PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2021

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.

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2020 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization ST. DAVID'S COMMUNITY HEALTH FOUNDATIO	N	D Employer identifi	cation number
Г	Addr	ess I HOLDING			
Ē	Name chan			74-22060	98
	Initial return		Room/suite	E Telephone numbe	r
	Final	1303 SAN ANTONIO STREET	500	(512)879	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,276.
	Amer return	ded AUSTIN, TX 78701		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: EDWARD D. BURGER		for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ► WWW.STDAVIDSFOUNDATION.ORG		H(c) Group exemption	
		f organization: X Corporation	L Year	of formation: 1984 r	M State of legal domicile: ${f TX}$
Pa	art I	Summary			
ø.	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{EXIS}}$			THAT
Activities & Governance		PROVIDE GRANTS AND PROGRAMS THAT IMPACT C	OMMUNI	TY HEALTH.	
rns	2	Check this box if the organization discontinued its operations or dispos	sed of more	ı	
ŏ	3			3	3
ග න	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) $000000000000000000000000000000000000$			0
ΞĒ	6	Total number of volunteers (estimate if necessary)			5
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		2		Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		3,108.	1,276.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	ויו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,108.	1,276.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,077.	20,361.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	20,361.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.
Ä	1 47	Total fundraising expenses (Part IX, column (D), line 25)	0.	20,398.	18,877.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,475.	39,238.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-55,367.	-37,962.
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)	БС	585,362.	547,608.
Asse	21	Total liabilities (Part X, line 16)		1,133.	1,341.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		584,229.	546,267.
P	art II	Signature Block		001,110	0 = 0 / = 0 / 0
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
Sig	n	Signature of officer		Date	
Hei		AMY VAUGHAN, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	PAULA WENDLING		if self-employ	
Pre	parer	Firm's name ▶ CHERRY BEKAERT LLP		Firm's EIN	56-0574444
Use	Only	Firm's address 221 W. 6TH STREET, STE 1900			
		AUSTIN , TX 78701		Phone no. 51	2-479-6000
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

HOLDINGS Form 990 (2020)

Form	990 (20	(20) HOLDINGS		74-220	6098 Page 2
		Statement of Program Service Ac	complishments		, ago
		Check if Schedule O contains a response o	r note to any line in this Part III		
1	Briefly EXI	describe the organization's mission: STS TO HOLD FUNDS THAT MUNITY HEALTH.			
2	prior F	e organization undertake any significant pro orm 990 or 990-EZ?		h were not listed on the	Yes X No
3		organization cease conducting, or make s		ete any program conjecc?	Yes X No
		" describe these changes on Schedule O.	ignificant changes in now it conduc	is, any program services:	TCS NO
4	Describ Section	oe the organization's program service accons 501(c)(3) and 501(c)(4) organizations are r	equired to report the amount of gra		
4-		e, if any, for each program service reported) (Expenses \$ 20, 3	B61 • including grants of \$	20 361) 6	
4a	` -	FOUNDATION PROVIDED G			ENTRAL
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Othor	program services (Describe on Schedule O.	1		
1 u	(Expense	· ·	•) (Revenue \$)
4e		rogram service expenses	20,361.	, , ,	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l		,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		<u> </u>
u		114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	- 22
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	٠		
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form	990 (2020) HOLDINGS 74-220	5098	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ь—
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,
٠.	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ _V
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.0	Part V, line 1		Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┢┸
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		\vdash
30		36		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		1
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yac	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	163	140
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
			•	

Form 990 (2020) HOLDINGS

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
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								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce	ounts (FBAR).							
5a			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the continuous states of the continuous states o				₹.				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-	۵.						
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.		7a 7b						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was in	roquirod	70						
C	to file Form 8282?	•	7c		х				
ч			70						
u a	d If "Yes," indicate the number of Forms 8282 filed during the year								
f									
g g									
h									
8	· · · · · · · · · · · · · · · · · · ·								
			8		Х				
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х				
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	0a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b							
11	Section 501(c)(12) organizations. Enter:	1							
а		1a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	· · · · · · · · · · · · · · · · · · ·	1b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a						
	,	2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	an							
_		3b							
		3c	1/-		Х				
			14a 14b						
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration payment(s) during the year?		15		х				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		10						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		Х				
.0	If "Yes," complete Form 4720, Schedule O.		10						

HOLDINGS 74-2206098 Page 6 Form 990 (2020) 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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > 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 X Own website X Upon request Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records

1303 SAN ANTONIO STREET, SUITE 500 AUSTIN 78701

512-879-6600

AMY VAUGHAN -

HOLDINGS 74-2206098 Page 7 Form 990 (2020) 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 r		orga I	niza			nper	sate			
(A)	(B)			() Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per nd a di	rson i irecto	s both or/trus	n an tee)	compensation	compensation	amount of
	week (list any	or						from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	9e or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***)	organization
	organizations	truste	al tru		yee	n be		(** =* ** = ** ** ** ** ** ** ** ** ** **		and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	le.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) EDWARD B. BURGER	1.00	ł								
CEO/PRESIDENT	45.00			Х				0.	457,823.	19,146.
(2) WILLIAM BUSTER (TO 11/1/20)	1.00									
OUTGOING SECRETARY	40.00		_	Х				0.	280,252.	38,081.
(3) EARL MAXWELL (TO 1/3/20)	1.00			,,					010 010	14 707
OUTGOING CEO/PRESIDENT (4) AMY VAUGHAN	1.00			Х				0.	213,910.	14,707.
CFO	40.00			х				0.	184,271.	31,424.
(5) JERRY TURNER (TO 6/30/20)	0.10			25					104,271	31,424.
OUTGOING CHAIR		х						0.	0.	0.
(6) PETER PINCOFFS (TO 6/30/20	0.10									
TRUSTEE	9.90	Х						0.	0.	0.
(7) RAY BONILLA (FROM 6/30/20)	0.10									
CHAIR		Х						0.	0.	0.
(8) SHANNON RATLIFF (FROM 7/1/20)	0.10									
SECRETARY		Х	_					0.	0.	0.
(9) LINO MENDIOLA (FROM 7/1/20)	0.10	7.7							_	0
TRUSTEE	4.90	Х						0.	0.	0.

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,	· ugo -

ı aı	Section A. Officers, Directors, Trus		oloy	ees,	anc	Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) Average			((-	_		(D)	(E)			(F)	
	Name and title		(do not check more than one						Reportable	Reportable			timate	
		hours per week					is both or/trus		compensation	compensation			nount (of
		(list any	to						from the	from related organization			other pensa	tion
		hours for	Individual trustee or director				D.		organization	(W-2/1099-MIS			om the	
		related	tee or	ustee			ensate		(W-2/1099-MISC)			org	anizati	ion
		organizations	al trus	Institutional trustee		loyee	Highest compensated employee						d relate	
		below line)	Jividu	stitutio	Officer	Key employee	the st	Former				orga	nizatio	วทร
		11110)	Ĕ	Ë	J0	Ke	宝岩	요						
	Subtotal									1,136,25		10	3,3!	
	Total from continuation sheets to Part VI								0.	1,136,25	0.	10	3,3	0.
	Total (add lines 1b and 1c)							<u> </u>				10	3,3	50.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	a ac	ove	e) wn	o re	eceived more than \$100,	иии от геропавіє	9			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150			•								4	X	
5	Did any person listed on line 1a receive or a									lual for services				37
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			_	
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C	Ompei	;) nsatior	n
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11/	JIVI					2 000.1.01.1 01.0	S. V. G. G.				·
								\dashv						
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organia	ration -				()							

Form 990 (2020) HOLDING
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
		Officer if Generalic G contains a response of	Thore to arry link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
nig.		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
uti je	•	similar amounts not included above 1f	1,276.				
ë₽			1,2700				
ont	g			1 276			
O g	h	Total. Add lines 1a-1f	P	1,276.			
			Business Code				
e	2 a						
Σĕ	b						
Se	С						
E S	d						
gra Re	_						
Program Service Revenue	£	All other program convice revenue					
_		All other program service revenue					
\rightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	oceeds 🕨				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
		_ , , , , , , , , , , , , , , , , , , ,					
	C	` ,					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
len	С	Gain or (loss) 7c					
Revenue	d	Net gain or (loss)					
ē		Gross income from fundraising events (not					
퓽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	······ P				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
\dashv	С	Net income or (loss) from sales of inventory	Pusiness Cods				
2			Business Code				
30r	11 a						
Miscellaneous Revenue	b						
e K	С						
/list B	d	All other revenue					
_		Total. Add lines 11a-11d	.				
		Total ravanua Sae instructions		1 276.	0.	0.	0.

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Form 990 (2020) HOLDINGS
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response		his Part IX	(0)	
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,361.	20,361.		
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				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			+	
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	Management	250.		250.	
C		4,995.		4,995.	
d		1,3331		1,3331	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	column (A) amount, list line 11g expenses on Sch 0.)	32.		32.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12 600		12 600	
20	Interest	13,600.		13,600.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
a					
b					
C					
d	All other overences				
	All other expenses Add lines 1 through 24a	39,238.	20,361.	18,877.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	35,230•	20,501.	10,011•	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or r	ote to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		584,861.	2	547,107
	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, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9				9	
	10a	Land, buildings, and equipment: cost or other	1 I			
		basis. Complete Part VI of Schedule D				
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		I	12	
	13	Investments - program-related. See Part IV, lir			13	
	14	Intangible assets			14	501
	15	Other assets. See Part IV, line 11		E0E 260	15	547,608
	16	Total assets. Add lines 1 through 15 (must e			16	208
	17	Accounts payable and accrued expenses			17	200
	18 19	Grants payable			18 19	
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete	a David IV at Calcadivia D		21	
	22	Loans and other payables to any current or for			21	
ties	~~	trustee, key employee, creator or founder, sul				
Liabilities		controlled entity or family member of any of the			22	
Ë	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir				
		of Schedule D		1,133.	25	1,133
	26	Total liabilities. Add lines 17 through 25		1,133.	26	1,341
		Organizations that follow FASB ASC 958, c				
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		123,422.	27	104,545
Bal	28	Net assets with donor restrictions		460,807.	28	441,722
nd I		Organizations that do not follow FASB ASC				
ŕ		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net	32	Total net assets or fund balances		584,229.	32	546,267.
	33	Total liabilities and net assets/fund balances			33	547,608.

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

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Pa	rt 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		<u>1,2'</u>	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-3'	7,90	<u>62.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	4,22	<u> 29.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	54	6,20	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOLDINGS 74-2206098 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	56,500.	4,010.	2,383.	3,108.	1,276.	67,277.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	56,500.	4,010.	2,383.	3,108.	1,276.	67,277.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						48,653.	
6	Public support. Subtract line 5 from line 4.						18,624.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	56,500.	4,010.	2,383.	3,108.	1,276.	67,277.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	75.	12.				87.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						67,364.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	27.65 %	
15	Public support percentage from 2019	•				15	36.64 %	
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this		
	and stop here. The organization qual	•	• •					
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organization	ation	
	meets the facts-and-circumstances te	~						
b	10% -facts-and-circumstances test						0% or	
	more, and if the organization meets the				-		. —	
	organization meets the facts-and-circu		-	•				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

qualify under the tests listed be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,		, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						>
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage			т т	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2020. If the						7 is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
j			
	2		
}	2		
- }	3a		
Ĺ	3b		
	3с		
ı			
	4a		
- 1	44		
Ļ	4b		
	4c		
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Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion 6. Type it supporting organizations		V	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 HOLDINGS

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	- 11 - 3		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in a sure say		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

74-2206098 Page 8 Schedule A (Form 990 or 990-EZ) 2020 HOLDINGS 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. Part VI (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ST. DAVID'S COMMUNITY HEALTH FOUNDATION HOLDINGS

Employer identification number 74-2206098

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Complete ii tile
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes I
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose o	conferring
_	impermissible private benefit?			
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	,	
	Preservation of land for public use (for example, recreat	tion 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 qualifi	ied conservation contribu	ition in the form o	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	,		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	forcing conservat	ion easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
D.	organization's accounting for conservation easements.	Aut Historical Tox		han Oineilan Aasaka
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.
			unus statement ex	ad balance about ways
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			·
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance 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 trea			gain, provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession							,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" or	Form 990	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions	or other assets not	included		_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liabi	lity?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years ba	ck
1a	Beginning of year balance	150,000.	160,418.	150,000.	1	150,000.		150,00	10.
b	Contributions								
С	Net investment earnings, gains, and losses	0.	2,838.	65,418.					
d	Grants or scholarships	0.	13,256.	55,000.					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	150,000.	150,000.	160,418.	1	L50,000.		150,00	0.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for the	ne organiz	ation			
	by:							Yes N	lo.
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)	2	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or obasis (investm	(, , , , , , , , , , , , , , , , , , ,	1 ' '	Accumulat epreciation		(d) Boo	k value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 10	Oc.)		. ▶		C).

HOLDINGS

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) must aqual Form 000 Part V and (P) line 12)			
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
T GIT VIII	-	on Form 000 Dort IV line	11a San Form 000 Part V line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
(1)	(a) 2 seemplies or investment	(a) Doon value	(c) memora or randament describe on a rand	, your marries raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)	>	
FaitA		F 000 B+ IV/ I'	44 446. One France 200. Book V. Pres 25.	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e TTE or TT. See Form 990, Part X, line 25.	(b) Book value
1.	* * * * * * * * * * * * * * * * * * * *			(b) Book value
	deral income taxes INUITY PAYABLE			1,133.
	MOIII FAIADDE			1,155.
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	25.)	.	1,133.
	r for uncertain tax positions. In Part XIII, provide			

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

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.5	
C	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 tt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	5 Ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	-	ioco poi riotarii	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line	18.)	5	
Pai	t XIII Supplemental Information.	· 		
Provi	de 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 >	ΚI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PAF	RT V, LINE 4:			
		=== ====		
THE	E ENDOWMENT FUNDS ARE HELD TO PROVIDE I	NCOME FOR SCHO	LARSHIPS.	
ה א ד	om v tini o.			
PAF	RT X, LINE 2:			
ттт	F EQUINDAMION HOLDINGS COMMUNITARY FUND	**************************************	C ADE DIDITO	
THE	FOUNDATION, HOLDINGS, COMMUNITY FUND	AND INTITATIVE	S ARE PUBLIC,	
NTON	IDDOETH F01/C\/2\ ODCANTZAHTONG EVEMDH	EDOM EEDEDNI T	NCOME MAYES INDE	D
MOI	PROFIT 501(C)(3) ORGANIZATIONS EXEMPT	FROM FEDERAL I	NCOME TAXES UNDER	Χ
CEC	CTION 501(C)(3) OF THE INTERNAL REVENUE	CODE EVCEDM	MO WAE EAMENW WA	гv
250	CITON SUI(C)(S) OF THE INTERNAL REVENUE	CODE, EXCEPT	TO THE EXTENT THE	<u> </u>
741	VE UNRELATED BUSINESS ACTIVITIES. AS S	TICH NO PROVIES	TON FOR FEDERAL	
1147	TO ON THE POSTING ACTIVITIES. AS S	OCII, NO PROVIS	TOM LOW LEDGEWYD	
TNC	COME TAXES HAS BEEN MADE IN THE CONSOLI	DATED FINANCIA	I STATEMENTS	
T11/	CONDUCTION OF THE PROPERTY OF THE CONDUCTION OF	DITTID I THANCIA	- S11111111111	
REI	LATED TO THESE ENTITIES.			

Part VIII Cumplemental Information
Part XIII Supplemental Information (continued) 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, 2020 AND 2019, NO INTEREST OR PENALTIES HAVE BEEN OR ARE REQUIRED TO
BE ACCRUED.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOLDINGS							74-2206098
Part I General Information on Grants a	nd Assistance					_	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	C Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•	•	e line 1 table		<u> </u>		_

Page 2

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

HOLDINGS 74-2206098

(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
UPPORT FOR HOSPITAL CHAPLAINS	5	5,176.	0.		
HAPLAIN'S FUND - MEMORIAL CHARMS	375	14,625.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
RANTS ARE PROVIDED TO PUBLIC CHA	RITIES IN	ACCORDANCE	WITH ENDO	WMENT	
SPECIFICATIONS.					
PART III					
HE REPORTING ORGANIZATION PROVID	ED ASSISTA	NCE TO HOS	SPITAL CHAP	LAINS TO	
ELP COVER THE COSTS OF CONTINUIN					
EIMBURSEMENTS, AND DE MINIMUS GI				SUCH AS	
SUS FARES, MEALS, ETC.	.115 10 1111	TWDIGHMI	TON TIEMS	DOCII AD	

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

Schedule I (Form 990) HOLDINGS	74-2206098 Page 2
Schedule I (Form 990) HOLDINGS Part IV Supplemental Information	
THE CHAPLAIN'S FUND PURCHASED MEMORIAL CHARMS FOR	PARENTS OF INFANTS
	GT-03 TG WOWT-00-0
THAT PASSED AWAY IN NICU. THE OVERSIGHT OF THESE	GIFTS IS MONITORED BY
ORGANIZATION EMPLOYEES IN COLLABORATION WITH HOSP	ITAL PERSONNEL.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

ST. DAVID'S COMMUNITY HEALTH FOUNDATION
HOLDINGS

Employer identification number 74-2206098

	act Quodiono nogaramy componidation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	INO
ia	Part VII, Section A, line 1a. Complete Part III to provide any or the following to or for a person listed on form 350,			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and officers, including the OEO/Executive Director, regarding the items officered of fine far.			
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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Province and a second of the s	4a		Х
b	Deticion de la companya del companya del companya de la companya d	4b		X
	Participate in a second for a s	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The second and on lines 4a.c., list the persons and provide the applicable amounts for each item in that in.			
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
J	Regulations section 53.4958-6(c)?	9		
	10gaildania 600001 00.7000 0(0)1			

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

Schedule J (Form 990) 2020

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

HOLDINGS

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) EDWARD B. BURGER	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/PRESIDENT	(ii)	457,823.	0.	0.	8,550.	10,596.	476,969.	0.
(2) WILLIAM BUSTER (TO 11/1/20)	(i)	0.	0.	0.	0.	0.	0.	0.
OUTGOING SECRETARY	(ii)	280,252.	0.	0.	8,685.	29,396.		0.
(3) EARL MAXWELL (TO 1/3/20)	(i)	0.	0.	0.	0.	0.	0.	0.
OUTGOING CEO/PRESIDENT	(ii)	213,910.	0.	0.	12,810.	1,897.		0.
(4) AMY VAUGHAN	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	184,271.	0.	0.	10,836.	20,588.	215,695.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Fart III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE ST. DAVID'S FOUNDATION'S TAX, AUDIT AND COMPLIANCE COMMITTEE
COMMISSIONS A REPORT FROM AN INDEPENDENT EXPERT, COVERING ALL
EXECUTIVES AND HIGHLY COMPENSATED EMPLOYEES OF THE FOUNDATION AND
RELATED TAX EXEMPT ENTITIES. AS THE PRESIDENT/CEO OF BOTH THE
FOUNDATION AND THE REPORTING ORGANIZATION, EARL MAXWELL'S, AS OUTGOING
CEO, AND EDWARD BURGER'S, AS INCOMING CEO, COMPENSATION WAS DETERMINED
BY THE FOUNDATION'S COMPENSATION COMMITTEE AND WAS PAID BY THE
FOUNDATION.

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 for the latest information. ST. DAVID'S COMMUNITY HEALTH FOUNDATION

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 74-2206098

Name of the organization

FORM 990, PART VI, SECTION A, LINE 7A:

HOLDINGS

EACH YEAR, THE BOARD OF TRUSTEES OF ST. DAVID'S FOUNDATION (THE "FOUNDATION BOARD") ELECTS VOTING MEMBERS OF THE BOARD OF TRUSTEES OF THE REPORTING VOTING MEMBERS INCLUDE THE CHAIRMAN, VICE CHAIRMAN AND ORGANIZATION. SECRETARY OF THE FOUNDATION BOARD. THE FOUNDATION BOARD HAS THE SOLE DISCRETION TO REMOVE ANY TRUSTEES FROM OR TO FILL ANY VACANCIES ON THE REPORTING ORGANIZATION'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AUTHORITY OF BOARD OF TRUSTEES OF THE REPORTING ORGANIZATION IS LIMITED WITH RESPECT TO THE FOLLOWING ACTIONS, EACH OF WHICH MUST BE APPROVED BY THE BOARD OF TRUSTEES OF ST. DAVID'S FOUNDATION: 1) AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'S ARTICLES OF INCORPORATION OR BYLAWS; MERGER, CONSOLIDATION, OR DISSOLUTION OF THE ORGANIZATION OR ESTABLISHMENT OF ANY SUBSIDIARY OF THE ORGANIZATION; 3) SALE, CONVEYANCE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS; 4) SALE, CONVEYANCE, OR MORTGAGE OF ANY REAL PROPERTY OF THE ORGANIZATION; 5) ACQUISITION OR PURCHASE OF ANY UNBUDGETED REAL OR PERSONAL PROPERTY IN EXCESS OF \$100,000; 6) LEASE OF ANY REAL OR PERSONAL PROPERTY FOR MORE THAN ONE YEAR INVOLVING AN UNBUDGETED OBLIGATION OR EXPENSE EXCEEDING \$100,000; 7) EXECUTION AND DELIVERY OF ANY CONTRACT WHICH REQUIRES AN UNBUDGETED EXPENDITURE, OBLIGATION OR PLEDGE OF MORE THAN \$100,000; ADOPTION OF THE ANNUAL BUDGET OF THE ORGANIZATION; ESTABLISHMENT OF OR AMENDMENT TO ARTICLES OF INCORPORATION OR BYLAWS OF ANY LEGAL ENTITY IN WHICH THE ORGANIZATION IS A PARTNER, PARTICIPANT, JOINT VENTURER CONTROLLING SHAREHOLDER, OR SOLE MEMBER, AND SUBSIDIARY THEREOF;

Schedule O (Form 990 or 990-EZ) 2020 Page 2 ST. DAVID'S COMMUNITY HEALTH FOUNDATION Name of the organization **Employer identification number** 74-2206098 HOLDINGS 10) GUARANTEE OF ANY DEBT OF THE ORGANIZATION; 11) SELECTION OF THE INDEPENDENT ACCOUNTANT FOR THE ORGANIZATION'S ANNUAL AUDIT. FORM 990, PART VI, SECTION B, LINE 11B: EACH BOARD MEMBER RECEIVES A COPY OF THE FINAL FORM 990. 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 DIRECTORS. THE PERSONS COVERED BY THIS POLICY ARE REQUIRED TO ANNUALLY DISCLOSE OR UPDATE ON A FORM PROVIDED BY THE ORGANIZATION THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FOR EACH INTEREST DISCLOSED, DETERMINATION WILL BE MADE WHETHER TO: (A) TAKE NO ACTION; (B) ASSURE FULL DISCLOSURE; (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. FORM 990, PART VI, SECTION C, LINE 19: 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,

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization ST. DAVID'S COMMUNITY HEALTH FOUNDATION HOLDINGS	Employer identification number 74-2206098
ST. DAVID'S COMMUNITY HEALTH FOUNDATION HOLDINGS, ST. DAVI	D'S
FOUNDATION COMMUNITY FUND, ST. DAVID'S COMMUNITY HEALTH FO	UNDATION
INITIATIVES, ST. DAVID'S FOUNDATION IMPACT FUND, LP, AND S	T. DAVID'S
FOUNDATION IMPACT FUND GP, LLC.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

ST. DAVID'S COMMUNITY HEALTH FOUNDATION HOLDINGS

Employer identification number 74-2206098

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	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	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
ST. DAVID'S FOUNDATION - 74-1356589	FUNDS GRANTS & PROGRAMS						
1303 SAN ANTONIO STREET #500	THAT IMPACT COMMUNITY			SEC 170			
AUSTIN, TX 78701	HEALTH IN CENTRAL TEXAS	TEXAS	501(C)(3)	(B)(1)(A)III	NONE		X
ST. DAVID'S FOUNDATION COMMUNITY FUND -	PROVIDES NEEDS-BASED						
74-2898888, 1303 SAN ANTONIO STREET #500,	SCHOLARSHIPS AND CONTROLS			SEC 170	ST. DAVID'S		1
AUSTIN, TX 78701	MEDICAL FACILITIES	TEXAS	501(C)(3)	(B)(1)(A)(VI	FOUNDATION		Х
ST. DAVID'S COMMUNITY HEALTH FOUNDATION	SUPPORTS ST. DAVID'S				ST. DAVID'S		
INITIATIVES - 27-0112979, 1303 SAN ANTONIO	FOUNDATION, COMMUNITY			SEC	FOUNDATION		1
STREET #500, AUSTIN, TX 78701	FUND, AND HOLDINGS	TEXAS	501(C)(3)	509(A)(3), I	COMMUNITY FUND		X
							1
							1

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

Schedule R (Form 990) 2020

Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	manag partne	_
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
ST. DAVID'S HEALTHCARE	1										
PARTNERSHIP, L.P., LLP -	OWNS & OPERATES										
74-2781812, 98 SAN JACINTO,	4 HOSPITALS IN										
STE 1800, AUSTIN, TX 78701	CENTRAL TX	TX	N/A	N/A	N/A	N/A		X	N/A	X	N/A
BAILEY SQUARE AMBULATORY											
SURGICAL CENTER, LTD											
75-2467365, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A		N/A
SOUTH AUSTIN SURGERY CENTER,											
LTD 62-1775267, 98 SAN											
JACINTO, STE 1800, AUSTIN, TX	AMBULATORY										
78701	SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A		N/A
LEADERSHIP HEALTHCARE	OWNS AN										
HOLDINGS II LP, LLP -	INTEREST IN A										
34-1996283, 98 SAN JACINTO,	RADIOLOGY										
STE 1800, AUSTIN, TX 78701	CENTER	TX	N/A	N/A	N/A	N/A		X	N/A	X	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) :tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t	b)(13)
		country)						Yes	No
ST. DAVID'S FOUNDATION IMPACT FUND, LP -	OWNS INDIRECT								ĺ
34-1996279, 1303 SAN ANTONIO STREET #500,	INTEREST IN A								ĺ
AUSTIN, TX 78701	RADIOLOGY CENTER;	TX	N/A	C CORP	N/A	N/A	N/A		Х
ST. DAVID'S FOUNDATION IMPACT FUND GP, LLC -	OWNS INDIRECT								
34-1996272, 1303 SAN ANTONIO STREET #500,	INTEREST IN A								ĺ
AUSTIN, TX 78701	RADIOLOGY CENTER;	ТX	N/A	C CORP	N/A	N/A	N/A		X
									ĺ
									<u> </u>
									ĺ
									<u> </u>
									1
									<u> </u>

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

(2)	(6)	(-)	(-1)	(-)	(4)	(5)	(1-)		/:\	(:)	(1.)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h)		(i) Code V-UBI	(j) General o	(k) Percentage
of related organization	Filliary activity	domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	Dispropol		amount in box	managing	ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	Yes No	†
LEADERSHIP HEALTHCARE	OWNS MAJORITY	oouniny)					103	110	(103140	
HOLDINGS LP, LLP -	INTERESTS IN										
20-3151012, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTERS	ТX	N/A	N/A	N/A	N/A	x		N/A	x	N/A
OAKWOOD SURGERY CENTER, LTD.											
- 62-1641024, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	ТX	N/A	N/A	N/A	N/A	x		N/A	X	N/A
NORTH AUSTIN SURGERY CENTER,											
LP - 20-0648730, 98 SAN											
JACINTO, STE 1800, AUSTIN, TX	AMBULATORY										
78701	SURGERY CENTER	ТX	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CP SURGERY CENTER, LLC -											
80-0776412, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	TX	N/A	N/A	N/A	N/A	<u> </u> X		N/A	X	N/A
MCA-CTMC HOLDINGS LLC -											
	AMBULATORY				•_				•_		
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	TX	N/A	N/A	N/A	N/A	<u> X</u>		N/A	X	N/A
SOUTH AUSTIN SURGICENTER, LLC	AMDIII AMODII										
	AMBULATORY SURGERY CENTER	ТX	NT / 7	NT / 7	NT / 7A	NT / 7		,	NT / 7		NT / 7
STE 1800, AUSTIN, TX 78701 ST. DAVID'S AUSTIN AREA ASC.	SURGERY CENTER	TX	N/A	N/A	N/A	N/A	<u> </u>		N/A	X	N/A
LLC - 61-1760247, 98 SAN											
	AMBULATORY										
	SURGERY CENTER	ТX	N/A	N/A	N/A	N/A	x		N/A	x	N/A
, , , , ,		121	14/21	14/11	14/ 21	14/21	1 1	_	14/21	<u> </u>	147 21
AUSTIN GI SURGICENTER LLC -											
	AMBULATORY										
	SURGERY CENTER	ТX	N/A	N/A	N/A	N/A	x		N/A	x	N/A
,,				21, 22	-1/	-1,	 		-1/		
CAREOS SURGICENTER, LLC -											
	AMBULATORY										
	SURGERY CENTER	ТX	N/A	N/A	N/A	N/A	l k		N/A	x	N/A

1a

Yes No

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

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

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

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

b	b Gift, grant, or capital contribution to related organization(s)				1b	<u> </u>				
С	c Gift, grant, or capital contribution from related organization(s)				1c		X			
	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)				1f		X			
g	g Sale of assets to related organization(s)				1g		X			
h	h Purchase of assets from related organization(s)				1h		X			
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X				
0	Sharing of paid employees with related organization(s)				10	X				
						х				
	p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses										
	r Other transfer of cash or property to related organization(s)				1r		X			
S	s Other transfer of cash or property from related organization(s)		<u></u>		1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	lete this I	ine, including covered re	elationships and transaction thresholds.						
	(a) (b) Name of related organization Transaction type (a-s)		(c) Amount involved	(d) Method of determining amount invo	lved					
1)										
2)										
۵۱										
3)		-								
41										
4)										
E\										
5)										
6)										
	163 10-28-20			Schedule F	(Forn	1 990	2020			
JL .0	100 10 20 20			Concaule	,	. 555)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

74-2206098 Page 5 HOLDINGS Schedule R (Form 990) 2020 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, LLP NAME OF RELATED ORGANIZATION: SOUTH AUSTIN SURGERY CENTER, LTD. DIRECT CONTROLLING ENTITY: ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP NAME OF RELATED ORGANIZATION: LEADERSHIP HEALTHCARE HOLDINGS II LP, LLP DIRECT CONTROLLING ENTITY: ST. DAVID'S FOUNDATION IMPACT FUND, LP NAME OF RELATED ORGANIZATION: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP DIRECT CONTROLLING ENTITY: ST. DAVID'S FOUNDATION COMMUNITY FUND NAME OF RELATED ORGANIZATION: OAKWOOD SURGERY CENTER, LTD. DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP NAME OF RELATED ORGANIZATION: NORTH AUSTIN SURGERY CENTER, LP DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

CP SURGERY CENTER, LLC

Schedule N (Form 990) 2020 HODD INCO	74 2200000 Fage 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	
NAME OF RELATED ORGANIZATION:	
MCA-CTMC HOLDINGS LLC	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	, LLP
NAME OF RELATED ORGANIZATION:	
SOUTH AUSTIN SURGICENTER, LLC	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	, LLP
NAME OF RELATED ORGANIZATION:	
ST. DAVID'S AUSTIN AREA ASC, LLC	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	, LLP
NAME OF RELATED ORGANIZATION:	
AUSTIN GI SURGICENTER, LLC	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	, LLP
NAME OF RELATED ORGANIZATION:	
CAREOS SURGICENTER, LLC	
DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP	, LLP
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS	CORP OR TRUST:
NAME OF RELATED ORGANIZATION:	
ST. DAVID'S FOUNDATION IMPACT FUND, LP	
PRIMARY ACTIVITY: OWNS INDIRECT INTEREST IN A RADIOLOGY CENT	ER; MAKES
RESEARCH GRANTS	Schodulo P (Form 990) 2020

ST. DAVID'S COMMUNITY HEALTH FOUNDATION

Schedule R (F	orm 990) 2020	HO	TDINGS						/ 4	-2200098	Page 5
Schedule R (F Part VII)				on for responses	to questic	ons on Sche	dule R	See	instructions			
<u>'</u>	TOVIGE U	aditional in	<u> </u>	or responses	to questio	on conc	dale H.	000	mondono.			
NAME OF												
ST. DAV	ID'S	FOUND	DATION	IMPACT	FUND	GP, L	LC					
PRIMARY	ACT:	IVITY:	OWNS	INDIRE	CT IN	TEREST	IN	A	RADIOLOGY	CENTER;	MAKES	
RESEARC	H GR	ANTS										

Schedule R (Form 990) 2020