties and consolidating an assessment of community health needs across all communities in the medical facilities' geographies. The community health needs assessment (CHNA) process was data-led, evidence-based and reflective of key community partnerships.

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs conducted in 2016 (2016 CHNAs). These needs informed the priorities, goals, objectives, and strategies of the St. David's Strategic Implementation Plan that was adopted in April 2017 (2017 Strategic Implementation Plan).

Need Areas:

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

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

1. Improved healthcare access, quality and insurance coverage

2. Improved health and well-being of children

3. Improved health and well-being of women

4. Improved health and well-being of seniors

5. Improved socioeconomic factors that contribute to health

6. Improved health and well-being in rural communities

These major findings from the 2016 CHNAs align well with the six established priority areas of St. David's Foundation as described in the 2017 Strategic Implementation Plan. During 2019, all enumerated areas highlighted by the 2016 CHNAs continued to be addressed by the 2017 Strategic Implementation Plan. A copy of the 2019 Strategic Initiatives, Indicators and Progress is attached as Exhibit H-1.

In addition to carrying out the 2017 Strategic Implementation Plan during 2019, St. David's Foundation also conducted new CHNAs during the year (2019 CHNAs). The Strategic Implementation Plan related to the 2019 CHNAs was formally adopted in April 2020 (2020 Strategic Implementation Plan). A copy of the 2020 Strategic Implementation Plan is attached as Exhibit H-2. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.



**Part VI** Supplemental Information

Provide the following information.

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

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**Part I, Line 3c:**

In compliance with IRC Section 501(r), the hospitals provide 100%  
financial assistance (Charity Care) for eligible patients with income  
equal to or less than 200% of the Federal Poverty Guidelines (FPG). For  
eligible patients with income over 200% FPG and equal to 500% or less than  
FPG, discounts are provided on a sliding scale. Eligibility is determined  
using various sources of documentation and income verification. Throughout  
2019, the accounts for individuals without any health insurance who live  
in low income zip codes and who failed to respond to collection efforts  
were removed from accounts receivable and treated as charity care.

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**Part I, Line 7:**

The hospitals utilize the cost to charge ratio from the audited financial  
statements.

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**Part I, Ln 7 Col(f):**

Bad debts are excluded from the calculation of total expenses.

**Part VI** Supplemental Information (Continuation)**Part II, Community Building Activities:**

All of the hospitals are active in the community promoting health of Central Texans. The Foundation provides significant grants each year to numerous agencies and local safety net clinics. The Foundation focuses its funding on six key areas that will improve the health and health care of all Central Texans.

**Part III, Line 4:**

St. David's Foundation's proportionate share of bad debt expense from its ownership interest in St. David's Healthcare Partnership, LP, LLP (the "Partnership") is reported on Schedule H, Part III, Line 2. Following is the footnote to the Partnership's audited financial statements which describes bad debt expense:

"The SDHP [the Partnership] records a provision for doubtful accounts (based primarily on historical collection experience) related to uninsured accounts at the estimated net self-pay revenues the Partnership expects to collect. Adverse changes in general economic conditions, business office operations, payor mix, or trends in federal or state governmental health coverage could affect the Partnership's collection of accounts receivable, cash flows, and results of operations."

**Part III, Line 8:**

The amounts reported on Part III, Lines 5-7 have been determined by aggregating the information from the individual facility cost report(s) for each of the Hospitals operated by SDHP [St. David's Healthcare Partnership, LP, LLP]. The Hospitals operated by SDHP may have cost report year ends other than December 31, 2019. Accordingly, for a

**Part VI** Supplemental Information (Continuation)

facility with a non-calendar cost report year end, the cost report that was filed for the cost report year end that ended during 2019 was utilized. It is important to note that amounts included in lines 5-7 do not include Medicare revenue and related cost for freestanding ambulatory surgery services and for physician services.

**Part III, Line 9b:**

The hospital facilities do not take any actions listed in Schedule H, Part V, Section B, Lines 18 and 19. The facilities write off all charity care and in compliance with IRC Section 501(r), do not pursue collection on patients who qualify for charity care.

**Part I, Line 7b:**

**Part III, Line 1:** Hospitals controlled by the Foundation determine bad debt and charity care in accordance with GAAP and with IRC Section 501(r). Whether bad debt is determined in accordance with Statement 15 requirements is a more difficult issue.

Statement 15 requires hospitals to recognize revenue only when collections are reasonably assured and for an amount that is determinable. Most hospitals, including those controlled by the Foundation, use mathematical models based on prior history to determine the percentage of patient billings that is likely to result in bad debt.

For this reason, and out of an abundance of caution, the Foundation has answered "no" to whether Statement 15 is followed. Despite the best efforts of HMFA to assist hospitals in determining the difference

**Part VI** Supplemental Information (Continuation)

between patients who have the capacity to pay for their care but won't pay and patients who lack the capacity to pay, the determination always involves judgment. However, the hospitals controlled by the Foundation determine charity care on the core principles set forth in Statement 15, including specific criteria for charity care, a specific time of determination, record keeping, disclosure of the charity care policy and valuation of charity care at cost.

**Part I, Lines 6a and 6b:**

St. David's Healthcare Partnership, LP, LLP files annual Statements of Community Benefits as required by the Texas Department of State Health Services.

**Part VI, Line 2:**

The Partnership Strategic Planning Process continually assesses and addresses the needs of the community. The Foundation recently participated in a capacity study for the surrounding service area to assess the overall community needs. The Foundation's Grants Program addresses the needs of the service area.

**Part VI, Line 3:**

Each hospital posts a summary of its charity care policy in admission areas, emergency rooms, and other areas where eligible patients are likely to be present. The hospitals' Condition of Admission consent informs the patients that they may be eligible for financial assistance or charity care and they may request information about these programs. A summary of the financial assistance program is provided to the patient during the



**Part VI** Supplemental Information (Continuation)

intake and discharge processes. Patients are informed of availability of various government benefits, such as Medicaid, and receive assistance with the qualification for such programs, where applicable.

**Part VI, Line 4:**

The hospitals are located in Travis and Williamson counties. The patients are predominately from Travis, Williamson and Hays counties. The Foundation's grant program recipients closely align with patient demographics served at the hospitals.

**Part VI, Line 5:**

The hospitals operate as exempt hospitals; they have open emergency rooms and medical staff. The Foundation invests its share of earnings from the hospitals into programs in Central Texas that increase access to healthcare.

**Part VI, Line 6:**

The Foundation is a general partner in St. David's Healthcare, a hospital system that meets the Community Benefit Standard and the requirements of the Affordable Care Act in delivering hospital care to Central Texas. In addition, the Foundation has assessed the unmet healthcare needs of Central Texas and uses the earnings from the hospitals to meet those needs in many ways. The Foundation makes grants to charities in Central Texas meeting the healthcare needs of the indigent. The Foundation also makes grants to educational institutions to support medical education. The Foundation's affiliates give needs-based scholarships to students pursuing healthcare careers. In addition, the Foundation provides free dental care to the children in more than 50 low income schools and to the adult

**Part VI** Supplemental Information (Continuation)

patients of safety net clinics in Central Texas, and it pays for  
discounted eye exams and eyeglasses for low income Central Texans.

Part VI, Line 7, List of States Receiving Community Benefit Report:

TX

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>St. David's Foundation</b>	Employer identification number <b>74-1356589</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		35,389.
<b>j</b> Total. Add lines 1c through 1i			35,389.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

The Schedule K-1 from St. David's Healthcare Partnership, LP (the "Partnership") included \$35,134 of lobbying expenditures, which constituted the portion of the organization's annual association dues dedicated to lobbying activities.

**Part IV** Supplemental Information (continued)

In addition to amounts reported on the above-mentioned Schedule K-1, the Partnership participated in direct contact with local legislators. David Huffstutler, CEO of the Partnership, spent two hours on lobbying activities during 2019. The amount reported on Line 1g above reflects the costs of these activities based upon hourly rates of compensation and allocable overhead for the officer involved.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

**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.

- 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

(a) Donor advised funds

(b) Funds and other accounts

- 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?
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No☐ Yes ☐ No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

- ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

Held at the End of the Tax Year

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a	
2b	
2c	
2d	

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

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

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, 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	2,628,551.	2,623,278.	2,620,553.	2,619,269.	2,623,782.
b Contributions					
c Net investment earnings, gains, and losses	4,521.	5,273.	2,725.	1,284.	-4,513.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,633,072.	2,628,551.	2,623,278.	2,620,553.	2,619,269.

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 ☒ 100.00 %  
 c Term 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

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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				
c Leasehold improvements				
d Equipment				
e Other		6,637,596.	3,333,558.	3,304,038.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,304,038.

Schedule D (Form 990) 2019



**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) TIFF Partnership		
(B) Investments	132,354,677.	End-of-Year Market Value
(C) Vanguard Funds	42,228,726.	End-of-Year Market Value
(D) State Street Funds	3,382,803.	End-of-Year Market Value
(E) JAZZ Funds	3,568,583.	End-of-Year Market Value
(F) Summit Rock Portfolios	531,582,960.	End-of-Year Market Value
(G) Upfront Funds	3,535,342.	End-of-Year Market Value
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	718,288,475.	

**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) St. David's Healthcare		
(2) Partnership, LP, LLP	419,699,167.	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	419,699,167.	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**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.

**Part V, line 4:**

The Key Endowment funds will be used for nursing scholarships at Texas State University.

**Part X, Line 2:**

The Foundation, Holdings, Community Fund, and Initiatives are public, nonprofit 501(C)(3) organizations exempt from federal income taxes under Section 501(C)(3) of the Internal Revenue Code, except to the extent they have unrelated business activities. As such, no provision for federal income taxes has been made in the accompanying consolidated financial statements related to these four entities.

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

The Financial Accounting Standards Board (FASB) provides guidance for how uncertain tax positions should be recognized, measured, disclosed and presented in the consolidated financial statements. This requires the evaluation of tax positions taken or expected to be taken in the course of preparing the Foundation's tax return to determine whether the tax positions are "more likely than not" of being sustained "when challenged" or "when examined" by the applicable tax authority. Tax positions not deemed to meet the more likely than not threshold would be recorded as a tax benefit or expense and liability in the current year. Management has determined there are no material uncertain income tax positions.

The Foundation's policy is to record interest and penalty expense related to income taxes as interest and other expense, respectively. At December 31, 2019 and 2018, no interest or penalties have been or are required to be accrued.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.932421 04-01-19

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**St. David's Foundation**

Employer identification number  
**74-1356589**

**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
Affordable Central Texas 2525 Wallingwood Dr Bldg 13 Austin, TX 78746	81-3188845	501(c)(3)	300,000.	0.			Health Access Grant
African American Youth Harvest Foundation - 6633 Hwy 290 East, Suite 307 - Austin, TX 78723	20-8592001	501(c)(3)	135,000.	0.			Health Access Grant
AIDS Services of Austin 7215 Cameron Rd Austin, TX 78752	74-2440845	501(c)(3)	539,881.	0.			Health Access Grant
Allison Orr Dance Inc aka Forklift Danceworks - 2023 E Cesar Chavez St - Austin, TX 78702	01-0812720	501(c)(3)	10,000.	0.			Health Access Grant
Alzheimer's Association Capital of Texas Chapter - 5508 Highway 290 West Suite 206 - Austin, TX 78735	13-3039601	501(c)(3)	225,440.	0.			Health Access Grant
Alzheimer's Texas, Inc. 7719 Wood Hollow Dr Ste 157 Austin, TX 78731	74-2286105	501(c)(3)	67,500.	0.			Health Access Grant

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

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

**145.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
Amy Baby Can 6207 Sheridan Avenue Austin, TX 78723	74-2684335	501(c)(3)	642,194.	0.			Health Access Grant
Austin Area Human Services Association, Inc. - PO Box 300152 - Austin, TX 78703	74-2314772	501(c)(3)	75,000.	0.			Health Access Grant
Austin Child Guidance Center 810 W 45th St Austin, TX 78751	74-1166783	501(c)(3)	541,780.	0.			Health Access Grant
Austin Clubhouse PO Box 300568 Austin, TX 78703	90-0505527	501(c)(3)	119,600.	0.			Health Access Grant
Austin Cops for Charities 5817 Wilcab Rd Austin, TX 78721	26-1125268	501(c)(3)	21,000.	0.			Health Access Grant
Austin Film Society 1901 E. 51st Street Austin, TX 78723	74-2433823	501(c)(3)	30,500.	0.			Health Access Grant
Austin Groups for the Elderly 3710 Cedar St, Box 2 Austin, TX 78705	74-2431028	501(c)(3)	2,499,859.	0.			Health Access Grant
Austin Health Commons 2200 Riverview St. Austin, TX 78702	81-2872043	501(c)(3)	100,000.	0.			Health Access Grant
Austin Latino/a Lesbian & Gay Organization (Alligo) - 701 Tillery St., Ste 4 - Austin, TX 78702	74-2495181	501(c)(3)	100,000.	0.			Health Access Grant

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Austin Palliative Care 4107 Spicewood Springs Rd Ste 100 Austin, TX 78759	74-3000910	501(c)(3)	505,000.	0.			Health Access Grant
Austin Parks Foundation 507 Calles Street Suite 116 Austin, TX 78702	74-2648803	501(c)(3)	957,327.	0.			Health Access Grant
Austin Pathways 6002 Oakclaire Ln Austin, TX 78735	46-1330217	501(c)(3)	12,050.	0.			Health Access Grant
Austin Public Education Foundation 1111 W. 6th Austin, TX 78703	74-2654168	501(c)(3)	1,193,983.	0.			Health Access Grant
Austin Recovery 4201 South Congress Ave No 202 Austin, TX 78745	74-1609108	501(c)(3)	817,789.	0.			Health Access Grant
Austin Speech Labs 7800 Shoal Creek Blvd, Ste 136-S Austin, TX 78757	26-2137242	501(c)(3)	491,298.	0.			Health Access Grant
Austin Travis County Integral Care PO Box 3548 Austin, TX 78764	74-1547909	501(c)(3)	1,507,351.	0.			Health Access Grant
Austin UP PO Box 29874 Austin, TX 78755	38-3945674	501(c)(3)	25,000.	0.			Health Access Grant
Bastrop Community Cares 301 Highway 71 W Ste 111 Bastrop, TX 78602	55-0853118	501(c)(3)	15,000.	0.			Health Access Grant

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Bastrop County Cares 804 Pecan St Bastrop, TX 78602	47-3250104	501(c)(3)	203,308.	0.			Health Access Grant
Bastrop County Emergency Food Bank 806 Fayette St Bastrop, TX 78602	74-2485884	501(c)(3)	70,584.	0.			Health Access Grant
Bastrop County Women's Shelter 431 Old Austin Hwy Bastrop, TX 78602	74-2304542	501(c)(3)	134,750.	0.			Health Access Grant
Black Douglas for Black Mamas 2900 W Anderson Ln, Ste C200-310 Austin, TX 78757	82-5265336	501(c)(3)	25,000.	0.			Health Access Grant
Blackland Community Development Corp. - 1902 E 22nd St - Austin, TX 78722	74-2279246	501(c)(3)	7,100.	0.			Health Access Grant
Bluebonnet Trails Community MHMR Center - 1009 N Georgetown St - Round Rock, TX 78664	74-2795332	501(c)(3)	303,951.	0.			Health Access Grant
BookSpring 2006 Greenbrook Parkway Austin, TX 78723	74-2542664	501(c)(3)	10,000.	0.			Health Access Grant
Boys and Girls Club of East Williamson County - 304 W Avenue B - Killeen, TX 76541	83-2330323	501(c)(3)	75,000.	0.			Health Access Grant
Boys and Girls Club of the Austin Area - 303 W Johanna St - Austin, TX 78704	74-6087356	501(c)(3)	338,467.	0.			Health Access Grant

Schedule I (Form 990)



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Brighter Bites PO Box 25456 Houston, TX 77265	47-4070026	501(c)(3)	75,000.	0.			Health Access Grant
Camp Fire Central Texas PO Box 303040 Austin, TX 78703	74-1552713	501(c)(3)	101,689.	0.			Health Access Grant
Capital Area Council of Governments - 6800 Burleson Rd Building 310 Suite 165 - Austin, TX 78744	74-1689381	501(c)(3)	99,885.	0.			Health Access Grant
Capital Area Initiatives Foundation, Inc. - 6800 Burleson Rd Ste 165 - Austin, TX 78744	74-2934978	501(c)(3)	200,000.	0.			Health Access Grant
Capital Idea PO Box 1784 Austin, TX 78767	74-2893041	501(c)(3)	1,156,411.	0.			Health Access Grant
Cardea Services 8800 Business Park Dr Bldg C-6 Ste Austin, TX 78759	94-2401949	501(c)(3)	170,000.	0.			Health Access Grant
CATCH Global Foundation 8000 CENTRE PARK DRIVE SUITE 350 Austin, TX 78754	46-5369024	501(c)(3)	10,000.	0.			Health Access Grant
Center for Child Protection 8509 FH 969, Bldg C Austin, TX 78724	74-2562585	501(c)(3)	163,827.	0.			Health Access Grant
Central Texas Food Bank 6500 Metropolis Drive Austin, TX 78744	74-2217350	501(c)(3)	263,618.	0.			Health Access Grant

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Central Texas Palliative Care Associates - 4107 Spicewood Springs Rd Ste 100 - Austin, TX 78759	74-3000910	501(c)(3)	200,458.	0.			Health Access Grant
Children's Defense Fund 25 E Street NW Washington, DC 20001	52-0895622	501(c)(3)	75,000.	0.			Health Access Grant
City of Lockhart 308 W. San Antonio St Lockhart, TX 78644		City of Lockhart	125,000.	0.			Health Access Grant
City of Luling 509 E. Crockett Luling, TX 78648		City of Luling	251,931.	0.			Health Access Grant
Coalition of Texans with Disabilities - 1716 San Antonio St. - Austin, TX 78701	74-2071160	501(c)(3)	160,633.	0.			Health Access Grant
Combined Community Action, Inc. 165 W Austin St Giddings, TX 78942	74-1548511	501(c)(3)	40,000.	0.			Health Access Grant
Communicare Barrio Comprehensive Family Care - 3066 Commerce - San Antonio, TX 78220	74-1724391	501(c)(3)	1,473,313.	0.			Health Access Grant
Communities in Schools 3000 S IH 35 Austin, TX 78704	74-2369020	501(c)(3)	567,427.	0.			Health Access Grant
Community Health Centers of South Central Texas - 228 St. George St - Gonzales, TX 78629	74-1548089	501(c)(3)	1,215,520.	0.			Health Access Grant

Schedule I (Form 990)

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Council On At-Risk Youth 3710 Cedar St Ste 23 Austin, TX 78705	74-2921243	501(c)(3)	76,640.	0.			Health Access Grant
Court Appointed Special Advocates of Travis County - 7600 Chevy Chase Dr, Ste 200 - Austin, TX 78752	74-2369123	501(c)(3)	50,000.	0.			Health Access Grant
Creative Action Project 2921 E. 17th Street, Bldg B, Box 7 Austin, TX 78702	74-2856925	501(c)(3)	169,399.	0.			Health Access Grant
Drive A Senior PO Box 743 Georgetown, TX 78627	20-3414707	501(c)(3)	253,800.	0.			Health Access Grant
E4 Youth Inc. 4302 Airport Blvd Austin, TX 78722	46-2878544	501(c)(3)	80,000.	0.			Health Access Grant
Easter Seals of Central Texas 1611 Headway Circle Austin, TX 78754	75-0808811	501(c)(3)	50,000.	0.			Health Access Grant
Economic Growth Business Incubator 1144 Airport Blvd Ste 260 Austin, TX 78702	90-0128899	501(c)(3)	165,621.	0.			Health Access Grant
El Buen Samaritano 7000 Woodhue Austin, TX 78745	74-2488682	501(c)(3)	399,432.	0.			Health Access Grant
Excellence and Advancement Foundation - 809 Indian Run Dr - Pflugerville, TX 78660	47-2738914	501(c)(3)	55,000.	0.			Health Access Grant

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Faith in Action Senior Access 10633 Lake Creek Pkwy (inside Anderson Mill Bap - Austin, TX 78750	74-2431073	501(c)(3)	253,632.	0.			Health Access Grant
Family Eldercare 2210 Hancock Dr Austin, TX 78756	74-2286387	501(c)(3)	1,399,809.	0.			Health Access Grant
Family Independence Initiative PO Box 71363 Oakland, CA 94612	02-0784790	501(c)(3)	300,000.	0.			Health Access Grant
Fannie E. Rippel Foundation 14 Maple Ave Morristown, NJ 07960	22-1559427	501(c)(3)	100,000.	0.			Health Access Grant
Foundation Communities 3036 S. First St Austin, TX 78704	74-2563260	501(c)(3)	1,145,269.	0.			Health Access Grant
Front Steps PO Box 684519 Austin, TX 78768	74-2824054	501(c)(3)	161,916.	0.			Health Access Grant
Georgetown Caring Place PO Box 1215 Georgetown, TX 78627	74-2386902	501(c)(3)	187,143.	0.			Health Access Grant
Ghisallo Foundation 911 Walter Street Austin, TX 78702	45-3031077	501(c)(3)	38,249.	0.			Health Access Grant
GO! Austin/Vamos! Austin 3710 Cedar St, Ste 230 Austin, TX 78705	83-0915321	501(c)(3)	105,259.	0.			Health Access Grant

Schedule I (Form 990)

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Guadalupe Neighborhood Development Corp. - 813 E 8th Street - Austin, TX 78702	74-2247265	501(c)(3)	25,000.	0.			Health Access Grant
Half Helen Foundation PO Box 14011 Austin, TX 78761	46-2808051	501(c)(3)	250,000.	0.			Health Access Grant
Hand to Hold 13740 Research Blvd, Ste G1 Austin, TX 78750	27-3802900	501(c)(3)	73,333.	0.			Health Access Grant
Hays-Caldwell Women's Center PO Box 234 San Marcos, TX 78667	74-2020505	501(c)(3)	305,326.	0.			Health Access Grant
Health Alliance for Austin Musicians - PO Box 301496 - Austin, TX 78703	74-1934031	501(c)(3)	330,437.	0.			Health Access Grant
Healthy Futures of Texas 2300 W Commerce 212 San Antonio, TX 78207	20-5793076	501(c)(3)	100,000.	0.			Health Access Grant
Hill Country Community Ministries Inc. - PO Box 1064 - Leander, TX 78646	74-2309435	501(c)(3)	100,000.	0.			Health Access Grant
Hospice Austin 4107 Spicewood Springs Blvd Austin, TX 78759	74-2200596	501(c)(3)	785,090.	0.			Health Access Grant
Housing Authority of the City of Austin - 8011a Cameron Rd Ste A00 - Austin, TX 78754	74-1890518	501(c)(3)	160,000.	0.			Health Access Grant

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Huston-Tillotson University 900 Chicon St Austin, TX 78702	74-1180151	501(c)(3)	490,729.	0.			Health Access Grant
I Live Here, I Give Here 1210 Rosewood Avenue Austin, TX 78702	90-0647614	501(c)(3)	300,000.	0.			Health Access Grant
Interagency Support Council of Eastern Williamson County - 400 Porter St - Taylor, TX 76574	84-1636308	501(c)(3)	199,025.	0.			Health Access Grant
Jeremiah Program 615 1st Avenue NE Suite 210 Minneapolis, MN 55413	41-1801834	501(c)(3)	91,181.	0.			Health Access Grant
KABOOM! Inc. 4301 Connecticut Ave, NW, Ste ML-1 Washington, DC 20008	52-1970904	501(c)(3)	165,000.	0.			Health Access Grant
Leadership Austin 1609 SHOAL CREEK BLVD STE 202 Austin, TX 78701	74-2967463	501(c)(3)	160,000.	0.			Health Access Grant
Learn All the Time Network 8509 FM 969 Building 509 Austin, TX 78724	20-0014500	501(c)(3)	75,000.	0.			Health Access Grant
LifeWorks 3700 S. 1st St Austin, TX 78704	74-2137189	501(c)(3)	1,423,212.	0.			Health Access Grant
Light and Salt Association 9800 Town Park Dr Houston, TX 77036	76-0604950	501(c)(3)	50,000.	0.			Health Access Grant

Schedule I (Form 990)

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Lone Star Association of Charitable Clinics - PO Box 684127 - Austin, TX 78768	33-1115138	501(c)(3)	110,100.	0.			Health Access Grant
Lone Star Circle of Care 1500 W. University Ave Georgetown, TX 78628	74-3001674	501(c)(3)	6,240,619.	0.			Health Access Grant
Lyndon Baines Johnson Foundation 2313 Red River St Austin, TX 78705	74-1774063	501(c)(3)	50,000.	0.			Health Access Grant
Manor Independent School District 10335 US Hwy 290E Manor, TX 78653		City of Manor	50,000.	0.			Health Access Grant
Manos de Cristo 4911 Harmon Ave Austin, TX 78751	74-2511974	501(c)(3)	434,920.	0.			Health Access Grant
Marathon Kids PO Box 5501 Austin, TX 78763	06-1722171	501(c)(3)	160,009.	0.			Health Access Grant
Meadows Mental Health Policy Institute for Texas - 2800 Swiss Ave - Dallas, TX 75204	46-3992618	501(c)(3)	100,311.	0.			Health Access Grant
Meals on Wheels and More 3227 E. 5th St Austin, TX 78702	23-7202594	501(c)(3)	2,499,621.	0.			Health Access Grant
Measure Austin 2921 E 17th St, Bldg D, Box 6 Austin, TX 78702	82-2372196	501(c)(3)	5,160.	0.			Health Access Grant

## Schedule I (Form 990) St. David's Foundation

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Mission Capital 8303 N. MoPac Expwy Suite A201 Austin, TX 78759	74-2992877	501(c)(3)	402,145.	0.			Health Access Grant
Mobile Loaves & Fishes Inc. 903 S Capital Of Texas Hwy Austin, TX 78746	74-2956081	501(c)(3)	352,397.	0.			Health Access Grant
The New Philanthropists 2819 Lyons Rd Austin, TX 78702	82-1819025	501(c)(3)	75,000.	0.			Health Access Grant
Pavilion Clubhouse of Round Rock 4010 Sam Bass Rd Round Rock, TX 78681	82-0704511	501(c)(3)	60,000.	0.			Health Access Grant
People's Community Clinic 2909 N. IH 35 Austin, TX 78722	23-7087608	501(c)(3)	2,043,824.	0.			Health Access Grant
Planned Parenthood 201 East Ben White Blvd Austin, TX 78704	37-1515621	501(c)(3)	1,058,655.	0.			Health Access Grant
Power for Parkinsons 5555 N Lamar Blvd, Ste L121 Austin, TX 78751	47-4394675	501(c)(3)	20,000.	0.			Health Access Grant
Project Normalization, Inc. dba Open Door Preschool - 3804 Cherrywood Road - Austin, TX 78722-1218	74-1834374	501(c)(3)	10,000.	0.			Health Access Grant
Round Rock Serving Center PO Box 5006 Round Rock, TX 78683	74-2454410	501(c)(3)	243,186.	0.			Health Access Grant

Schedule I (Form 990)



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Sacred Heart Community Clinic PO Box 5845 Round Rock, TX 78683	27-2901548	501(c)(3)	7,500.	0.			Health Access Grant
Saint Louise House PO Box 150637 Austin, TX 78715	74-2968167	501(c)(3)	133,519.	0.			Health Access Grant
Samaritan Health Ministries PO Box 133 Cedar Park, TX 78630	74-2570190	501(c)(3)	148,275.	0.			Health Access Grant
Seedling Foundation 8001 Centre Park Drive Austin, TX 78754	74-2841791	501(c)(3)	10,000.	0.			Health Access Grant
SIMS Foundation PO Box 2152 Austin, TX 78768	74-2766013	501(c)(3)	109,111.	0.			Health Access Grant
Spirit Reins Inc 2055 CR 284 Liberty Hill, TX 78642	06-1692909	501(c)(3)	88,715.	0.			Health Access Grant
Sustainable Food Center 1106 Clayton Lane Austin, TX 78723	74-2441468	501(c)(3)	147,546.	0.			Health Access Grant
Swan Songs Musical Last Wishes, Inc. - PO Box 41475 - Austin, TX 78704	20-3174875	501(c)(3)	10,000.	0.			Health Access Grant
Texans Care for Children Inc 1106 Clayton Lane Austin, TX 78723	75-2687008	501(c)(3)	45,292.	0.			Health Access Grant

Schedule I (Form 990)

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Texas A&M Foundation 401 George Bush Dr College Station, TX 77840	74-2245072	501(c)(3)	431,250.	0.			Health Access Grant
Texas Applesseed 1609 Shoal Creek, Ste 201 Austin, TX 78701	74-2804268	501(c)(3)	37,500.	0.			Health Access Grant
Texas Campaign to Prevent Teen Pregnancy Inc. - PO Box 10357 - Austin, TX 78766	26-4012273	501(c)(3)	20,000.	0.			Health Access Grant
Texas Department of Agriculture 1700 North Congress, 11th Floor Austin, TX 78701		State of Texas	865,218.	0.			Health Access Grant
Texas Higher Education Coordinating Board - 1200 E. Anderson Lane - Austin, TX 78752	74-6016766	State of Texas	346,587.	0.			Health Access Grant
Texas Pediatric Society 401 West 15th Street Austin, TX 78701	75-1499413	501(c)(3)	207,531.	0.			Health Access Grant
Texas Ramp Project P.O. Box 832065 Richardson, TX 75083	33-1139484	501(c)(3)	155,203.	0.			Health Access Grant
Texas Scottish Rite Hospital 2222 Welborn St Dallas, TX 75219	75-0818178	501(c)(3)	50,000.	0.			Health Access Grant
Texas State University 601 University Drive San Marcos, TX 78666	74-1946138	501(c)(3)	683,788.	0.			Nursing Scholarships

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Texas Tech Foundation Inc. PO Box 45025 Lubbock, TX 79409	75-6043842	501(c)(3)	150,000.	0.			Health Access Grant
Texas Tribune, Inc. 919 Congress Ave Austin, TX 78701	26-4527097	501(c)(3)	30,000.	0.			Health Access Grant
The ARC of the Capital Area 4902 Grove Ave Austin, TX 78756	74-1294429	501(c)(3)	10,000.	0.			Health Access Grant
The Final Acts Project 8903 Perch Cove Austin, TX 78717	47-0996466	501(c)(3)	50,000.	0.			Health Access Grant
The SAFE Alliance P.O. Box 19454 Austin, TX 78760-9454	74-2320657	501(c)(3)	1,351,059.	0.			Health Access Grant
Todos Juntos Learning Center PO BOX 41213 Austin, TX 78704	46-3028927	501(c)(3)	70,000.	0.			Health Access Grant
United Way for Greater Austin 2000 E Martin Luther King Jr. Blvd Austin, TX 78702	74-1193439	501(c)(3)	705,879.	0.			Health Access Grant
United Way of Williamson County PO Box 708 Round Rock, TX 78680	23-7396732	501(c)(3)	12,000.	0.			Health Access Grant
University of Texas at Austin PO Box 7726 Austin, TX 78713	74-6000203	State of Texas	1,101,144.	0.			Health Access Grant

Schedule I (Form 990)

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University of Texas Health Science Center (Houston) - 7000 Fannin St - Houston, TX 77030	74-1761309	State of Texas	12,000.	0.			Health Access Grant
University of Texas Health Science Center at Tyler - 11937 US Hwy 271 - Tyler, TX 75708	75-1396988	State of Texas	222,662.	0.			Health Access Grant
Austin Youth & Community Farm, Inc. (Urban Roots) - 4900 Gonzales Street - Austin, TX 78702	45-3954705	501(c)(3)	50,000.	0.			Health Access Grant
Vibrant Woman - Mama Sana 9206 Martin Luther King Blvd, Ste 3 Austin, TX 78702	45-5638520	501(c)(3)	180,431.	0.			Health Access Grant
Volunteer Healthcare Clinic 4215 Medical Parkway Austin, TX 78756	74-6082464	501(c)(3)	60,867.	0.			Health Access Grant
West Austin Caregivers 2601 Exposition Blvd Austin, TX 78703	74-2367556	501(c)(3)	18,000.	0.			Health Access Grant
Westcave Outdoor Discovery Center 24814 Hamilton Pool Rd Round Mountain, TX 78663	51-0204049	501(c)(3)	30,000.	0.			Health Access Grant
Williamson County Crisis Center 1011 Gattis School Rd, Ste 106 Round Rock, TX 78664	74-2277114	501(c)(3)	133,107.	0.			Health Access Grant
Williamson-Burnet County Opportunities - PO Box 740 - Georgetown, TX 78627	74-6075213	501(c)(3)	307,500.	0.			Health Access Grant

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Women's Health & Family Planning Assoc. of Texas - 1114 Lost Creek Blvd, Ste 110 - Austin, TX 78746	74-1936078	501(c)(3)	1,360,654.	0.			Health Access Grant
Wonders & Worries 9101 Burnet Road No 107 Austin, TX 78758	74-3012982	501(c)(3)	10,000.	0.			Health Access Grant
YMCA of Austin 1402 Cesar Chavez Austin, TX 78702	74-1193464	501(c)(3)	158,942.	0.			Health Access Grant
Young Invincibles 1411 K Street NW Washington, DC 20005	46-2214021	501(c)(3)	250,000.	0.			Health Access Grant

**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 noncash assistance
Discounted eye exams and eyeglasses for needy Central Texans.	12410	1,346,236.	0.		

**Part IV.** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

**Part I, Line 2:**

The Foundation monitors the use of grant funds through the following procedures:

- Grantees submit quarterly reports to Program Officers 30 days after the close of each calendar quarter. Review of quarterly report information includes analysis of a) metric data for goal and outcome measures; b) demographic data; c) significant program activities, accomplishments and/or changes; and d) results of client satisfaction surveys.
- Grantees submit year-end reports to Program Officers after the close of

**Part IV** Supplemental Information

fourth quarter. Review of year-end reports includes analysis of aggregate data from quarterly reports and documentation of financial statements.

- Program officers distribute summary reports to senior management and board members for analysis.

- Program Officers attend grantees' board meetings at least one time per year.

- Staff and board members review agency grant proposals in connection with site visits.

- Staff conduct periodic site visits throughout funding year.

**Part III**

The reporting organization pays for discounted eye exams and eye glasses for Central Texans. Eye-care providers submit invoices for services provided to patients who submit vouchers for care. Vouchers are provided to financially indigent individuals whose income equals 200% or less of federal poverty guidelines (FPG). The reporting organization pays provider invoices directly upon receiving the vouchers.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**St. David's Foundation**

Employer identification number

**74-1356589**

**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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019





Part III	Supplemental Information
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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.

[illegible]

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

St. David's Foundation

Employer identification number  
74-1356589

Form 990, Part VI, Section A, line 1:

The Board of Trustees of the reporting organization (the "Foundation") established an Executive Committee (the "Committee") to assist the Board in fulfilling its oversight responsibility for the operations of the organization and its affiliates. The Committee has the power to conduct the business of the Foundation during the period between meetings of the Board, in accordance with the policies and expressed wishes of the Board and established protocol. The Committee is authorized to secure such resources as it reasonably needs to fulfill its responsibilities, including outside consultants, as appropriate. The Chief Executive Officer of the Foundation, or an appointed representative, serves as the Committee's staff liaison. The Committee also consists of three elected governing Board officers: Chair, Vice Chair and Secretary, the Past Chair of the Foundation, the Chair of the Board of Governors, and one to three at large members from the Board of the Foundation. All Committee members are governing board members, must be independent of management, and receive no compensation from the Foundation.

The Board of Trustees has adopted a set of Central Governance Principles to provide a specific framework for the decision-making and governance activities of the Committee.

Form 990, Part VI, Section A, line 7b:

Board Decision Matters are delegated by the Foundation Board as follows:

Decisions on Capital Budget and Operating Budget transfers of amounts of 2.5% or less of the total grants budget are delegated to the Chief

Name of the organization

St. David's Foundation

Employer identification number  
74-1356589

Executive Officer. Final authority for grants of between \$1,000,000 and \$2,000,000 is delegated to the Community Investment Committee; final authority for grants of less than \$1,000,000 is delegated to the Executive Vice President of Community Investments; and final authority for grants of less than \$250,000 is delegated to the Chief Impact and Metrics Officer. Decisions on contracts and expenditures of amounts of \$250,000 or less are delegated to the Chief Executive Officer.

Form 990, Part VI, Section B, line 11b:

The reporting organization's Tax and Audit Committee reviews a draft of the Form 990 in detail prior to it being finalized. A final version of Form 990 is sent to the Trustees prior to filing.

Form 990, Part VI, Section B, Line 12c:

The reporting organization annually verifies compliance with the conflicts of interest policy. The individuals covered by this policy include the officers and trustees. The persons covered by this policy are required to annually disclose or update the Chairman of the Board of Trustees on a form provided by the organization their interests that could give rise to conflicts of interest. For each interest disclosed to the Chairman of the Board of Trustees of the Foundation, the Chairman will determine whether to: (a) take no action; (b) assure full disclosure to the Board of Trustees of the Foundation and other individuals covered by this policy; (c) ask the person to recuse from participation in related discussions or decisions within the organization; or (d) ask the person to resign from his or her position in the Organization or, if the person refuses to resign, become subject to possible removal in accordance with the Organization's removal procedures. The organization's CEO will monitor proposed or ongoing

Name of the organization

St. David's Foundation

Employer identification number  
74-1356589

transactions for conflicts of interest and disclose them to the Chairman of the Board of Trustees in order to deal with potential or actual conflicts.

Form 990, Part VI, Section B, Line 15:

To establish the compensation of the organization's top management officials, other officers, and key employees, the Foundation used the report of an independent compensation consultant. The report was prepared in 2014. Without participation of the officer, director or other top management official under consideration, the Compensation Committee determined and approved compensation based on the independent consultant's report.

The process was undertaken for the CEO for 2019 compensation on November 27, 2018:

R. Earl Maxwell, CEO

The process was undertaken for the following officers, directors, and key employees for 2019 compensation on December 7, 2018:

Blake Holman, CIO

William Buster, EVP

Kathleen Wiggin, EVP

Amy Vaughan, CFO

Cathy Iberg, VP of Investments

Shailee Gupta, Clinical Director

Form 990, Part VI, Section C, Line 19:

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

The reporting organization's governing documents, conflicts of interest policy and financial statements are available to the public upon request. Please contact the CFO at 512-879-6600.

Form 990, Part XII, Line 2b:

The reporting organization's financial statements were audited by an independent accountant as part of consolidated financial statements.

The consolidated financial statements included St. David's Foundation, St. David's Community Health Foundation Holdings, St. David's Foundation Community Fund, St. David's Community Health Foundation Initiatives, St. David's Foundation Impact Fund, LP, and St. David's Foundation Impact Fund, GP, LLC.

Officer Compensation of Related Organizations:

St. David's Foundation (the "Foundation") owns a general partner interest in St. David's Healthcare Partnership, LP, LLP (the "Partnership"). The amounts below represent the Foundation's share of compensation paid by the Partnership during 2019.

Cindy Sightes, CFO (departed mid-2019)

Salary \$70,104

Employee Benefits \$15,621

Shari Collier, CFO (joined June 2019)

Salary \$52,214

Employee Benefits \$21,347

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

C. David Huffstutler, CEO

Salary \$228,467

Employee Benefits \$ 36,530

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Employer identification number  
**74-1356589**

**St. David's Foundation**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
St. David's Community Health Foundation Holdings - 74-2206098, 1303 San Antonio St. #500, Austin, TX 78701	Holds endowment funds used to assist the needy of Central Texas	Texas	501(c)(3)	Sec 170 (b)(1)(A)(vi)	St. David's Foundation		X
St. David's Foundation Community Fund - 74-2898888, 1303 San Antonio St. #500, Austin, TX 78701	Provides needs-based scholarships and controls medical facilities	Texas	501(c)(3)	Sec 170 (b)(1)(A)(vi)	St. David's Foundation		X
St. David's Community Health Foundation Initiatives - 27-0112979, 1303 San Antonio St. #500, Austin, TX 78701	Supports St. David's Foundation, Community Fund, and Holdings	Texas	501(c)(3)	Sec 509(a)(3), I	St. David's Foundation Community Fund		X

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

Schedule R (Form 990) 2019



**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	
St. David's Healthcare Partnership, L.P., LLP - 74-2781812, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owns & operates four hospitals in Central TX	TX	N/A	Related	180,537,895.	829,990,411.		X	N/A		X	40.59%
Bailey Square Ambulatory Surgical Center, Ltd. - 75-2467365, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A						N/A			N/A
South Austin Surgery Center, Ltd. - 62-1775267, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A			N/A			N/A
Leadership Healthcare Holdings II LP, LLP - 34-1996283, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owns an interest in a radiology center	TX	N/A	N/A	N/A	N/A			N/A			N/A

**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
St. David's Foundation Impact Fund, L.P. - 34-1996279, 1303 San Antonio St. #500, Austin, TX 78701	Owns indirect interest in a radiology center;	TX	N/A	C CORP	N/A	N/A	N/A		X
St. David's Foundation Impact Fund GP, LLC - 34-1996272, 1303 San Antonio St. #500, Austin, TX 78701	Owns indirect interest in a radiology center;	TX	N/A	C CORP	N/A	N/A	N/A		X

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. David's Foundation Impact Fund, LP	A	42,078. FMV	
(2) St. David's Foundation Community Fund	A	2,137,045. FMV	
(3) St. David's Foundation Community Fund	D	42,994,247. FMV	
(4) St. David's Foundation Impact Fund, LP	D	204,815. FMV	
St. David's Community Health Foundation	K	1,117,230. FMV	
(5) Initiatives			
St. David's Community Health Foundation	Q	379,173. FMV	
(6) Initiatives			

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
Leadership Healthcare Holdings LP, LLP - 20-3151012, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owens majority interests in ambulatory surgery centers	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Oakwood Surgery Center, Ltd. - 62-1641024, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
North Austin Surgery Center, LP - 20-0648730, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CP Surgery Center, LLC - 80-0776412, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCA-CTMC Holdings, LLC - 80-0899140, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
South Austin Surgicenter, LLC - 30-0924492, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
St. David's Austin Area ASC, LLC - 61-1760247, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Austin GI Surgicenter, LLC - 30-1073754, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(7) LLP St. David's Healthcare Partnership, LP,	S	105,163,937.FMV	
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

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

**Part III, Identification of Related Organizations Taxable as Partnership:**Name of Related Organization:Bailey Square Ambulatory Surgical Center, Ltd.Direct Controlling Entity: St. David's Healthcare Partnership, LP, LLPName of Related Organization:South Austin Surgery Center, Ltd.Direct Controlling Entity: St. David's Healthcare Partnership, LP, LLPName of Related Organization:Leadership Healthcare Holdings II LP, LLPDirect Controlling Entity: St. David's Foundation Impact Fund, LPName of Related Organization:Leadership Healthcare Holdings LP, LLPDirect Controlling Entity: St. David's Foundation Community FundName of Related Organization:Oakwood Surgery Center, Ltd.Direct Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:North Austin Surgery Center, LPDirect Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:CP Surgery Center, LLC

**Part VII** Supplemental Information

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

Direct Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:MCA-CTMC Holdings, LLCDirect Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:South Austin Surgicenter, LLCDirect Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:St. David's Austin Area ASC, LLCDirect Controlling Entity: Leadership Healthcare Holdings LP, LLPName of Related Organization:Austin GI Surgicenter, LLCDirect Controlling Entity: Leadership Healthcare Holdings LP, LLPPart IV, Identification of Related Organizations Taxable as Corp or Trust:Name of Related Organization:St. David's Foundation Impact Fund, L.P.Primary Activity: Owns indirect interest in a radiology center; makes research grantsName of Related Organization:St. David's Foundation Impact Fund GP, LLCPrimary Activity: Owns indirect interest in a radiology center; makes

**Part VII** Supplemental Information

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

research grants

Lined area for supplemental information.