

Extended to November 15, 2018

OMB No. 1545-0047

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>St. David's Foundation</b>	<b>D</b> Employer identification number <b>74-1356589</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>512-879-6600</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1303 San Antonio St. 500</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>Austin, TX 78701</b>	<b>G</b> Gross receipts \$ <b>117,896,252.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>Earl Maxwell</b> <b>1303 San Antonio St., Suite 500, Austin, TX</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
	<b>J</b> Website: ▶ <b>www.stdavidsfoundation.org</b>	<b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To improve health and healthcare for all Central Texans.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 18
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 17
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> 101
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 51
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -538,423.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 133,020. Current Year: 104,535.
	<b>9</b> Program service revenue (Part VIII, line 2g)	117,868,782. 116,912,691.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351,315. 874,948.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,754. 4,078.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,354,871. 117,896,252.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,213,260. 56,343,663.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,641,429. 10,002,550.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,875,841. 7,382,549.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,730,530. 73,728,762.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	51,624,341. 44,167,490.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 862,537,751. End of Year: 984,352,817.
	<b>21</b> Total liabilities (Part X, line 26)	40,357,128. 43,887,389.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	822,180,623. 940,465,428.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Amy Vaughan, CFO</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Paula Wendling</b>	Preparer's signature <i>Paula Wendling</i>	Date <b>11/13/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00536805</b>
	Firm's name <b>Flieller, Kruger &amp; Skelton, PLLC</b>	Firm's EIN <b>74-2939657</b>	Firm's address <b>221 West Sixth Street, Suite 1200 Austin, TX 78701</b>	Phone no. (512) 479-6000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To improve health and healthcare for all Central Texans.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 59,597,129. including grants of \$ 56,343,663. ) (Revenue \$ ) The reporting organization provides grants and corresponding program services to community organizations and indigent adults with the purpose of improving access to health care in Central Texas.

4b (Code: ) (Expenses \$ 7,773,766. including grants of \$ ) (Revenue \$ ) The reporting organization provides free dental care for low income children through Title 1 schools and for indigent adults in Central Texas who have no other access to services.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 116,911,292. ) The reporting organization controls hospitals dedicated to serving Central Texas under the community benefit standard and The Affordable Care Act.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 67,370,895.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CFO - (512) 879-6600**  
**1303 San Antonio Street, Suite 500, Austin, TX 78701**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Betsy Abell Trustee	1.00	X						0.	0.	0.
(2) C.W. Hetherly Past Chair and BOG Chair	1.00 5.00	X						0.	0.	0.
(3) Chuck Treadwell Trustee	1.00	X						0.	0.	0.
(4) Craig Hester Trustee	1.00	X						0.	0.	0.
(5) Darrick McGill Trustee	1.00	X						0.	0.	0.
(6) H. David Hughes Past BOG Chair	1.00 5.00	X						0.	0.	0.
(7) Harriet O'Neill Trustee	1.00	X						0.	0.	0.
(8) Jerry Turner Past Chair and BOG Chair	5.00 10.00	X						0.	0.	0.
(9) Jim Prentice Trustee	1.00	X						0.	0.	0.
(10) John Murray Trustee	1.00 5.00	X						0.	0.	0.
(11) Karen Cole Trustee	1.00	X						0.	0.	0.
(12) Kathleen Angel Outgoing Trustee	0.50	X						0.	0.	0.
(13) Lino Mendiola Trustee	1.00	X						0.	0.	0.
(14) Marc Winkelman Trustee	1.00	X						0.	0.	0.
(15) Maya Payne Smart Trustee	1.00	X						0.	0.	0.
(16) Peter Pincoffs Board Chair	10.00 5.00	X						0.	0.	0.
(17) Ray Benson Trustee	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ray Bonilla Vice Chair	5.00 1.00	X					0.	0.	0.	
(19) Shannon Ratliff Secretary	10.00	X					0.	0.	0.	
(20) Amy Vaughan CFO	35.00 5.00			X			148,068.	0.	25,121.	
(21) Blake Holman CIO	32.00 8.00			X			209,607.	0.	26,365.	
(22) Bobbie Barker Outgoing Executive Vice President	39.50 0.50			X			210,936.	0.	12,934.	
(23) Cathy Iberg Vice President	10.00			X			202,001.	0.	6,060.	
(24) Dave Thomsen Outgoing Executive Vice President	33.00 7.00			X			302,501.	0.	27,460.	
(25) R. Earl Maxwell CEO	39.38 5.63			X			360,826.	0.	29,077.	
(26) William Buster Executive Vice President	35.00 5.00			X			225,066.	0.	32,263.	
<b>1b Sub-total</b>							1,659,005.	0.	159,280.	
<b>c Total from continuation sheets to Part VII, Section A</b>							889,674.	0.	186,280.	
<b>d Total (add lines 1b and 1c)</b>							2,548,679.	0.	345,560.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Carol Clark 3205 Dancy Street, Austin, TX 78722	Attorney's fees	253,102.
Kristy Ozmun P.O. Box 300848, Austin, TX 78703	Marketing services and consulting	120,000.

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

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	104,535.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			104,535.			
	<b>Program Service Revenue</b>	<b>2 a</b> St. David's HealthCare Partnershi .....	<b>Business Code</b>	621990	116,911,292.	116,911,292.	
<b>b</b> Medicare Reimbursement .....			621990	1,399.	1,399.		
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				116,912,691.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			874,948.			874,948.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			4,078.			4,078.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				117,896,252.	116,912,691.	0.	879,026.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	55,030,998.	55,030,998.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,312,665.	1,312,665.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,768,681.	481,198.	1,287,483.	
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	5,714,194.	4,503,732.	1,210,462.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	327,252.	234,225.	93,027.	
9 Other employee benefits	1,696,249.	1,338,231.	358,018.	
10 Payroll taxes	496,174.	351,497.	144,677.	
11 Fees for services (non-employees):				
a Management				
b Legal	323,054.		323,054.	
c Accounting	85,976.		85,976.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,202,285.		1,202,285.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	773,266.	639,290.	133,976.	
12 Advertising and promotion	593,094.	72,892.	520,202.	
13 Office expenses	653,854.	227,165.	426,689.	
14 Information technology	583,549.	374,838.	208,711.	
15 Royalties				
16 Occupancy	1,014,207.	758,722.	255,485.	
17 Travel	167,149.	128,620.	38,529.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	182,497.	88,607.	93,890.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	523,804.	379,090.	144,714.	
23 Insurance	334,339.	90,825.	243,514.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Dental Program Supplies</b>	638,980.	638,980.		
b <b>Complex Dental Care Sub</b>	413,271.	413,271.		
c <b>Repairs and Maintenance</b>	296,964.	296,964.		
d <b>Leased Equipment</b>	22,981.		22,981.	
e All other expenses	-426,721.	9,085.	-435,806.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	73,728,762.	67,370,895.	6,357,867.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	95.	<b>1</b>	103.
	<b>2</b> Savings and temporary cash investments .....	639,077.	<b>2</b>	488,667.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,146,933.	<b>7</b>	4,575,286.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	289,292.	<b>9</b>	487,679.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,130,091.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,396,413.	<b>10c</b>	3,733,678.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	503,627,724.	<b>12</b>	598,334,901.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	350,428,204.	<b>13</b>	376,075,996.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	656,507.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	862,537,751.	<b>16</b>	984,352,817.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,663,216.	<b>17</b>	9,282,826.
	<b>18</b> Grants payable .....	33,735,923.	<b>18</b>	34,604,563.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	-42,011.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	40,357,128.	<b>26</b>	43,887,389.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	819,560,070.	<b>27</b>	937,842,150.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....	2,620,553.	<b>29</b>	2,623,278.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	822,180,623.	<b>33</b>	940,465,428.	
<b>34</b> Total liabilities and net assets/fund balances .....	862,537,751.	<b>34</b>	984,352,817.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	117,896,252.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	73,728,762.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	44,167,490.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	822,180,623.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	74,117,315.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	940,465,428.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **St. David's Foundation** Employer identification number **74-1356589**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization  <b>St. David's Foundation</b>	Employer identification number  <b>74-1356589</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>St. David's Foundation</b>	Employer identification number  <b>74-1356589</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		446.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		28,861.
<b>j</b> Total. Add lines 1c through 1i .....			29,307.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

The Schedule K-1 from St. David's Healthcare Partnership, LP (the "Partnership") included \$28,861 of lobbying expenditures, which constituted the portion of the organization's annual association dues dedicated to lobbying activities.

**Part IV** Supplemental Information (continued)

In addition to amounts reported on the above-mentioned Schedule K-1,  
the Partnership participated in direct contact with local legislators.  
David Huffstutler, CEO of the Partnership, spent one hour on lobbying  
activities during 2017. The amount reported on Line 1g above reflects  
the costs of these activities based upon hourly rates of compensation  
and allocable overhead for the officer involved.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization **St. David's Foundation** Employer identification number **74-1356589**

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,620,553.	2,619,269.	2,623,782.	2,621,161.	2,584,920.
b Contributions					
c Net investment earnings, gains, and losses	2,725.	1,284.	-4,513.	2,621.	36,241.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,623,278.	2,620,553.	2,619,269.	2,623,782.	2,621,161.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		6,130,091.	2,396,413.	3,733,678.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,733,678.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Wells Fargo Investments	66,740,503.	End-of-Year Market Value
(B) TIFF Private Equity		
(C) Partners 2007	2,148,784.	End-of-Year Market Value
(D) TIFF Private Equity		
(E) Partners 2008	4,799,194.	End-of-Year Market Value
(F) TIFF Private Equity		
(G) Partners 2009	1,193,291.	End-of-Year Market Value
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>598,334,901.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) St. David's Healthcare		
(2) Partnership, LP, LLP	376,075,996.	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>376,075,996.</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4:**

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

**Part X, Line 2:**

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

**Part XIII** Supplemental Information (continued)

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

The Foundation's policy is to record interest and penalty expense related to income taxes as interest and other expense, respectively. At December 31, 2017 and 2016, no interest or penalties have been or are required to be accrued. The Foundation, generally, is no longer subject to income tax examination by federal authorities for years prior to December 31, 2014.



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **St. David's Foundation** Employer identification number **74-1356589**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			39,850,127.	318,599.	39,531,528.	6.37%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			48,511,158.	52,840,679.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			0.	0.		.00%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			88,361,285.	53,159,278.	39,531,528.	6.37%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			7,104,318.	0.	7,104,318.	1.15%
<b>f</b> Health professions education (from Worksheet 5) .....			1,657,157.	0.	1,657,157.	.27%
<b>g</b> Subsidized health services (from Worksheet 6) .....			0.	0.		.00%
<b>h</b> Research (from Worksheet 7) .....			391,697.	24,208.	367,489.	.06%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			60,079,356.	0.	60,079,356.	9.69%
<b>j Total.</b> Other Benefits .....			69,232,528.	24,208.	69,208,320.	11.17%
<b>k Total.</b> Add lines 7d and 7j .....			157,593,813.	53,183,486.	108,739,848.	17.54%

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

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

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	147,958,754.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	145,445,340.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	2,513,414.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

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

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

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

Facility Reporting Group A

Part V, line 16a, FAP website:

www.stdavids.com/patients-visitors/charity-discount-policy

Facility Reporting Group A

Part V, line 16b, FAP Application website:

www.stdavids.com/patients-visitors/charity-discount-policy

Facility Reporting Group A

Part V, line 16c, FAP Plain Language Summary website:

www.stdavids.com/patients-visitors/charity-discount-policy

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

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

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

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Seton, Central Health and Austin/Travis County Health and Human Services. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents

**Part V Facility Information** (continued)

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

to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 70 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 30 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 35 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Austin ISD, People's Community Clinic, Lone Star Circle of Care, and Community Action Network.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 37 people who represent the broad interests of Bastrop County and who are knowledgeable about its

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

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

health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 13 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Bastrop County Indigent Health Care, Family Crisis Center, Bastrop ISD, and DSHS-Bastrop County Health Department.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from October 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns.

Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 69 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of ten interviews, 17 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, CommuniCare Health Centers,

**Part V Facility Information** (continued)

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

Methodist Healthcare Ministries, and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Baylor Scott & White Health, Opportunities for Williamson and Burnet Counties, and the Seton Healthcare Family, collectively referred to as the CHA Team. The CHA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, and focus groups with residents and stakeholders. Trained facilitators conducted 12 focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 100 individual community members.

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

Part V, Section B, line 6b: Central Health District

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

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

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

**Part V Facility Information** (continued)

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

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

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

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs. These needs informed the priorities, goals, objectives, and strategies of the St. David's Medical Center Strategic Implementation Plan.

Need Areas:

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

These major findings from the CHNAs align well with the six established

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

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

priority areas of St. David's Foundation as described in the detailed Strategic Implementation Plan, attached as Exhibit H-1. All areas highlighted by the CHNAs are being addressed by the 2016-2018 Strategic Implementation Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

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

Part V, Section B, line 13h: The following is a summary of the Charity Care Policy adopted by St. David's Medical Center:

The facility provides applications to patients and provides help, if needed to fill out the application for charity care.

The patient is asked to verify the income of family members. Adult patients must provide the income for spouses and any dependents. Dependent patients must provide the income for parents and other dependents.

The facility seeks documentation of income from the patient including W-2 and paycheck stubs. Qualification for a public benefit program also qualifies patients for charity care. The facility works with patients who do not have documentation to find other ways to prove the patient's status.

The facility provides charity care for patients who have an income of less than 200% of Federal Poverty Guidelines. The facility determines charity eligibility for patients who have an income in excess of 200% of Federal

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

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

Poverty Guidelines. For these financially indigent patients, a sliding scale discount is applied to accounts for patients whose income is between 200% and 500% of FPG. If the patient's discounted account balance, after any third-party payments, exceeds 10% of the patient's annual income, the excess is forgiven.

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

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Seton, Central Health and Austin/Travis County Health and Human Services. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 70 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 30 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 35 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Austin ISD, People's Community Clinic, Lone Star Circle of Care, and Community

**Part V Facility Information** (continued)

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

**Action Network.**

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 37 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 13 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Bastrop County Indigent Health Care, Family Crisis Center, Bastrop ISD, and DSHS-Bastrop County Health Department.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from October 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their

**Part V Facility Information** (continued)

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

perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns.

Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 69 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of ten interviews, 17 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, CommuniCare Health Centers, Methodist Healthcare Ministries, and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Baylor Scott & White Health, Opportunities for Williamson and Burnet Counties, and the Seton Healthcare Family, collectively referred to as the CHA Team. The CHA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, and focus groups with

**Part V Facility Information** (continued)

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

residents and stakeholders. Trained facilitators conducted 12 focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 100 individual community members.

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

Part V, Section B, line 6b: Central Health District

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

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

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

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

Several overarching themes emerged from synthesizing the quantitative and

**Part V Facility Information** (continued)

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

qualitative data of the CHNAs. These needs informed the priorities, goals, objectives, and strategies of the North Austin Medical Center Strategic Implementation Plan.

**Need Areas:**

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

These major findings from the CHNAs align well with the six established priority areas of St. David's Foundation as described in the detailed Strategic Implementation Plan, attached as Exhibit H-1. All areas highlighted by the CHNAs are being addressed by the 2016-2018 Strategic Implementation Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

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

Part V, Section B, line 13h: The following is a summary of the Charity Care Policy adopted by St. David's North Austin Medical Center:

The facility provides applications to patients and provides help, if needed to fill out the application for charity care.

The patient is asked to verify the income of family members. Adult

**Part V Facility Information** (continued)

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

patients must provide the income for spouses and any dependents.

Dependent patients must provide the income for parents and other dependents.

The facility seeks documentation of income from the patient including W-2 and paycheck stubs. Qualification for a public benefit program also qualifies patients for charity care. The facility works with patients who do not have documentation to find other ways to prove the patient's status.

The facility provides charity care for patients who have an income of less than 200% of Federal Poverty Guidelines. The facility determines charity eligibility for patients who have an income in excess of 200% of Federal Poverty Guidelines. For these financially indigent patients, a sliding scale discount is applied to accounts for patients whose income is between 200% and 500% of FPG. If the patient's discounted account balance, after any third-party payments, exceeds 10% of the patient's annual income, the excess is forgiven.

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

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Seton, Central Health and Austin/Travis County Health and Human Services. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and

**Part V Facility Information** (continued)

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

what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 70 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 30 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 35 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Austin ISD, People's Community Clinic, Lone Star Circle of Care, and Community Action Network.

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 37 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential

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

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

interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 13 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Bastrop County Indigent Health Care, Family Crisis Center, Bastrop ISD, and DSHS-Bastrop County Health Department.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from October 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns.

Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 69 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of ten interviews, 17 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, CommuniCare Health Centers, Methodist Healthcare Ministries, and Hays County Food Bank.

**Part V Facility Information** (continued)

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

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Baylor Scott & White Health, Opportunities for Williamson and Burnet Counties, and the Seton Healthcare Family, collectively referred to as the CHA Team. The CHA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, and focus groups with residents and stakeholders. Trained facilitators conducted 12 focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 100 individual community members.

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

Part V, Section B, line 6b: Central Health District

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

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

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

**Part V Facility Information** (continued)

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

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

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

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs. These needs informed the priorities, goals, objectives, and strategies of the South Austin Medical Center Strategic Implementation Plan.

Need Areas:

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

These major findings from the CHNAs align well with the six established priority areas of St. David's Foundation as described in the detailed

**Part V Facility Information** (continued)

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

Strategic Implementation Plan, attached as Exhibit H-1. All areas highlighted by the CHNAs are being addressed by the 2016-2018 Strategic Implementation Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

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

Part V, Section B, line 13h: The following is a summary of the Charity Care Policy adopted by St. David's South Austin Medical Center:

The facility provides applications to patients and provides help, if needed to fill out the application for charity care.

The patient is asked to verify the income of family members. Adult patients must provide the income for spouses and any dependents. Dependent patients must provide the income for parents and other dependents.

The facility seeks documentation of income from the patient including W-2 and paycheck stubs. Qualification for a public benefit program also qualifies patients for charity care. The facility works with patients who do not have documentation to find other ways to prove the patient's status.

The facility provides charity care for patients who have an income of less than 200% of Federal Poverty Guidelines. The facility determines charity eligibility for patients who have an income in excess of 200% of Federal Poverty Guidelines. For these financially indigent patients, a sliding

**Part V Facility Information** (continued)

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

scale discount is applied to accounts for patients whose income is between 200% and 500% of FPG. If the patient's discounted account balance, after any third-party payments, exceeds 10% of the patient's annual income, the excess is forgiven.

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

Part V, Section B, line 5: In preparation of the CHNA for Austin / Travis County, the reporting organization collaborated with Seton, Central Health and Austin/Travis County Health and Human Services. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 70 people who represent the broad interests of Travis County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 30 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 35 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Austin ISD, People's Community Clinic, Lone Star Circle of Care, and Community Action Network.

**Part V Facility Information** (continued)

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

In preparation of the CHNA for Bastrop County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from November 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 37 people who represent the broad interests of Bastrop County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of nine interviews, 13 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Bastrop County Indigent Health Care, Family Crisis Center, Bastrop ISD, and DSHS-Bastrop County Health Department.

In preparation of the CHNA for Hays County, the reporting organization collaborated with Seton and Central Health. Through the collective effort, a focus group, interviews and online surveys were conducted from October 2015 - February 2016 with leaders from a wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming,

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

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

services, or initiatives are most needed to address these concerns. Representatives from collaborating agencies made up a steering committee, which was responsible for designing the Assessment. The steering committee members contributed contact information for 69 people who represent the broad interests of Hays County and who are knowledgeable about its health-related issues. The steering committee then prioritized potential interviewees, paying attention to factors such as type of work and work place. A total of ten interviews, 17 online surveys and one focus group with community stakeholders were conducted. Ultimately, the qualitative research engaged over 20 individuals in discussions about the health issues they deemed critical in their community. Organizations represented by these individuals include Hays CISD, CommuniCare Health Centers, Methodist Healthcare Ministries, and Hays County Food Bank.

In preparation of the CHNA for Williamson County, the reporting organization collaborated with the Williamson County and Cities Health District, the WilCo Wellness Alliance, Baylor Scott & White Health, Opportunities for Williamson and Burnet Counties, and the Seton Healthcare Family, collectively referred to as the CHA Team. The CHA Team used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The assessment process included both primary data generated by the partners and secondary data from external organizations. The team also gathered qualitative data through facilitated discussions, key informant interviews, and focus groups with residents and stakeholders. Trained facilitators conducted 12 focus

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

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

groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, the CHA process engaged more than 100 individual community members.

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

Part V, Section B, line 6b: Central Health District

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

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

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

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

Several overarching themes emerged from synthesizing the quantitative and qualitative data of the CHNAs. These needs informed the priorities, goals,

**Part V Facility Information** (continued)

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

objectives, and strategies of the Round Rock Medical Center Strategic Implementation Plan.

**Need Areas:**

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

These major findings from the CHNAs align well with the six established priority areas of St. David's Foundation as described in the detailed Strategic Implementation Plan, attached as Exhibit H-1. All areas highlighted by the CHNAs are being addressed by the 2016-2018 Strategic Implementation Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

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

Part V, Section B, line 13h: The following is a summary of the Charity Care Policy adopted by St. David's Round Rock Medical Center:

The facility provides applications to patients and provides help, if needed to fill out the application for charity care.

The patient is asked to verify the income of family members. Adult patients must provide the income for spouses and any dependents.

**Part V Facility Information** (continued)

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

Dependent patients must provide the income for parents and other dependents.

The facility seeks documentation of income from the patient including W-2 and paycheck stubs. Qualification for a public benefit program also qualifies patients for charity care. The facility works with patients who do not have documentation to find other ways to prove the patient's status.

The facility provides charity care for patients who have an income of less than 200% of Federal Poverty Guidelines. The facility determines charity eligibility for patients who have an income in excess of 200% of Federal Poverty Guidelines. For these financially indigent patients, a sliding scale discount is applied to accounts for patients whose income is between 200% and 500% of FPG. If the patient's discounted account balance, after any third-party payments, exceeds 10% of the patient's annual income, the excess is forgiven.

**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 Bailey Square Medical Center 1111 W. 34th St, #400 Austin, TX 78705	Ambulatory Surgery Center
2 South Austin Surgery Center 4207 James Casey St, #203 Austin, TX 78745	Ambulatory Surgery Center
3 CareNow - Southwest Austin 5033 W. HWY 290, Building E Austin, TX 78735	Urgent Care Clinic
4 CareNow - Tech Ridge 12415 N Interstate 35 Austin, TX 78753	Urgent Care Clinic
5 CareNow - Cedar Park 5001 TX 183A Toll Rd Cedar Park, TX 78613	Urgent Care Clinic
6 CareNow - Round Rock East 4810 Gattis School Rd, Suite 100 Hutto, TX 78634	Urgent Care Clinic

**Part VI Supplemental Information**

Provide the following information.

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

Part I, Line 3c:

In compliance with IRC Section 501(r), the hospitals provide 100% financial assistance (Charity Care) for eligible patients with income equal to or less than 200% of the Federal Poverty Guidelines (FPG). For eligible patients with income over 200% FPG and equal to 500% or less than FPG, discounts are provided on a sliding scale. Eligibility is determined using various sources of documentation and income verification. Throughout 2017, the accounts for individuals without any health insurance who live in low income zip codes and who failed to respond to collection efforts were removed from accounts receivable and treated as charity care.

Part I, Line 7:

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

Part I, Ln 7 Col(f):

Bad debts are excluded from the calculation of total expenses.

**Part VI** Supplemental Information (Continuation)

Part II, Community Building Activities:

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

Part III, Line 4:

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

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

Part III, Line 8:

The amounts reported on Part III, Lines 5-7 have been determined by aggregating the information from the individual facility cost report(s) for each of the Hospitals operated by SDHP [St. David's Healthcare Partnership, LP, LLP]. The Hospitals operated by SDHP may have cost report year ends other than December 31, 2017. Accordingly, for a

**Part VI** Supplemental Information (Continuation)

facility with a non-calendar cost report year end, the cost report that was filed for the cost report year end that ended during 2017 was utilized. It is important to note that amounts included in lines 5-7 do not include Medicare revenue and related cost for freestanding ambulatory surgery services and for physician services.

## Part III, Line 9b:

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

## Part I, Line 7b:

Part I, Line 7b, Column (f): In accordance with Form 990 instructions, the percent of total expense for Line 7b, Unreimbursed Medicaid, is reported as zero. The actual amount of Line 7b, Column (e) is -\$4,329,521 and the actual amount of Line 7b, Column (f) is -0.70%. Lines 7d and 7k, Column (f), would be 5.67% and 16.84%, respectively.

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

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

**Part VI** Supplemental Information (Continuation)

the percentage of patient billings that is likely to result in bad debt.

For this reason, and out of an abundance of caution, the Foundation has answered "no" to whether Statement 15 is followed. Despite the best efforts of HMFA to assist hospitals in determining the difference between patients who have the capacity to pay for their care but won't pay and patients who lack the capacity to pay, the determination always involves judgment. However, the hospitals controlled by the Foundation determine charity care on the core principles set forth in Statement 15, including specific criteria for charity care, a specific time of determination, record keeping, disclosure of the charity care policy and valuation of charity care at cost.

Part I, Lines 6a and 6b:

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

Part VI, Line 2:

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

Part VI, Line 3:

**Part VI** Supplemental Information (Continuation)

Each hospital posts a summary of its charity care policy in admission areas, emergency rooms, and other areas where eligible patients are likely to be present. The hospitals' Condition of Admission consent informs the patients that they may be eligible for financial assistance or charity care and they may request information about these programs. A summary of the financial assistance program is provided to the patient during the intake and discharge processes. Patients are informed of availability of various government benefits, such as Medicaid, and receive assistance with the qualification for such programs, where applicable.

Part VI, Line 4:

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

Part VI, Line 5:

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

Part VI, Line 6:

The Foundation is a general partner in St. David's Healthcare, a hospital system that meets the Community Benefit Standard and the requirements of the Affordable Care Act in delivering hospital care to Central Texas. In addition, the Foundation has assessed the unmet healthcare needs of Central Texas and uses the earnings from the hospitals to meet those needs

**Part VI** Supplemental Information (Continuation)

in many ways. The Foundation makes grants to charities in Central Texas meeting the healthcare needs of the indigent. The Foundation also makes grants to educational institutions to support medical education. The Foundation's affiliates give needs-based scholarships to students pursuing healthcare careers. In addition, the Foundation provides free dental care to the children in more than 50 low income schools and to the adult patients of safety net clinics in Central Texas, and it pays for discounted eye exams and eyeglasses for low income Central Texans.

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

TX

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **St. David's Foundation** Employer identification number **74-1356589**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS Services of Austin 7215 Cameron Rd Austin, TX 78752	74-2440845	501(c)(3)	1,067,777.	0.			Health Access Grant
Any Baby Can 6207 Sheridan Avenue Austin, TX 78723	74-2684335	501(c)(3)	633,171.	0.			Health Access Grant
The ARC of the Capital Area 4902 Grove Ave Austin, TX 78756	74-1294429	501(c)(3)	50,000.	0.			Health Access Grant
Austin Child Guidance Center 810 W 45th St Austin, TX 78751	74-1166783	501(c)(3)	583,310.	0.			Health Access Grant
Austin Clubhouse PO Box 300568 Austin, TX 78703	90-0505527	501(c)(3)	142,107.	0.			Health Access Grant
Austin Community Foundation 4315 Guadalupe, Suite 300 Austin, TX 78751	74-1934031	501(c)(3)	75,000.	0.			Health Access Grant

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **101.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Austin Groups for the Elderly 3710 Cedar St, Box 2 Austin, TX 78705	74-2431028	501(c)(3)	1,150,802.	0.			Health Access Grant
Austin Parks Foundation 507 Calles Street Suite 116 Austin, TX 78702	74-2648803	501(c)(3)	209,593.	0.			Health Access Grant
Austin Public Education Foundation 1111 W. 6th Austin, TX 78703	74-2654168	501(c)(3)	1,037,859.	0.			Health Access Grant
Austin Recovery 4201 South Congress Ave No 202 Austin, TX 78745	74-1609108	501(c)(3)	802,452.	0.			Health Access Grant
Austin Speech Labs 7800 Shoal Creek Blvd, Ste 136-S Austin, TX 78757	26-2137242	501(c)(3)	70,750.	0.			Health Access Grant
Austin Travis County Integral Care PO Box 3548 Austin, TX 78764	74-1547909	501(c)(3)	3,326,927.	0.			Health Access Grant
Barton Springs Conservancy 2100 Stamford Lane Austin, TX 78703	47-2739802	501(c)(3)	30,000.	0.			Health Access Grant
Bastrop County Emergency Food Bank 806 Fayette St Bastrop, TX 78602	74-2485884	501(c)(3)	60,435.	0.			Health Access Grant
Bastrop County Women's Shelter 431 Old Austin Hwy Bastrop, TX 78602	74-2304542	501(c)(3)	61,300.	0.			Health Access Grant

Schedule I (Form 990)

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

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Blackland Community Development Corp. - 1902 E 22nd St - Austin, TX 78722	74-2279246	501(c)(3)	50,000.	0.			Health Access Grant
Blue Bonnet Trails Community Services - 1009 N Georgetown St - Round Rock, TX 78664	74-2795332	501(c)(3)	429,600.	0.			Health Access Grant
Book Boosters, Inc. 5212 Scottish Thistle Dr Austin, TX 78739	74-2652688	501(c)(3)	25,000.	0.			Health Access Grant
BookSpring 2006 Greenbrook Parkway Austin, TX 78723	74-2542664	501(c)(3)	50,000.	0.			Health Access Grant
Boys and Girls Club of the Capital Area - 303 W Johanna St - Austin, TX 78704	74-6087356	501(c)(3)	815,655.	0.			Health Access Grant
Breast Cancer Resource Center PO Box 300040 Austin, TX 78703	74-2743333	501(c)(3)	309,324.	0.			Health Access Grant
Capital Area Council of Governments - 6800 Burleson Rd Building 310 Suite 165 - Austin, TX 78744	74-1689381	501(c)(3)	99,466.	0.			Health Access Grant
Capital Idea PO Box 1784 Austin, TX 78767	74-2893041	501(c)(3)	1,562,912.	0.			Health Access Grant
Cardea Services 8800 Business Park Dr Bldg C-6 Ste Austin, TX 78759	94-2401949	501(c)(3)	50,000.	0.			Health Access Grant

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATCH Global Foundation 8000 Centre Park Dr Ste 350 Austin, TX 78754	46-5369024	501(c)(3)	50,000.	0.			Health Access Grant
Center for Child Protection 8509 FH 969, Bldg C Austin, TX 78724	74-2562585	501(c)(3)	248,164.	0.			Health Access Grant
Central Texas Food Bank 6500 Metropolis Drive Austin, TX 78744	74-2217350	501(c)(3)	178,046.	0.			Health Access Grant
Children's Optimal Health 1206 West 38th Street Austin, TX 78705	26-2559516	501(c)(3)	35,000.	0.			Health Access Grant
Coalition of Texans with Disabilities - 1716 San Antonio St. - Austin, TX 78701	74-2071160	501(c)(3)	146,077.	0.			Health Access Grant
Communicare Barrio Comprehensive Family Care - 3066 Commerce - San Antonio, TX 78220	74-1724391	501(c)(3)	1,120,452.	0.			Health Access Grant
Communities in Schools 3000 S IH 35 Austin, TX 78704	74-2369020	501(c)(3)	1,262,760.	0.			Health Access Grant
Community Health Centers of South Central Texas - 228 St. George St - Gonzales, TX 78629	74-1548089	501(c)(3)	893,702.	0.			Health Access Grant
Council On At-Risk Youth 3710 Cedar St Ste 23 Austin, TX 78705	74-2921243	501(c)(3)	155,325.	0.			Health Access Grant

Schedule I (Form 990)

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

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Drive A Senior PO Box 743 Georgetown, TX 78627	20-3414707	501(c)(3)	478,816.	0.			Health Access Grant
Easter Seals of Central Texas 1611 Headway Circle Austin, TX 78754	75-0808811	501(c)(3)	159,712.	0.			Health Access Grant
El Buen Samaritano 7000 Woodhue Austin, TX 78745	74-2488682	501(c)(3)	1,623,978.	0.			Health Access Grant
Ending Community Homelessness Coalition Inc - 300 E. Highland Mall Blvd #200 - Austin, TX 78752	27-4449243	501(c)(3)	885,373.	0.			Health Access Grant
Essilor Vision Foundation 13515 N Stemmons Fwy Dallas, TX 75234	33-1174387	501(c)(3)	60,000.	0.			Health Access Grant
Family Eldercare 2210 Hancock Dr Austin, TX 78756	74-2286387	501(c)(3)	410,364.	0.			Health Access Grant
Allison Orr Dance Inc aka Forklift Danceworks - 2023 E Cesar Chavez St - Austin, TX 78702	01-0812720	501(c)(3)	50,000.	0.			Health Access Grant
Foundation Communities 3036 S. First St Austin, TX 78704	74-2563260	501(c)(3)	3,524,392.	0.			Health Access Grant
Goodwill Industries of Central Texas - 1015 Norwood Park Blvd - Austin, TX 78753	74-1322808	501(c)(3)	32,500.	0.			Health Access Grant

Schedule I (Form 990)

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

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Half Helen Foundation 6405 S IH 35 Austin, TX 78744	46-2808051	501(c)(3)	50,000.	0.			Health Access Grant
Hays-Caldwell Women's Center PO Box 234 San Marcos, TX 78667	74-2020505	501(c)(3)	304,915.	0.			Health Access Grant
Health Alliance for Austin Musicians - PO Box 301496 - Austin, TX 78703	74-1934031	501(c)(3)	450,045.	0.			Health Access Grant
Healthy Futures of Texas 2300 W Commerce 212 San Antonio, TX 78207	20-5793076	501(c)(3)	37,500.	0.			Health Access Grant
Helping the Aging, Needy and Disabled - 1640B 2nd St - Austin, TX 78702	74-1888198	501(c)(3)	716,062.	0.			Health Access Grant
Hospice Austin 4107 Spicewood Springs Blvd Austin, TX 78759	74-2200596	501(c)(3)	323,315.	0.			Health Access Grant
Huston-Tillotson University 900 Chicon St Austin, TX 78702	74-1180151	501(c)(3)	150,000.	0.			Health Access Grant
I Live Here, I Give Here 1210 Rosewood Avenue Austin, TX 78702	90-0647614	501(c)(3)	148,806.	0.			Health Access Grant
Immunization Partnership 3000 Richmond Ave, Suite 200-B Houston, TX 77098	76-0695612	501(c)(3)	132,000.	0.			Health Access Grant

Schedule I (Form 990)

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

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Integrated Care Collaboration 8627 N Mopac No 300 Austin, TX 78759	31-1624871	501(c)(3)	250,000.	0.			Health Access Grant
Interagency Support Council of Eastern Williamson County - 400 Porter St - Taylor, TX 76574	84-1636308	501(c)(3)	356,756.	0.			Health Access Grant
Interfaith Care Alliance 314 E. Highland Mall Blvd #495 Austin, TX 78752	74-2845698	501(c)(3)	204,447.	0.			Health Access Grant
It's Time Texas Inc. 911 W Anderson Ln Ste 202 Austin, TX 78757	43-2051509	501(c)(3)	50,000.	0.			Health Access Grant
Latino Healthcare Forum P.O. Box 1271 Austin, TX 78767	46-1170748	501(c)(3)	100,000.	0.			Health Access Grant
LifeWorks 3700 S. 1st St Austin, TX 78704	74-2137189	501(c)(3)	1,815,799.	0.			Health Access Grant
Christian Servanthood Foundation aka Light and Salt Services - 13010 Research Blvd #224 - Austin, TX 78750	26-1471213	501(c)(3)	50,000.	0.			Health Access Grant
Lone Star Circle of Care 1500 W. University Ave Georgetown, TX 78628	74-3001674	501(c)(3)	4,320,222.	0.			Health Access Grant
Manos de Cristo 4911 Harmon Ave Austin, TX 78751	74-2511974	501(c)(3)	564,739.	0.			Health Access Grant

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marathon Kids PO Box 5501 Austin, TX 78763	06-1722171	501(c)(3)	538,855.	0.			Health Access Grant
Meals on Wheels and More 3227 E. 5th St Austin, TX 78702	23-7202594	501(c)(3)	1,858,751.	0.			Health Access Grant
Greenlights for NonProfit Success dba Mission Capital - 8303 N MoPac Expy - Austin, TX 78759	74-2992877	501(c)(3)	35,000.	0.			Health Access Grant
Mobile Loaves & Fishes Inc. 903 S Capital Of Texas Hwy Austin, TX 78746	74-2956081	501(c)(3)	940,392.	0.			Health Access Grant
Mothers' Milk Bank at Austin 5925 Dillard Cir Austin, TX 78752	74-2883760	501(c)(3)	305,026.	0.			Health Access Grant
NAMI Austin PO Box 302398 Austin, TX 78703	74-2374858	501(c)(3)	50,000.	0.			Health Access Grant
Out Youth 909 E 49th 1/2 St Austin, TX 78751	74-2732971	501(c)(3)	50,000.	0.			Health Access Grant
Pease Park Conservancy PO Box 50065 Austin, TX 78763	46-2388316	501(c)(3)	30,000.	0.			Health Access Grant
People's Community Clinic 2909 N. IH 35 Austin, TX 78722	23-7087608	501(c)(3)	4,576,562.	0.			Health Access Grant

Schedule I (Form 990)

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

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Planned Parenthood 201 East Ben White Blvd Austin, TX 78704	37-1515621	501(c)(3)	425,251.	0.			Health Access Grant
Project Normalization, Inc. dba Open Door Preschool - 3804 Cherrywood Road - Austin, TX 78722-1218	74-1834374	501(c)(3)	50,000.	0.			Health Access Grant
Round Rock Serving Center PO Box 5006 Round Rock, TX 78683	74-2454410	501(c)(3)	229,924.	0.			Health Access Grant
Sacred Heart Community Clinic PO Box 5845 Round Rock, TX 78683	27-2901548	501(c)(3)	65,000.	0.			Health Access Grant
The SAFE Alliance P.O. Box 19454 Austin, TX 78760-9454	74-2320657	501(c)(3)	1,444,947.	0.			Health Access Grant
Samaritan Center 2425A Burnet Rd Austin, TX 78756	74-1832864	501(c)(3)	333,289.	0.			Health Access Grant
Samaritan Health Ministries PO Box 133 Cedar Park, TX 78630	74-2570190	501(c)(3)	340,132.	0.			Health Access Grant
Seedling Foundation 8001 Centre Park Drive Austin, TX 78754	74-2841791	501(c)(3)	41,450.	0.			Health Access Grant
Shoal Creek Conservancy PO Box 11520 Austin, TX 78711	46-2705100	501(c)(3)	30,000.	0.			Health Access Grant

Schedule I (Form 990)

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

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SIMS Foundation PO Box 2152 Austin, TX 78768	74-2766013	501(c)(3)	220,548.	0.			Health Access Grant
Spirit Reins Inc 2055 CR 284 Liberty Hill, TX 78642	06-1692909	501(c)(3)	277,603.	0.			Health Access Grant
Sustainable Food Center 1106 Clayton Lane Austin, TX 78723	74-2441468	501(c)(3)	637,415.	0.			Health Access Grant
Texas A&M Foundation 401 George Bush Dr College Station, TX 77840	74-2245072	501(c)(3)	231,250.	0.			Health Access Grant
Texas Campaign to Prevent Teen Pregnancy Inc - 700 Lavaca Street #1400-90590 - Austin, TX 78701	26-4012273	501(c)(3)	50,000.	0.			Health Access Grant
Growers Alliance of Central Texas 16301 Decker Lake Rd Manor, TX 78653	47-2673160	501(c)(3)	20,000.	0.			Health Access Grant
Texas Health Institute 8501 N Mopac Expressway No 170 Austin, TX 78759	74-2237787	501(c)(3)	25,000.	0.			Health Access Grant
Texas Higher Education Coordinating Board - 1200 E. Anderson Lane - Austin, TX 78752	74-6016766	State of Texas	1,305,503.	0.			Health Access Grant
Texas Network of Youth Services, Inc. - PO Box 26855 - Austin, TX 78755	75-1791374	501(c)(3)	50,000.	0.			Health Access Grant

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Ramp Project PO Box 832065 Richardson, TX 78083	33-1139484	501(c)(3)	180,870.	0.			Health Access Grant
Texas Scottish Rite Hospital 2222 Welborn St Dallas, TX 75219	75-0818178	501(c)(3)	100,000.	0.			Health Access Grant
Texas State University 601 University Drive San Marcos, TX 78666	74-1946138	501(c)(3)	110,000.	0.			Nursing Scholarships
Town Lake Trail Foundation PO Box 5195 Austin, TX 78763	87-0699956	501(c)(3)	60,000.	0.			Health Access Grant
University of Texas at Austin PO Box 7726 Austin, TX 78713	74-6000203	State of Texas	1,722,274.	0.			Health Access Grant
Volunteer Healthcare Clinic 4215 Medical Parkway Austin, TX 78756	74-6082464	501(c)(3)	110,447.	0.			Health Access Grant
Waller Creek Conservancy PO Box 12363 Austin, TX 78711	27-3225405	501(c)(3)	30,000.	0.			Health Access Grant
Waterloo Counseling Center 3000 S IH 35 Austin, TX 78704	74-2291792	501(c)(3)	148,702.	0.			Health Access Grant
Central Texas Regional Blood and Tissue Center dba We Are Blood - 4300 North Lamar Boulevard - Austin, TX 78756	74-1366292	501(c)(3)	194,524.	0.			Health Access Grant

Schedule I (Form 990)

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

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Williamson County Crisis Center 1011 Gattis School Rd, Ste 106 Round Rock, TX 78664	74-2277114	501(c)(3)	174,284.	0.			Health Access Grant
Williamson-Burnet County Opportunities - PO Box 740 - Georgetown, TX 78627	74-6075213	501(c)(3)	206,558.	0.			Health Access Grant
Women's Health & Family Planning Assoc. of Texas - 1114 Lost Creek Blvd, Ste 110 - Austin, TX 78746	74-1936078	501(c)(3)	50,000.	0.			Health Access Grant
Wonders & Worries 9101 Burnet Road No 107 Austin, TX 78758	74-3012982	501(c)(3)	50,000.	0.			Health Access Grant
YMCA of Austin 1402 Cesar Chavez Austin, TX 78702	74-1193464	501(c)(3)	233,256.	0.			Health Access Grant
YMCA of Greater Williamson County 1812 N. Mays St Round Rock, TX 78664	74-2206558	501(c)(3)	71,475.	0.			Health Access Grant
Young Invincibles 1411 K Street NW Washington, DC 20005	46-2214021	501(c)(3)	50,000.	0.			Health Access Grant

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Discounted eye exams and eyeglasses for needy Central Texans.	10339	1,314,757.	0.		

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

Part I, Line 2:

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

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

- Grantees submit year-end reports to Program Officers after the close of

**Part IV Supplemental Information**

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

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

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

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

- Staff conduct periodic site visits throughout funding year.

Part III

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

St. David's Foundation

Employer identification number

74-1356589

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Amy Vaughan CFO	(i)	148,068.	0.	0.	4,437.	20,684.	173,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Blake Holman CIO	(i)	209,607.	0.	0.	6,280.	20,085.	235,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Bobbie Barker Outgoing Executive Vice President	(i)	210,936.	0.	0.	6,313.	6,621.	223,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Cathy Iberg Vice President	(i)	202,001.	0.	0.	6,060.	0.	208,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Dave Thomsen Outgoing Executive Vice President	(i)	252,898.	0.	49,603.	3,510.	23,950.	329,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) R. Earl Maxwell CEO	(i)	360,826.	0.	0.	8,100.	20,977.	389,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) William Buster Executive Vice President	(i)	225,066.	0.	0.	3,585.	28,678.	257,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Shailee Gupta Clinical Director	(i)	164,344.	0.	0.	5,092.	27,871.	197,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Joy Legan Director of Human Resources	(i)	136,821.	0.	0.	4,167.	19,835.	160,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Caesar Collazo Staff Dentist	(i)	151,569.	0.	0.	4,617.	27,838.	184,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Ensy Atarod Lead Dentist	(i)	155,783.	0.	0.	4,700.	27,852.	188,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Mamatha Pasala Lead Dentist	(i)	143,611.	0.	0.	4,533.	27,830.	175,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Lisa Trahan Director of Communications	(i)	137,546.	0.	0.	4,163.	27,782.	169,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
C.W. Hetherly (Past Chair)	Family relationship	161,564.	C.W. Hether		X

**Part V Supplemental Information**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: C.W. Hetherly (Past Chair)

(b) Relationship Between Interested Person and Organization:

Family relationship with St. David's Healthcare Partnership, LP, LLP

(c) Amount of Transaction \$ 161,564.

(d) Description of Transaction: C.W. Hetherly's son, Michael Hetherly, is the Director - Provider Sponsored Networks, St. David's Healthcare Partnership, LP, LLP, an entity related by ownership to the reporting organization, or one of its affiliates. The reported amount of the transaction includes Michael Hetherly's salary & benefits.

(e) Sharing of Organization Revenues? = No

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

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**2017**

Open to Public  
Inspection

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

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

Decisions on Capital Budget and Operating Budget transfers of amounts of

2.5% or less of the total grants budget are delegated to the Chief

Executive Officer. Final authority for grants of between \$1,000,000 and

\$2,000,000 is delegated to the Community Investment Committee; final

authority for grants of less than \$1,000,000 is delegated to the Executive

Vice President of Community Investments; and final authority for grants of

less than \$250,000 is delegated to the Vice President of Community

Investments. Decisions on contracts and expenditures of amounts of \$250,000

or less are delegated to the Chief Executive Officer.

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

The reporting organization's Tax and Audit Committee reviews a draft of the

Form 990 in detail prior to it being finalized. A final version of Form 990

is sent to the Trustees prior to filing.

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

The reporting organization annually verifies compliance with the conflicts

of interest policy. The individuals covered by this policy include the

officers and trustees. The persons covered by this policy are required to

annually disclose or update the Chairman of the Board of Trustees on a form

provided by the organization their interests that could give rise to

conflicts of interest. For each interest disclosed to the Chairman of the

Board of Trustees of the Foundation, the Chairman will determine whether

to: (a) take no action; (b) assure full disclosure to the Board of Trustees

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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of the Foundation and other individuals covered by this policy; (c) ask the person to recuse from participation in related discussions or decisions within the organization; or (d) ask the person to resign from his or her position in the Organization or, if the person refuses to resign, become subject to possible removal in accordance with the Organization's removal procedures. The organization's CEO will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the Chairman of the Board of Trustees in order to deal with potential or actual conflicts.

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

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

This process was undertaken for the following officers, directors, and key employees for 2017 compensation on November 29, 2016:

R. Earl Maxwell, CEO

Blake Holman, CIO

William Buster, VP

Amy Vaughan, CFO

Shailee Gupta, Clinical Director

This process was undertaken for the following officers, directors, and key

Name of the organization St. David's Foundation	Employer identification number 74-1356589
--	--

employees for 2017 compensation on January 31, 2017:

Bobbie Barker, Executive Vice President

Dave Thomsen, Executive Vice President

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, St. David's Community Health Foundation Holdings, St. David's Foundation Community Fund, St. David's Community Health Foundation Initiatives, St. David's Foundation Impact Fund, LP, and St. David's Foundation Impact Fund, GP, LLC.

Form 990, Part VI, Section A, Line 1a:

The Board of Trustees of the reporting organization (the "Foundation") established an Executive Committee (the "Committee") to assist the Board in fulfilling its oversight responsibility for the operations of the organization and its affiliates. The Committee has the power to conduct the business of the Foundation during the period between meetings of the Board, in accordance with the policies and expressed wishes of the Board and established protocol. The Committee is

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authorized to secure such resources as it reasonably needs to fulfill its responsibilities, including outside consultants, as appropriate.

The Chief Executive Officer of the Foundation, or an appointed representative, serves as the Committee's staff liaison. The Committee also consists of three elected governing Board officers: Chair, Vice Chair and Secretary, the Past Chair of the Foundation, the Chair of the Board of Governors, and the chairs of other governing Board committees. All Committee members are governing board members, must be independent of management, and receive no compensation from the Foundation.

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

Officer Compensation of Related Organizations:

St. David's Foundation (the "Foundation") owns a general partner interest in St. David's Healthcare Partnership, LP, LLP (the "Partnership"). The amounts below represent the compensation paid by the Partnership during 2017.

Cindy Sights, CFO

Salary	\$256,162
--------	-----------

Employee Benefits	\$31,661
-------------------	----------

C. David Huffstutler, CEO

Salary	\$492,005
--------	-----------

Employee Benefits	\$45,637
-------------------	----------

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **St. David's Foundation** Employer identification number **74-1356589**

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

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

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

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

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St. David's Healthcare Partnership, L.P., LLP - 74-2781812, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owns & operates four hospitals in Central TX	TX	N/A	Related	164,495,917.	644,520,361.		X	N/A	X		40.59%
Bailey Square Ambulatory Surgical Center, Ltd. - 75-2467365, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
South Austin Surgery Center, Ltd. - 62-1775267, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Leadership Healthcare Holdings II LP, LLP - 34-1996283, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owns an interest in a radiology center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
St. David's Foundation Impact Fund, L.P. - 34-1996279, 1303 San Antonio St. #500, Austin, TX 78701	Owns indirect interest in a radiology center;	TX	N/A	C CORP	N/A	N/A	N/A		X
St. David's Foundation Impact Fund GP, LLC - 34-1996272, 1303 San Antonio St. #500, Austin, TX 78701	Owns indirect interest in a radiology center;	TX	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Leadership Healthcare Holdings LP, LLP - 20-3151012, 98 San Jacinto, Ste 1800, Austin, TX 78701	Owns majority interests in ambulatory surgery centers	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Oakwood Surgery Center, Ltd. - 62-1641024, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
North Austin Surgery Center, LP - 20-0648730, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CP Surgery Center, LLC - 80-0776412, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCA-CTMC Holdings, LLC - 80-0899140, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
South Austin Surgicenter, LLC - 30-0924492, 98 San Jacinto, Ste 1800, Austin, TX 78701	Ambulatory surgery center	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. David's Foundation Impact Fund, LP	A	70,926.FMV	
(2) St. David's Foundation Community Fund	A	145,862.FMV	
(3) St. David's Foundation Community Fund	D	3,608,725.FMV	
(4) St. David's Foundation Impact Fund, LP	D	1,360,531.FMV	
(5) St. David's Community Health Foundation Initiatives	K	1,029,186.FMV	
(6)			



**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

**Part VII Supplemental Information.**

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

Direct Controlling Entity: Leadership Healthcare Holdings LP, LLP

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

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

St. David's Foundation Impact Fund, L.P.

Primary Activity: Owns indirect interest in a radiology center; makes research grants

Name of Related Organization:

St. David's Foundation Impact Fund GP, LLC

Primary Activity: Owns indirect interest in a radiology center; makes research grants

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

**St. David's Foundation**

**74-1356589**

Number, street, and room or suite no.

**1303 San Antonio St., No. 500**

City or town, state, and ZIP code

**Austin, TX 78701**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 1 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990  
 Enter the year of the tax return identified above ..... ▶ 2017  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction

**Section 165 Loss Transaction**

**1b** Initial year participated in transaction

**2017**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form .....

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name

▶ **TIFF Keystone Fund, LP**

**c** Employer identification number (EIN), if known ▶

**76-0847743**

**d** Date Schedule K-1 received from entity (enter

"none" if Schedule K-1 not received) .....

▶ **09/15/2018**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions       Exclusions from gross income       Absence of adjustments to basis       Tax Credits
- Capital loss       Nonrecognition of gain       Deferral
- Ordinary loss       Adjustments to basis       Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

See Statement 3

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
------	--------------------

Address

Description

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

**St. David's Foundation**

**74-1356589**

Number, street, and room or suite no.

**1303 San Antonio St., No. 500**

City or town, state, and ZIP code

**Austin, TX 78701**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 2 of 2

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990  
 Enter the year of the tax return identified above ..... ▶ 2017  
 Is this Form 8886 being filed with an amended tax return? ..... ▶  Yes  No

**C** Check the box(es) that apply (see instructions).  Initial year filer  Protective disclosure

**1a** Name of reportable transaction

**Section 988 Loss Transaction**

**1b** Initial year participated in transaction

**2017**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form .....

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name

▶ **TIFF Keystone Fund, LP**

**c** Employer identification number (EIN), if known ▶

**76-0847743**

**d** Date Schedule K-1 received from entity (enter

"none" if Schedule K-1 not received) .....

▶ **09/15/2018**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions       Exclusions from gross income       Absence of adjustments to basis       Tax Credits
- Capital loss       Nonrecognition of gain       Deferral
- Ordinary loss       Adjustments to basis       Other \_\_\_\_\_

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

Through the Foundation's investment in TIFF Keystone Fund, LP (EIN: 76-0847743) (the "Fund"), the Foundation has indirectly participated in loss transactions that may require reporting under Reg. Sec. 1.6011-4. These transactions are part of the Fund's regular investing activities and decisions. These transactions are based on business economics rather than any plan to achieve a tax benefit. The Foundation's share of Sec. 988 loss is \$(65,519).

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
Address	
Description	

b Type of individual or entity:  Tax-exempt       Foreign       Related

Name	Identifying number
Address	
Description	

Through the Foundation's investment in TIFF Keystone Fund, LP (EIN: 76-0847743) (the "Fund"), the Foundation has indirectly participated in loss transactions through investments in underlying entities, that may require reporting under Reg. Sec. 1.6011-4. The Foundation's share of loss from the Fund's investment in Wells Street Offshore Ltd is \$(335,821). The Foundation's share of loss from the Fund's investment in Summerhaven Commodity Fund Ltd is \$(343,190). The Foundation's share of loss from the Fund's investment in Aurelius Capital International Ltd is \$(1,255,045). The Foundation's share of loss from the Fund's investment in Aurelius Capital International II Ltd is \$(276,623).

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF PRIVATE EQUITY PARTNERS 2014, LLC</b>	<b>46-4420737</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>ASOF III FEEDER FUND L.P</b>	4a Identifying number, if any <b>98-1161947</b>
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5 Address (including country) <b>TRAFALGAR COURT, LES BANQUES ST. PETER PORT, GY1 3QL Guernsey</b>	4b Reference ID number <b>ASOFIIIF</b>
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**6** Country code of country of incorporation or organization  
**GK**

**7** Foreign law characterization (see instructions)  
**Limited Partnership**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		115,348.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? .....  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture ► \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF PRIVATE EQUITY PARTNERS 2014, LLC</b>	<b>46-4420737</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation)  <b>ALTOR FUND IV (NO. 2) AB</b>	<b>4a</b> Identifying number, if any  <b>98-1186832</b>
<b>5</b> Address (including country) <b>Strandvagen 7A</b> <b>Stockholm 114 56 Sweden</b>	<b>4b</b> Reference ID number  <b>ALTORIVNO2</b>
<b>6</b> Country code of country of incorporation or organization <b>SW</b>	
<b>7</b> Foreign law characterization (see instructions) <b>Limited Partnership</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		208,493.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? .....  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture ► \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?  Yes  No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)?  Yes  No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?  Yes  No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.  
(a) Before 0.136 % (b) After 0.136 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC Section 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 20 Did this transfer result from a change in entity classification?  Yes  No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?  Yes  No  
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF PRIVATE EQUITY PARTNERS 2015, LP</b>	<b>47-2639777</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<p><b>3</b> Name of transferee (foreign corporation) <b>H.I.G. BRAZIL &amp; LATIN AMERICA PARTNERS FEEDER FUND A, L</b></p> <p><b>5</b> Address (including country) <b>1450 BRICKELL AVENUE, 31ST FLOOR          MIAMI, FL 33131</b></p> <p><b>6</b> Country code of country of incorporation or organization <b>CA</b></p> <p><b>7</b> Foreign law characterization (see instructions) <b>PARTNERSHIP</b></p>	<p><b>4a</b> Identifying number, if any <b>98-1249091</b></p> <p><b>4b</b> Reference ID number <b>N/A</b></p>
<p><b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		503,300.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

**9** Was cash the only property transferred? .....  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**10** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  **Yes**  **No**

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture  \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF PRIVATE EQUITY PARTNERS 2015, LP</b>	<b>47-2639777</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>PUBLIC SECTOR PLC</b>	4a Identifying number, if any
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5 Address (including country) <b>FAIRCHILD HOUSE, REDBOURNE AVENUE LONDON, N3 2BJ United Kingdom</b>	4b Reference ID number <b>PUBLICSECTOR</b>
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6 Country code of country of incorporation or organization  
**UK**

7 Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		110,613.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

**9** Was cash the only property transferred? .....  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**10** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  **Yes**  **No**

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture  \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF Keystone Fund, LP</b>	<b>76-0847743</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>ASOF III FEEDER FUND L.P.</b>	4a Identifying number, if any <b>98-1161947</b>
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5 Address (including country) <b>TRAFALGAR COURT, LES BANQUES ST. PETER PORT, GY1 3QL Guernsey</b>	4b Reference ID number <b>ASOFIIIF</b>
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6 Country code of country of incorporation or organization  
**GK**

7 Foreign law characterization (see instructions)  
**Limited Partnership**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		48,952.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture  \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF Keystone Fund, LP</b>	<b>76-0847743</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>H.I.G. BRAZIL &amp; LATIN AMERICA PARTNERS FEEDER FUND A, L</b>	4a Identifying number, if any <b>98-1249091</b>
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5 Address (including country) <b>1450 BRICKELL AVENUE, 31ST FLOOR Miami, FL 33131</b>	4b Reference ID number <b>N/A</b>
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6 Country code of country of incorporation or organization  
**CA**

7 Foreign law characterization (see instructions)  
**PARTNERSHIP**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		55,174.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

**9** Was cash the only property transferred? .....  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**10** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  **Yes**  **No**

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture ► \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?  Yes  No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)?  Yes  No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?  Yes  No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.  
(a) Before 0.171 % (b) After 0.171 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC Section 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 20 Did this transfer result from a change in entity classification?  Yes  No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?  Yes  No  
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF Keystone Fund, LP</b>	<b>76-0847743</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<p><b>3</b> Name of transferee (foreign corporation) <b>ALTOR FUND IV (NO. 2) AB</b></p> <p><b>5</b> Address (including country) <b>Strandvagen 7A Stockholm 114 56 Sweden</b></p> <p><b>6</b> Country code of country of incorporation or organization <b>SW</b></p> <p><b>7</b> Foreign law characterization (see instructions) <b>Limited Partnership</b></p>	<p><b>4a</b> Identifying number, if any <b>98-1186832</b></p> <p><b>4b</b> Reference ID number <b>ALTORIVNO2</b></p>
<p><b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		51,817.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? .....  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture  \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF Keystone Fund, LP</b>	<b>76-0847743</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>Blue Auto Holdings Limited</b>	4a Identifying number, if any
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5 Address (including country) <b>Darenth House, 84 Main Road, Sundridge    Sevenoaks Kent TN14 6ER United Kingdom</b>	4b Reference ID number <b>BLUEAH</b>
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6 Country code of country of incorporation or organization  
**UK**

7 Foreign law characterization (see instructions)  
**Corporation**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		43,920.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture ► \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?  Yes  No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)?  Yes  No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?  Yes  No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ \_\_\_\_\_
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.  
(a) Before 0.145 % (b) After 0.145 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC Section 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 20 Did this transfer result from a change in entity classification?  Yes  No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?  Yes  No  
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>St. David's Foundation</b>	Identifying number (see instructions) <b>74-1356589</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TIFF PRIVATE EQUITY PARTNERS 2013, LLC</b>	<b>46-1647788</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>Blue Auto Holdings Limited</b>	4a Identifying number, if any
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Address (including country) <b>One Connaught Place London W2 2ET United Kingdom</b>	4b Reference ID number <b>BLUEAH</b>
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**6** Country code of country of incorporation or organization  
**UK**

**7** Foreign law characterization (see instructions)  
**Corporation**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2017		93,657.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

**9** Was cash the only property transferred? .....  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**10** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? .....  **Yes**  **No**

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
<b>Totals</b>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition  Yes  No
  - b** Depreciation recapture  Yes  No
  - c** Branch loss recapture  Yes  No
  - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture  \$ \_\_\_\_\_
  - e** Any other income recognition provision contained in the above-referenced regulations  Yes  No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

**Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>St. David's Foundation</b>	Employer identification number (EIN) or <b>74-1356589</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1303 San Antonio St., No. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Austin, TX 78701</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CFO**

• The books are in the care of ▶ **1303 San Antonio Street, Suite 500 - Austin, TX 78701**  
Telephone No. ▶ **(512) 879-6600** Fax No. ▶ **(512) 879-6250**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **November 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment

# St. David's Foundation and Affiliates

Consolidated Financial Report  
and Supplemental Information  
December 31, 2017

## Contents

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RSM US LLP

## Independent Auditor's Report

To the Board of Directors  
St. David's Foundation and Affiliates

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of St. David's Foundation and Affiliates, which comprise the consolidated statements of financial position as of December 31, 2017 and 2016, the related consolidated statements of activities and cash flows for the years then ended and the related notes to the consolidated financial statements (collectively, the financial statements).

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We did not audit the financial statements of St. David's Healthcare Partnership, L.P., LLP (the Partnership). The investment in the Partnership is accounted for by the equity method of accounting. The investment in the Partnership was approximately \$376,076,000 and \$350,428,000 as of December 31, 2017 and 2016, respectively, and the equity in the Partnership's income was approximately \$116,911,000 and \$117,869,000 for the years then ended, respectively. Those statements were audited by other auditors, whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for the Partnership, is based solely on the reports of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, based on our audits and the reports of the other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of St. David's Foundation and Affiliates as of December 31, 2017 and 2016, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matter**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information, as listed in the table of contents, is presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The supplemental information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated in all material respects in relation to the financial statements as a whole.

*RSM US LLP*

Austin, Texas  
August 21, 2018

**St. David's Foundation and Affiliates**

**Consolidated Statements of Financial Position  
December 31, 2017 and 2016**

	2017	2016
<b>Assets</b>		
Cash and cash equivalents	\$ 75,737,476	\$ 44,388,224
Investments	531,594,398	463,429,142
Prepaid expenses and other assets	389,282	266,832
Property and equipment, net	24,370,473	23,697,877
Investment in St. David's Healthcare Partnership, L.P., LLP	376,075,996	350,428,204
Investment in Leadership Healthcare Holdings, L.P., LLP	5,216,427	6,833,660
Investment in Leadership Healthcare Holdings II, L.P., LLP	4,412,184	5,047,645
Other assets	121,684	66,853
	<b>\$ 1,017,917,920</b>	<b>\$ 894,158,437</b>
<b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable	\$ 35,399,686	\$ 34,408,087
Accrued liabilities	9,997,891	7,258,446
Other liability	3,992	10,276
<b>Total liabilities</b>	<b>45,401,569</b>	<b>41,676,809</b>
Net assets:		
Unrestricted	968,069,747	847,977,062
Temporarily restricted	1,673,326	1,734,013
Permanently restricted	2,773,278	2,770,553
<b>Total net assets</b>	<b>972,516,351</b>	<b>852,481,628</b>
<b>Total liabilities and net assets</b>	<b>\$ 1,017,917,920</b>	<b>\$ 894,158,437</b>

See notes to consolidated financial statements.

**St. David's Foundation and Affiliates**

**Consolidated Statements of Activities  
Years Ended December 31, 2017 and 2016**

	2017				2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and revenue:								
Contributions	\$ 270,305	\$ 555,571	\$ -	\$ 825,876	\$ 136,866	\$ 471,513	\$ -	\$ 608,379
St. David's Healthcare Partnership, L.P., LLP income	116,911,292	-	-	116,911,292	117,868,531	-	-	117,868,531
Ancillary joint venture income	4,760,258	-	-	4,760,258	4,219,607	-	-	4,219,607
Investment income	74,785,162	-	2,725	74,787,887	30,403,352	2,883	1,284	30,407,519
Rental and other income	1,146,021	-	-	1,146,021	394,325	-	-	394,325
Net assets released from restrictions	616,258	(616,258)	-	-	1,229,252	(1,229,252)	-	-
<b>Total support and revenue</b>	<b>198,489,296</b>	<b>(60,687)</b>	<b>2,725</b>	<b>198,431,334</b>	<b>154,251,933</b>	<b>(754,856)</b>	<b>1,284</b>	<b>153,498,361</b>
Expenses:								
Community health program expenses:								
Grants	58,817,135	-	-	58,817,135	54,069,463	-	-	54,069,463
Dental project	7,607,268	-	-	7,607,268	6,851,464	-	-	6,851,464
Expenses in support of community health programs	3,084,325	-	-	3,084,325	2,270,112	-	-	2,270,112
<b>Total community health program expenses</b>	<b>69,508,728</b>	<b>-</b>	<b>-</b>	<b>69,508,728</b>	<b>63,191,039</b>	<b>-</b>	<b>-</b>	<b>63,191,039</b>
Management and general	8,584,587	-	-	8,584,587	7,959,832	-	-	7,959,832
Income tax expense	303,296	-	-	303,296	252,532	-	-	252,532
<b>Total expenses</b>	<b>78,396,611</b>	<b>-</b>	<b>-</b>	<b>78,396,611</b>	<b>71,403,403</b>	<b>-</b>	<b>-</b>	<b>71,403,403</b>
<b>Change in net assets</b>	<b>120,092,685</b>	<b>(60,687)</b>	<b>2,725</b>	<b>120,034,723</b>	<b>82,848,530</b>	<b>(754,856)</b>	<b>1,284</b>	<b>82,094,958</b>
Net assets at beginning of year	847,977,062	1,734,013	2,770,553	852,481,628	765,128,532	2,488,869	2,769,269	770,386,670
Net assets at end of year	\$ 968,069,747	\$ 1,673,326	\$ 2,773,278	\$ 972,516,351	\$ 847,977,062	\$ 1,734,013	\$ 2,770,553	\$ 852,481,628

See notes to consolidated financial statements.

**St. David's Foundation and Affiliates**

**Consolidated Statements of Cash Flows  
Years Ended December 31, 2017 and 2016**

	<b>2017</b>	<b>2016</b>
Cash flows from operating activities:		
Change in net assets	\$ 120,034,723	\$ 82,094,958
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	1,355,966	1,284,323
Net gain on investments	(74,119,250)	(30,311,874)
Changes in operating assets and liabilities:		
Prepaid expenses and other assets	(122,450)	(108,143)
Investment in St. David's Healthcare Partnership, L.P., LLP	(25,647,792)	(59,696,429)
Investment in Leadership Healthcare Holdings, L.P., LLP	1,617,233	(981,173)
Investment in Leadership Healthcare Holdings II, L.P., LLP	635,461	927,179
Other assets	(54,831)	18,768
Accounts payable	991,599	2,406,350
Accrued liabilities	2,739,445	1,703,417
<b>Net cash provided by (used in) operating activities</b>	<b>27,430,104</b>	<b>(2,662,624)</b>
Cash flows from investing activities:		
Purchases of investments	(9,046,006)	(669,972,919)
Proceeds from sales of investments	15,000,000	652,222,391
Purchases of equipment	(2,028,562)	(2,059,686)
<b>Net cash provided by (used in) investing activities</b>	<b>3,925,432</b>	<b>(19,810,214)</b>
Cash flows from financing activities:		
Payments of annuity obligations	(6,284)	(6,283)
<b>Net cash used in financing activities</b>	<b>(6,284)</b>	<b>(6,283)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>31,349,252</b>	<b>(22,479,121)</b>
Cash and cash equivalents at beginning of year	44,388,224	66,867,345
Cash and cash equivalents at end of year	\$ 75,737,476	\$ 44,388,224
Supplemental disclosures of cash flow information:		
Cash paid for taxes	\$ 60,000	\$ 360,000

See notes to consolidated financial statements.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies

**Principles of consolidation:** The consolidated financial statements include the accounts of St. David's Foundation (SDF) and its affiliates, all of which are wholly owned. All material intercompany accounts and transactions are eliminated in consolidation. These affiliates include St. David's Community Health Foundation Holdings (Holdings); St. David's Foundation Community Fund (Community Fund); St. David's Community Health Foundation Initiatives (Initiatives); St. David's Foundation Impact Fund GP, LLC (Impact Fund GP, LLC) and St. David's Foundation Impact Fund, LP (Impact Fund, LP), collectively referred to herein as the Foundation.

**Organization:** As a general partner in St. David's Healthcare Partnership, L.P., LLP (the Partnership), a Texas limited partnership, SDF is actively involved in meeting the health care needs of the community as a whole by funding major capital improvements to the Partnership's hospitals. In addition, SDF is actively involved in meeting the needs of indigent members of the community through grants for indigent primary care, mental health services, services for the elderly and grants for wellness programs. The principal source of income for SDF is the income from the Partnership, which owns the various St. David's hospitals in the Central Texas area.

The mission of Holdings, a nonprofit 501(c)(3) organization wholly owned by SDF, is to improve the health of Central Texans. Sources of income are various community grants and donations. Holding's board of trustees consists of the Chairman, Vice Chairman and Secretary of the Foundation's Board of Directors (the Board).

The mission of Community Fund, a nonprofit 501(c)(3) organization wholly owned by SDF, is to improve the health of Central Texans and to provide scholarships to financially disadvantaged students pursuing a health care career at a Texas college or university. Community Fund's revenue comes from income from its investment in Leadership Healthcare Holdings, L.P., LLP and private donations. The Board of the Foundation is responsible for electing the chairman and trustees of Community Fund.

Initiatives is a public nonprofit 501(c)(3) organization wholly owned by SDF. Initiatives supports the mission of SDF, Community Fund and Holdings. Initiatives also owns the building that houses all the entities. The majority of Initiatives' income is derived from its investment in Impact Fund, LP and Impact Fund GP, LLC and rental income from leasing activities. The board of directors for the Community Fund is responsible for electing the chairman and trustees of Initiatives.

Impact Fund GP, LLC, wholly owned by Initiatives, is the 1 percent general partner of Impact Fund, LP, while Initiatives holds a 99 percent LP interest. Impact Fund GP, LLC is a for profit limited liability company incorporated in the state of Texas. Impact Fund, LP is a for profit limited partnership incorporated in the state of Texas. The majority of the partnerships' revenue comes from income from their investment in Leadership Healthcare Holdings II L.P., LLP. The board of directors for Initiatives is responsible for electing the chairman and the trustees of the Impact Funds.

**Reporting entity:** SDF and HCA—The HCA, Inc. and certain affiliates (collectively referred to as HCA) participated in the formation of Columbia/St. David's Healthcare System, L.P., a Texas limited partnership, effective April 30, 1996. Effective September 2, 2004, this limited partnership changed its name to St. David's Healthcare Partnership, L.P., LLP. The Partnership was structured with two general partners, SDF and Round Rock Hospital, Inc., and two limited partners, SDF and Columbia/SDH Holdings, Inc. Each partner, in exchange for partnership interests, contributed substantially all their hospital-related assets and liabilities located in Travis and Williamson Counties, Texas.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies (Continued)

The Partnership provides health care services primarily through the operation of general acute care hospitals: St. David's Medical Center (362 licensed beds, plus a 64 bed rehabilitation specialty hospital); South Austin Medical Center (300 licensed beds); North Austin Medical Center (NAMC) (378 licensed beds); Round Rock Medical Center (171 licensed beds); Georgetown Hospital (111 licensed beds); Heart Hospital of Austin (58 licensed beds) and St. David's Surgical Hospital (46 licensed beds). The Partnership owns a 52.69 percent interest in Bailey Square Surgery Center and a 51.85 percent interest in South Austin Surgery Center.

The Partnership Agreement provided for initial aggregate sharing percentages of 50 percent for the Foundation and 50 percent for HCA for purposes of allocating partnership income or loss. Because HCA's contribution of its 50 percent interest in NAMC was not included in determining these initial sharing percentages, the sharing percentages were adjusted annually in accordance with the Partnership Agreement as follows: the initial sharing percentages were adjusted retroactively to April 30, 1996, based upon the value of NAMC at December 31, 1996. The value of NAMC was also re-determined as of December 31, 1998 and 1997, and the sharing percentages adjusted retroactively to the beginning of the respective year. The final determination of the value of NAMC was based on April 30, 1999, financial information, with the sharing percentages retroactively adjusted to January 1, 1998.

As a result of the contribution of the remaining 50.00 percent of HCA and Austin Diagnostic Clinic (HTI/ADC) Venture to the Partnership, as well as the distribution to Community Fund, the sharing percentages were further adjusted during 2005. On June 5, 2006, the Partnership acquired Georgetown Healthcare System, Inc. in exchange for a limited partnership interest, which caused the sharing percentage to be further adjusted. The sharing percentages of the Foundation, HCA and Georgetown Healthcare System, Inc. were 40.59 percent, 58.41 percent and 1.00 percent, respectively, at December 31, 2017 and 2016.

The Partnership Agreement provides for distribution of net cash from operations. Special distributions may be made with the approval of the board of governors of the Partnership based upon an analysis of current and future cash flow. All distributions shall be in proportion to each partner's sharing percentage in effect at the date of the distribution. For the years ended December 31, 2017 and 2016, the Partnership made approximately \$224,842,000 and \$173,340,000, respectively, in distributions to the partners.

**Basis of accounting:** The accompanying consolidated financial statements have been prepared on the accrual basis of accounting applicable to not-for-profit organizations in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Support and revenue are reported as an increase in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (e.g., the donor stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets.

**Use of estimates:** The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies (Continued)

**Consolidated financial statement basis of presentation:** In accordance with the Not-for-Profit Entities topic of the *FASB Accounting Standards Codification (ASC)*, the Foundation reports information regarding its consolidated financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Under these provisions, net assets and revenue, expenses, gains and losses are classified as unrestricted, temporarily and permanently restricted based on the following criteria.

**Unrestricted net assets:** Unrestricted net assets consist of net assets that are not subject to donor-imposed restrictions. Unrestricted net assets result from operating revenues, unrestricted contributions and unrestricted dividend and interest income. Unrestricted net assets may be designated for specific purposes by action of the Board.

**Temporarily restricted net assets:** Temporarily restricted net assets consist of contributed funds subject to donor-imposed restrictions contingent upon specific performance of a future event or passage of time before the Foundation may spend funds. When the donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of activities as net assets released from restrictions.

**Permanently restricted net assets:** Permanently restricted net assets are subject to irrevocable donor restrictions requiring that the assets be maintained in perpetuity. Generally, donors of these assets permit the use of all or part of the income earned on any related investments for general or specific purposes.

**Cash and cash equivalents:** For the purpose of the consolidated statements of cash flows, the Foundation considers all cash, money market and liquid investments with an original maturity of less than 90 days to be cash equivalents.

**Valuation of investments:** Investments in pooled equity funds are presented in the accompanying consolidated financial statements at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Unrealized gains and losses are included in the change in net assets in the accompanying consolidated statements of activities.

The fair value of marketable securities with readily determinable market values is determined using quoted market prices. The fair value of investments in pooled equity funds is determined using the practical expedient. The practical expedient provides for the use of net asset value (NAV), either reported by the investor fund or as adjusted by the Foundation based on additional information provided by the external investment managers.

The fair value of the pooled equity funds at the measurement date are based on available information, may involve subjective judgment and do not necessarily represent the amounts that might ultimately be realized, which depends on future circumstances and cannot be reasonably determined until realized. Due to the inherent uncertainty of valuations of the investment funds, the fair values may differ significantly from the values that would have been used had a ready market for the pooled equity funds existed, and the differences could be material.

The Foundation has an investment policy that sets guidelines and constraints to ensure the portfolio is appropriately diversified.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies (Continued)

**Investments in partnerships:** The equity method of accounting is used for the Foundation's investment in the Partnership; Leadership Healthcare Holdings, L.P., LLP and Leadership Healthcare Holdings II, L.P., LLP. This method of accounting is used, as the Foundation exercises significant influence due to its percentage of ownership in voting securities, role as a co-General Partner and representation on the respective entities' boards of directors. Under the equity method of accounting, the accounts of the foregoing entities are not reflected within the Foundation's consolidated statements of financial position and consolidated statements of activities because they do not meet the criteria for consolidation; however, the Foundation's share of the earnings or losses of the Partnership is reflected in the captions partnership income or ancillary joint venture income in the consolidated statements of activities and the net investment in each of the respective entities is disclosed in a separate line item in the consolidated statements of financial position.

**Property and equipment:** Property and equipment are stated at cost if purchased, or fair value if donated. Depreciation is calculated on the straight-line method based on the following estimated useful lives: furniture and equipment—10 years; vehicles—five years and building—40 years. Amortization expense is computed using the straight-line method over the shorter of the estimated useful lives of the assets or the period of the related lease. Amortization of leasehold improvements is computed using the straight-line method over the shorter of the remaining lease term or the estimated useful lives of the improvements. The Foundation has adopted a capitalization policy for property and equipment of \$2,500.

**Impairment of long-lived assets:** The Foundation reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The Foundation did not recognize an impairment loss during the years ended December 31, 2017 and 2016.

**Promises to give:** The Foundation makes awards and grants to other charitable organizations. These awards and grants are designed to improve the health of underserved and indigent populations. The amount for which the Foundation is obligated is recorded in the consolidated financial statements upon Board approval.

**Support and revenue:** Contributions are recorded at fair value when the Foundation is in possession of or receives an unconditional promise to give. Contributions are recorded as unrestricted, temporarily restricted or permanently restricted support based on the existence or nature of any donor restrictions. As donor or time restrictions are satisfied, net assets are reclassified to unrestricted net assets. The Foundation's policy is to report restricted support that is satisfied in the year of receipt as restricted and then fully released in the same year.

Unconditional promises to give, or pledges, are recorded in the consolidated financial statements when there is sufficient evidence in the form of verifiable documentation that a promise is made and received.

Contributed services that create or enhance nonfinancial assets or that require specialized skills that are provided by individuals possessing those skills, and which would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. Contributed goods are recorded at their fair value in the period received. The amount of such contributed goods or services for the years ended December 31, 2017 and 2016, was not significant to the consolidated financial statements.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies (Continued)

**Functional allocation of expenses:** The costs of providing the various programs and supporting services have been summarized on a functional basis in the consolidated statements of activities. Accordingly, certain costs have been allocated among the programs and management and general expenses based on actual time spent by employees or estimated time spent; if actual time is not readily available. Rent expense is allocated based on the square footage occupied by each department.

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

Impact Fund GP, LLC and Impact Fund, LP are for profit entities subject to federal income taxes. Income taxes for these two entities are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets, including tax loss and credit carryforwards, and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. Deferred income tax expense represents the change during the period in the deferred tax assets and deferred tax liabilities.

The components of the deferred tax assets and liabilities are individually classified as current and noncurrent based on their characteristics. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all the deferred tax assets will not be realized.

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

The Foundation's policy is to record interest and penalty expense related to income taxes as interest and other expense, respectively. At December 31, 2017 and 2016, no interest or penalties have been or are required to be accrued. The Foundation, generally, is no longer subject to income tax examinations by federal authorities for years prior to December 31, 2014.

**Recent accounting pronouncements:** In May 2014, the FASB issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU No. 2015-14, which defers the effective date of ASU No. 2014-09 one year, making it effective for annual reporting periods beginning after December 15, 2018. The Foundation has not yet selected a transition method and is currently evaluating the impact the standard will have on its consolidated financial statements.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 1. General and Summary of Significant Accounting Policies (Continued)

On February 25, 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 requires all lessees to record a lease liability at lease inception, with a corresponding right of use asset, except for short-term leases. The new standard requires the lessors to account for leases using an approach that is substantially equivalent to existing guidance. ASU No. 2016-02 is effective for fiscal years beginning after December 15, 2019, and for annual and interim periods thereafter with early adoption permitted. The Foundation is currently assessing the impact on its consolidated financial statements and notes to the consolidated financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, which simplifies and improves how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance and cash flows. Among other changes, the ASU replaces the three current classes of net assets with two new classes, "net assets with donor restrictions" and "net assets without donor restrictions," and expands disclosures about the nature and amount of any donor restrictions. ASU No. 2016-05 is effective for annual periods beginning after December 15, 2017, and interim periods within fiscal years beginning after December 15, 2018, with early adoption permitted. The Foundation is currently evaluating the impact the adoption of this guidance will have on its consolidated financial statements.

**Subsequent events:** The Foundation has evaluated subsequent events that occurred after December 31, 2017, through the date of this report on August 21, 2018. Any material subsequent events that occurred during this time have been properly recognized or disclosed in the consolidated financial statements.

#### Note 2. Investments and Fair Value Measurements

The ASC, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC, Fair Value Measurements and Disclosures, are described below.

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted market prices for the asset or liability that are observable
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 2. Investments and Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques that are used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation techniques and inputs described in Note 1 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Foundation believes that its valuation methods are appropriate and consistent with other market participants, the use of different techniques and inputs or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between Level 1 and Level 2 for the reported investments. There have been no changes in the techniques and inputs used at December 31, 2017 and 2016.

The requirements of Fair Value Measurements and Disclosures of the ASC apply to all financial instruments and all nonfinancial assets and nonfinancial liabilities that are being measured and reported on a fair value basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market of the investment at the measurement date.

The following table sets forth by level, within the fair value hierarchy, the Foundation's investment assets at fair value as of December 31, 2017 and 2016:

	December 31, 2017			
	Total	Level 1	Level 2	Level 3
Equity securities:				
Equity securities—domestic	\$ 89,477,380	\$ 89,477,380	\$ -	\$ -
Equity securities—international	21,514,817	21,514,817	-	-
Total equity securities	110,992,197	\$ 110,992,197	\$ -	\$ -
Investments measured at NAV	420,602,201			
Total investments	<u>\$ 531,594,398</u>			
	December 31, 2016			
	Total	Level 1	Level 2	Level 3
Equity securities:				
Equity securities—domestic	\$ 89,850,070	\$ 89,850,070	\$ -	\$ -
Equity securities—international	17,719,380	17,719,380	-	-
Total equity securities	107,569,450	\$ 107,569,450	\$ -	\$ -
Investments measured at NAV	355,859,692			
Total investments	<u>\$ 463,429,142</u>			

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

#### Note 2. Investments and Fair Value Measurements (Continued)

The following table provides additional information that will help describe the nature and risk of the investments held at December 31, 2017 and 2016, that are recorded at fair value measured using the practical expedient by major class:

December 31, 2017				
	Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period	Unfunded Commitments
Pooled equity funds:				
Fixed income funds (1)	\$ 36,805,120	Daily	5 business days	\$ -
Hedged investments (2)	143,165,019	Monthly	7 business days	-
Global equities (3)	130,911,173	Daily/monthly	3-7 business days	-
Private equities (4)	109,720,889	Not eligible	N/A	79,905,858
	<u>\$ 420,602,201</u>			<u>\$ 79,905,858</u>
December 31, 2016				
	Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period	Unfunded Commitments
Pooled equity funds:				
Fixed income funds (1)	\$ 32,078,174	Daily	5 business days	\$ -
Hedged investments (2)	131,401,238	Monthly	7 business days	-
Global equities (3)	107,516,758	Daily/monthly	3-7 business days	-
Private equities (4)	84,863,522	Not eligible	N/A	68,656,430
	<u>\$ 355,859,692</u>			<u>\$ 68,656,430</u>

- (1) This category contains funds that hold corporate bonds and mortgage-backed securities, as well as United States government and agency-backed debt obligations.
- (2) This category contains funds that allocate capital to a number of managers who deploy the capital to all major world markets including public equities, fixed income, credit, foreign exchange, commodities and other vehicles.
- (3) This category allocates capital to world public markets, as well as publicly traded United States and non-United States equities. Portfolios have monthly liquidity (based on underlying manager liquidity) with a redemption notice period of seven business days prior to month-end.
- (4) This category consist of investments in private equity funds and similar investment funds that are generally designed for long-term investment strategies by investing in companies whose stock is not publically traded, bank debt and similar investment securities. Distributions are typically based on capital transactions and other liquidity events within the underlying investment funds. Funds expect to liquidate their holdings over the next 10-15 years.

**St. David's Foundation and Affiliates**

**Notes to Consolidated Financial Statements**

**Note 2. Investments and Fair Value Measurements (Continued)**

Investment income consists of the following:

	Years Ended December 31	
	2017	2016
Interest and dividend income	\$ 668,637	\$ 95,645
Net gain on investments	74,119,250	30,311,874
	<u>\$ 74,787,887</u>	<u>\$ 30,407,519</u>

The following is summarized information for the Partnership and other equity investments as of and for the years ended December 31, 2017 and 2016 (in thousands):

	2017	2016
Total assets	<u>\$ 1,337,121</u>	<u>\$ 1,258,972</u>
Total liabilities	<u>\$ 235,990</u>	<u>\$ 215,002</u>
Net income	<u>\$ 301,880</u>	<u>\$ 302,737</u>

The Foundation's activity from its investment in the Partnership and other equity investments is as follows (in thousands):

	Partnership	Leadership Healthcare Holdings, L.P., LLP	Leadership Healthcare Holdings II, L.P., LLP	Total
Investment at December 31, 2015	\$ 290,732	\$ 5,852	\$ 5,975	\$ 302,559
Plus net income	117,909	3,236	984	122,129
Less distributions to partners	(70,359)	(2,255)	(1,911)	(74,525)
Plus contributions	12,188	-	-	12,188
Net change in noncontrolling interests	(42)	-	-	(42)
Investment at December 31, 2016	350,428	6,833	5,048	362,309
Plus net income	116,900	3,631	1,129	121,660
Less distributions to partners	(91,263)	(5,248)	(1,765)	(98,276)
Plus contributions	-	-	-	-
Net change in noncontrolling interests	11	-	-	11
Investment at December 31, 2017	<u>\$ 376,076</u>	<u>\$ 5,216</u>	<u>\$ 4,412</u>	<u>\$ 385,704</u>

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 3. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2017	2016
Furniture and equipment	\$ 1,269,842	\$ 937,243
Vehicles	4,018,435	2,503,504
Land	3,703,371	3,703,371
Building	15,194,286	15,164,856
Art	130,575	127,804
Leasehold improvements	4,010,999	3,864,702
	<u>28,327,508</u>	<u>26,301,480</u>
Less accumulated depreciation and amortization	3,957,035	2,603,603
Net property and equipment	<u>\$ 24,370,473</u>	<u>\$ 23,697,877</u>

Depreciation and amortization expense for the years ended December 31, 2017 and 2016, totaled \$1,355,966 and \$1,284,323, respectively.

#### Note 4. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following:

	December 31	
	2017	2016
W. Neal Kocurek Scholarship	\$ 1,251,815	\$ 1,189,642
E. Vera Mudge Scholarship Fund	65,419	92,919
Mark Felice Childhood Cancer Fund	560	-
NICU Outreach	77,381	77,281
Perinatal Education Fund	56,260	56,260
Ronald Kasper Humanitarian Fund	500	23,933
St. David's Medical Center Pastoral Care Fund	216,452	234,890
Vera Lee Nursing Scholarship Fund	2,837	57,837
Caroline Fund	2,102	1,251
	<u>\$ 1,673,326</u>	<u>\$ 1,734,013</u>

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 4. Temporarily Restricted Net Assets (Continued)

Net assets were released from donor restrictions by incurring expenses satisfying the purpose or time restrictions specified by donors as follows:

	Years Ended December 31	
	2017	2016
W. Neal Kocurek Scholarship	\$ 489,386	\$ 454,324
E. Vera Mudge Scholarship Fund	27,500	-
Mark Felice Childhood Cancer Fund	-	687,914
NICU Outreach	100	1,033
Ronald Kasper Humanitarian Fund	25,833	28,000
St. David's Medical Center Pastoral Care Fund	18,439	19,772
Vera Lee Nursing Scholarship Fund	55,000	-
South Austin Chaplains Benevolence Fund	-	38,209
	<u>\$ 616,258</u>	<u>\$ 1,229,252</u>

#### Note 5. Permanently Restricted Net Assets

Net assets were permanently restricted for the following purposes:

	December 31	
	2017	2016
E. Vera Mudge Scholarship Fund	\$ 150,000	\$ 150,000
Key Endowment Fund	2,623,278	2,620,553
	<u>\$ 2,773,278</u>	<u>\$ 2,770,553</u>

#### Note 6. Endowment Funds

The Foundation's endowment consists of two individual funds established for a variety of purposes. The endowment includes donor-restricted and funds which can be designated by the Board function as endowments. As of December 31, 2017 and 2016, there are no Board-designated endowments. As required by U.S. GAAP, net assets associated with endowment funds, including board-designated endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

To honor the memory of E. Vera Mudge, Vera Lee and Rickey Key, the Foundation has established scholarships with Texas State University to support students seeking a career in nursing who are in financial need. The recipients are selected by Texas State University with awards totaling \$110,000 a year for 2017 to 2026. These scholarships are funded by investment earnings from the respective endowments.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 6. Endowment Funds (Continued)

**Interpretation of relevant law:** The Board of the Foundation is subject to the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result, the Foundation classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by SPMIFA.

In accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Foundation and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policies of the Foundation

Endowment net asset classification by type of fund consists of the following:

	December 31	
	2017	2016
Donor-restricted endowment funds:		
Permanently restricted endowment funds	\$ 2,773,278	\$ 2,770,553
Temporarily restricted endowment funds—unappropriated earnings on endowment funds	65,419	92,919
	<u>\$ 2,838,697</u>	<u>\$ 2,863,472</u>

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 6. Endowment Funds (Continued)

Changes in endowment net assets for the years ended December 31, 2017 and 2016, are as follows:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at December 31, 2015	\$ 92,465	\$ 2,769,269	\$ 2,861,734
Investment return	454	1,284	1,738
Endowment net assets at December 31, 2016	92,919	2,770,553	2,863,472
Net assets released	(27,500)	-	(27,500)
Investment return	-	2,725	2,725
Endowment net assets at December 31, 2017	<u>\$ 65,419</u>	<u>\$ 2,773,278</u>	<u>\$ 2,838,697</u>

**Funds with deficiencies:** From time-to-time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or SPMIFA requires the Foundation to retain as a fund of perpetual duration. In accordance with U.S. GAAP, deficiencies of this nature are reported as unrestricted net assets. There were no such deficiencies as of December 31, 2017 and 2016.

**Return objectives and risk parameters:** The Foundation has investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment asset. Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity or for donor-restricted assets or for donor-specified period(s). Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results as stated in the Foundation's policy, while assuming a moderate level of investment risk. The Foundation expects its endowment funds, over time, to provide an average rate of return of approximately 4 percent annually. Actual returns in any given year may vary from this amount.

**Strategies employed for achieving objectives:** To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives with prudent risk constraints.

**Spending policy and how the investment objectives relate to the spending policy:** The Foundation has a policy of appropriating for distribution each year 5 percent of its endowment fund's average fair value over the prior 12 quarters through the calendar year-end proceeding the fiscal year in which the distribution is planned. In establishing this policy, the Foundation considers the long-term return on its endowment. Accordingly, over the long-term, the Foundation expects the current spending policy to allow its endowment to grow at an average of 4 percent annually. This is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

## St. David's Foundation and Affiliates

### Notes to Consolidated Financial Statements

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#### Note 7. Employee Benefit Plan

The Foundation has a defined contribution pension plan, which covers substantially all eligible employees. Effective January 1, 2014, the Foundation added a 50 percent matching program for every dollar that an employee contributes up to 6 percent of the employee's gross compensation, for a maximum matching contribution of 3 percent. This matching contribution is made in addition to the safe harbor contribution of 3 percent. Employees are immediately vested in both their contributions and the employer contributions. Contributions charged to employee benefit expense for the years ended December 31, 2017 and 2016, totaled \$379,049 and \$327,219, respectively.

#### Note 8. Significant Estimates and Concentrations

Cash balances are maintained by the Foundation at several banks. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at December 31, 2017 and 2016. At December 31, 2017, the Foundation had \$77,188,016 in excess of FDIC and Securities Investor Protection Corporation (SIPC) limits. At December 31, 2016, the Foundation had \$43,495,540 in excess of FDIC and SIPC limits.

The Foundation has significant investments in equity securities and is subject to concentration of credit risk. Investments are monitored by the Foundation and its investment advisor.

#### Note 9. Income Taxes

On December 22, 2017, the Tax Cuts and Jobs Act (The Act) was signed into law. The Foundation is currently evaluating the potential impacts of The Act. The Act includes a number of provisions, including the lowering of the United States corporate tax rate from 35 percent to 21 percent, effective January 1, 2018. Quantifying the impacts of The Act is not practicable at this time due, among other things, to the inherent complexities involved. Accordingly, the Foundation expects to continue to analyze such impacts and record any such amounts in fiscal 2018.

The provision for taxes on income relating to Impact Fund, LP consists of \$303,296 and \$252,532 for the years ended December 31, 2017 and 2016, respectively. This amount represents the tax effect of the current federal income tax expense totaling \$60,000 and \$360,000 for the years ended December 31, 2017 and 2016, respectively, and the deferred federal income tax expense (benefit) of \$243,296 and \$(107,468) for 2017 and 2016, respectively.

The tax effect of a temporary difference that give rise to the deferred tax liability for the years ended December 31, 2017 and 2016, of \$1,171,919 and \$928,624, respectively, resulted from a goodwill adjustment.

Deferred taxes are presented in the accompanying consolidated statements of financial position as accrued liabilities and would be considered noncurrent.

Impact Fund, LP files a United States federal income tax return. With few exceptions, Impact Fund, LP is no longer subject to United States federal and state income tax examinations by tax authorities for years before December 31, 2014.

## **Supplemental Information**

## St. David's Foundation and Affiliates

### Consolidating Schedule—Statement of Financial Position

December 31, 2017

See Independent Auditor's Report

	St. David's Foundation	St. David's Community Health Foundation Holdings	St. David's Foundation Community Fund	St. David's Community Health Foundation Initiatives	St. David's Foundation Impact Fund GP, LLC	St. David's Foundation Impact Fund, LP	Eliminate Intercompany Activity	Total
<b>Assets</b>								
Cash and cash equivalents	\$ 67,229,270	\$ 805,801	\$ 3,758,685	\$ 1,205,731	\$ 5,184	\$ 2,732,805	\$ -	\$ 75,737,476
Investments	531,594,398	-	-	-	-	-	-	531,594,398
Prepaid expenses and other assets	355,078	-	4,509	29,695	-	-	-	389,282
Note and interest receivable from Impact Fund, LP	1,360,531	-	-	-	-	-	(1,360,531)	-
Note and interest receivable from Community Fund	3,214,755	-	-	-	-	-	(3,214,755)	-
Property and equipment, net	3,733,678	-	9,170	20,627,625	-	-	-	24,370,473
Investment in St. David's Impact Fund, LP	-	-	-	4,542,514	-	-	(4,542,514)	-
Investment in St. David's Healthcare Partnership, L.P., LLP	376,075,996	-	-	-	-	-	-	376,075,996
Investment in Leadership Healthcare Holdings, L.P., LLP	-	-	5,216,427	-	-	-	-	5,216,427
Investment in Leadership Healthcare Holdings II, L.P., LLP	-	-	-	-	53,314	4,358,870	-	4,412,184
Other assets	132,601	-	71,050	-	-	40,041	(122,008)	121,684
Due from affiliate	656,506	-	-	-	-	45,758	(702,264)	-
<b>Total assets</b>	<b>\$ 984,352,813</b>	<b>\$ 805,801</b>	<b>\$ 9,059,841</b>	<b>\$ 26,405,565</b>	<b>\$ 58,498</b>	<b>\$ 7,177,474</b>	<b>\$ (9,942,072)</b>	<b>\$ 1,017,917,920</b>

(Continued)

**St. David's Foundation and Affiliates**

**Consolidating Schedule—Statement of Financial Position (Continued)**

**December 31, 2017**

**See Independent Auditor's Report**

	St. David's Foundation	St. David's Community Health Foundation Holdings	St. David's Foundation Community Fund	St. David's Community Health Foundation Initiatives	St. David's Foundation Impact Fund GP, LLC	St. David's Foundation Impact Fund, LP	Eliminate Intercompany Activity	Total
<b>Liabilities and Net Assets</b>								
Liabilities:								
Accounts payable	\$ 35,157,038	\$ 4,654	\$ 18,904	\$ 219,090	\$ -	\$ 122,008	\$ (122,008)	\$ 35,399,686
Accrued liabilities	8,730,347	-	366	112,274	-	1,154,904	-	9,997,891
Notes payable to the Foundation	-	-	3,214,755	-	-	1,360,531	(4,575,286)	-
Other liability	-	3,992	-	-	-	-	-	3,992
Due to affiliate	-	66,875	395,220	194,412	45,748	-	(702,255)	-
<b>Total liabilities</b>	<b>43,887,385</b>	<b>75,521</b>	<b>3,629,245</b>	<b>525,776</b>	<b>45,748</b>	<b>2,637,443</b>	<b>(5,399,549)</b>	<b>45,401,569</b>
Net assets:								
Unrestricted	937,842,150	158,771	4,178,779	25,879,789	12,750	4,540,031	(4,542,523)	968,069,747
Temporarily restricted	-	421,509	1,251,817	-	-	-	-	1,673,326
Permanently restricted	2,623,278	150,000	-	-	-	-	-	2,773,278
<b>Total net assets</b>	<b>940,465,428</b>	<b>730,280</b>	<b>5,430,596</b>	<b>25,879,789</b>	<b>12,750</b>	<b>4,540,031</b>	<b>(4,542,523)</b>	<b>972,516,351</b>
<b>Total liabilities and net assets</b>	<b>\$ 984,352,813</b>	<b>\$ 805,801</b>	<b>\$ 9,059,841</b>	<b>\$ 26,405,565</b>	<b>\$ 58,498</b>	<b>\$ 7,177,474</b>	<b>\$ (9,942,072)</b>	<b>\$ 1,017,917,920</b>

## St. David's Foundation and Affiliates

### Consolidating Schedule—Statement of Activities

Year Ended December 31, 2017

See Independent Auditor's Report

	St. David's Foundation	St. David's Community Health Foundation Holdings	St. David's Foundation Community Fund	St. David's Community Health Foundation Initiatives	St. David's Foundation Impact Fund GP, LLC	St. David's Foundation Impact Fund, LP	Eliminate Intercompany Activity	Total
Support and revenue:								
Contributions	\$ 104,535	\$ 154,010	\$ 567,331	\$ -	\$ -	\$ -	\$ -	\$ 825,876
St. David's Healthcare Partnership, L.P., LLP income	116,911,292	-	-	-	-	-	-	116,911,292
Ancillary joint venture income	237,888	-	3,484,905	686,421	6,879	1,037,465	(693,300)	4,760,258
Investment income	74,754,372	12	24,837	8,666	-	-	-	74,787,887
Rental and other income	5,477	-	-	2,182,261	-	20,794	(1,062,511)	1,146,021
<b>Total support and revenue</b>	<b>192,013,564</b>	<b>154,022</b>	<b>4,077,073</b>	<b>2,877,348</b>	<b>6,879</b>	<b>1,058,259</b>	<b>(1,755,811)</b>	<b>198,431,334</b>
Expenses:								
Community health program expenses:								
Grants	56,343,663	126,772	2,198,394	148,306	-	-	-	58,817,135
Dental project	7,773,766	-	-	-	-	-	(166,498)	7,607,268
Expenses in support of community health programs	3,253,468	-	37,959	385,123	-	-	(592,225)	3,084,325
<b>Total community health program expenses</b>	<b>67,370,897</b>	<b>126,772</b>	<b>2,236,353</b>	<b>533,429</b>	<b>-</b>	<b>-</b>	<b>(758,723)</b>	<b>69,508,728</b>
Management and general	6,357,867	12,160	328,818	2,089,483	4,208	67,097	(275,046)	8,584,587
Income tax expense	-	-	-	-	-	303,296	-	303,296
<b>Total expenses</b>	<b>73,728,764</b>	<b>138,932</b>	<b>2,565,171</b>	<b>2,622,912</b>	<b>4,208</b>	<b>370,393</b>	<b>(1,033,769)</b>	<b>78,396,611</b>
<b>Change in net assets</b>	<b>118,284,800</b>	<b>15,090</b>	<b>1,511,902</b>	<b>254,436</b>	<b>2,671</b>	<b>687,866</b>	<b>(722,042)</b>	<b>120,034,723</b>
Net assets at beginning of year	822,180,628	715,190	3,918,694	25,625,353	10,079	3,852,165	(3,820,481)	852,481,628
Net assets at end of year	\$ 940,465,428	\$ 730,280	\$ 5,430,596	\$ 25,879,789	\$ 12,750	\$ 4,540,031	\$ (4,542,523)	\$ 972,516,351



Strategic Initiatives, Indicators, and 2017 Progress

**Healthiest Care**

<b>Strategic Objective 1: Improve Healthcare Access, Quality and Insurance Coverage</b>									
Goal	Method	Assigned	Timeline*			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Increase access to &amp; quality of patient-centered medical homes (including primary, dental and mental health care)</b>									
1. Increase access to primary care services for the unfunded in Central Texas.	Grants	Abena A	X	X	X	Primary care visits at grant partner clinics	30,721	37,140	38,028
2. Increase integration of care by supporting behavioral health programs in primary care settings.	Grants	Abena A	X	X	X	Patients receiving mental health services through an integrated model at grant partner clinics	2,213	2,498	3,649
3. Reduce burden of navigating a complex health system by supporting case management/patient navigation services.	Grants	Abena A	X	X	X	Patients receiving navigation services at grant partner sites	1,321	1,867	1,711
<b>Strategic Initiative: Increase access to specialty care (medical and mental health specialists)</b>									
4. Increase access to specialty medical care services (e.g. retinopathy, endocrinology).	Grants	Abena A	X	X	X	Specialty care visits at grant partner clinics	733	453	418
5. Increase access to mental health services for highly prevalent conditions (e.g. anxiety and depression).	Grants	Kim M	X	X		Patients receiving behavioral health services at grant partner sites	3,322	3,826	2,545
<b>Strategic Initiative: Increase access to dental care and improve oral health</b>									
6. Increase access to dental services for low-income adults.	Grants	Elizabeth K	X	X	X	Adult dental visits at grant partner clinics	8,478	8,106	11,470
7. Increase access to free preventive and restorative dental care through school-based dental program.	Internally Operated Program	Shailee G	X	X	X	Dental care visits on the mobile clinics of the St. David's Dental Program	20,198	19,552	19,596
<b>Strategic Initiative: Increase enrollment and utilization of insurance coverage</b>									
8. Increase ability of eligible low-income families to enroll in medical insurance (e.g. through tax preparation services).	Grants	Elizabeth K		X	X	Patients newly enrolled at grant partner sites	New	1,141	1,288
<b>Strategic Initiative: Ensure workforce is adequate and reflective of community diversity</b>									
9. Increase recruitment and retention of medical providers (e.g. physicians, dentists, psychiatrists, nurse practitioners) in safety-net clinic settings.	Loan Repay Program	William B	X	X	X	Loan repayment participants	85	85	95
10. Increase ability of colleges and other institutions to train more medical professionals to address workforce shortages (e.g. nurse practitioners).	Grants	William B	X	X		Funding amount to institutions	\$1,154,076	\$3,883,137	\$4,710,000
11. Increase the interest level and likelihood of high school students to enter the medical field through Neal Kocurek Scholarships and mentorship.	Internally Operated Program	April R	X	X	X	Scholarships awarded (4 - 8 years of dedicated support for each)	55	54	57

Strategic Initiatives, Indicators, and 2017 Progress

**Healthiest People**

**Strategic Objective 2: Improve the Health and Well-being of Children**

Goal	Method	Assigned	Timeline			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Increase prevention and treatment of trauma in children</b>									
1. Increase access to counseling services for at-risk students	Grants	Kim M	X	X		Students receiving mental health services through school and after-school programs	2,331	1,978	2,820
2. Increase resiliency and emotional management skills of children by adopting Social and Emotional Learning (SEL) curriculum in schools --NEW--	Grants	Kim M	X	X		Students receiving Social and Emotional Learning (SEL) curriculum at school.	New	n/a	42,972
<b>Strategic Initiative: Reduce teen pregnancy</b>									
3. Increase access to comprehensive sexuality education and pregnancy prevention programming for young adults.	Grants	Andrew L		X	X	Students participating in programming provided by grant partners	New	n/a	767

**Strategic Objective 3: Improve the Health and Well-being of Women**

Goal	Method	Assigned	Timeline			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Increase access to comprehensive women's health services</b>									
1. Increase access to pre and postnatal care to improve birth outcomes for both mother and child	Grants	Elizabeth K			X	Patients receiving services at grant partner clinics before and after birth of child	New	n/a	263

**Strategic Objective 4: Improve the Health and Well-being of Seniors**

Goal	Method	Assigned	Timeline			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Improve quality and ability for seniors to age in place</b>									
1. Reduce caregiver burden by providing training (e.g. fall prevention, dementia, chronic disease self-management) to family members and caretakers.	Grants	Andrew L	X	X		Participants in trainings provided by grant partners	421	851	340
2. Increase access to geriatric health services (e.g. end-of-life care, speech therapy, medication management).	Grants	Andrew L	X	X		Elderly patients receiving health services at grant partner clinics	402	432	719
3. Increase access to services (e.g. meals, home health visits, transportation, house maintenance) for home-bound older adults to assist them in aging in place.	Grants	Andrew L	X	X	X	Elderly clients served by grant partners	3,262	4,430	4,955
4. Increase awareness and interest of younger generations by providing volunteer opportunities to assist older adults.	Internally Operated Program	Taylor G	X	X	X	Members of the Health's Angels volunteer program	150	167	138

Strategic Initiatives, Indicators, and 2017 Progress

**Healthiest Places**

<b>Strategic Objective 5: Improve Socioeconomic Factors that Contribute to Health</b>									
Goal	Method	Assigned	Timeline			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Increase availability and utilization of healthy food and physical activity options</b>									
1. Increase access to programs that address nutrition and physical activity for children and their families.	Grants	Elizabeth K	X	X		Participants in health promotion and behavior change programs at grant partner sites	10,985	10,965	7,093
2. Improve access to environments (e.g. parks, recreational facilities) that promote physical activity in high-need areas of Central Texas.	Grants	Elizabeth K			X	Funding amount to "built environment" projects	\$700,000	\$0	\$210,000
<b>Strategic Initiative: Improve delivery and coordination of wrap-around services for low-income housing developments</b>									
3. Increase access to support services for families living in supportive, affordable housing (e.g. health and education facilities onsite).	Grants	Kim M	X	X	X	Funding amount to affordable housing improvement projects	\$2,795,000	\$2,762,000	\$3,698,073

<b>Strategic Objective 6: Improve the Health and Well-being in Rural Communities</b>									
Goal	Method	Assigned	Timeline			Indicators	Baseline 2015	Plan Yr 2016	Year 1 2017
			2017	2018	2019				
<b>Strategic Initiative: Increase access to primary care in rural areas</b>									
1. Increase access to diagnostic and primary care services through new, nontraditional access points (mobile clinics, telehealth, etc.)	Grants	Abena A		X	X	Primary care visits provided to residents of targeted rural communities	New	n/a	n/a
<b>Strategic Initiative: Reduce substance use in rural areas</b>									
2. Increase understanding concerning underlying causes and best approaches	Grants	Abena A			X	Convenings of rural community members conducted	New	n/a	n/a

*\*Correction: timelines shifted one year forward to correctly display 2017 as the first year following the adoption of the current implementation plan.  
 --NEW-- A metric concerning Social and Emotional Learning (SEL) was adopted under the existing initiative regarding the prevention/treatment of trauma for children.*