

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. DAVID'S FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1303 SAN ANTONIO ST. 500 City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78701 F Name and address of principal officer: EDWARD B. BURGER SAME AS C ABOVE	D Employer identification number 74-1356589 E Telephone number 512-879-6600 G Gross receipts \$ 177,563,370. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.STDAVIDSFUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1924
M State of legal domicile: TX		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ST. DAVID'S FOUNDATION'S ("FOUNDATION") MISSION IS TO ADVANCE HEALTH EQUITY IN CENTRAL TEXAS		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	96
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-608,924.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	34,370.
9	Program service revenue (Part VIII, line 2g)	9	174,084,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	2,579,529.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	6,115.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	176,704,014.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	81,988,450.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	11,740,584.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	6,867,387.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	100,596,421.
19	Revenue less expenses. Subtract line 18 from line 12	19	76,107,593.
20	Total assets (Part X, line 16)	20	1,636,591,026.
21	Total liabilities (Part X, line 26)	21	60,120,929.
22	Net assets or fund balances. Subtract line 21 from line 20	22	1,576,470,097.

Part II Signature Block

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

Sign Here	Signature of officer AMY VAUGHAN, VICE PRESIDENT OF FINANCE Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/15/2023	Check if self-employed <input type="checkbox"/> PTIN P00741490
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558		
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100		

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. ST. DAVID'S FOUNDATION	Taxpayer identification number (TIN) 74-1356589
	Number, street, and room or suite no. If a P.O. box, see instructions. 1303 SAN ANTONIO ST., 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78701	

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 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
Form 990-T (corporation)	07		

AMY VAUGHAN

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 2022 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

THE FOUNDATION'S MISSION IS TO ADVANCE HEALTH EQUITY IN CENTRAL TEXAS THROUGH INVESTMENT AND ACTION. THE FOUNDATION'S VISION FOR CENTRAL TEXAS IS TO CREATE A VIBRANT AND INCLUSIVE COMMUNITY IN WHICH EVERY INDIVIDUAL CAN FLOURISH & REACH THEIR FULL POTENTIAL (SEE SCHEDULE O).

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 74,268,928. including grants of \$ 67,324,160.) (Revenue \$ 0.)

THE FOUNDATION 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 FOUNDATION ANNUALLY INVESTS MORE THAN \$70 MILLION IN GRANTS TO SUPPORT COMMUNITY HEALTH AND WELL-BEING.

THE FOUNDATION INVESTS IN PERIODS OF VULNERABILITY AND OPPORTUNITY ACROSS THE LIFESPAN FROM OUR YOUNGEST CHILDREN TO OLDER ADULTS. WE ALSO RECOGNIZE AND WORK TO REDUCE THE BARRIERS TO CARE FOR OUR RURAL NEIGHBORS AND HARNESS THE POTENTIAL FOR CLINICS TO SERVE AS COMMUNITY HUBS FOR HEALTH.

4b (Code:) (Expenses \$ 8,813,807. including grants of \$ 0.) (Revenue \$ 0.)

THE FOUNDATION'S MOBILE DENTAL PROGRAM OFFERS FREE DENTAL CARE TO CHILDREN AT TITLE 1 ELEMENTARY SCHOOLS IN CENTRAL TEXAS, AS WELL AS ADULTS REFERRED BY AREA CLINICS. THIS IS THE LARGEST MOBILE CHARITY DENTAL PROGRAM IN THE COUNTRY.

FROM AUGUST THROUGH MAY, THE MOBILE DENTAL PROGRAM TREATS ELEMENTARY SCHOOL CHILDREN WHO ATTEND TITLE I AND CHARTER SCHOOLS IN AUSTIN, DEL VALLE, HAYS, MANOR, PFLUGERVILLE, AND ROUND ROCK SCHOOL DISTRICTS. WHEN SCHOOL IS NOT IN SESSION, THE FOUNDATION'S VANS PARTNER WITH AREA SOCIAL SERVICE AGENCIES TO SERVE ADULTS AND FAMILIES (SEE SCHEDULE O).

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

THE FOUNDATION CONTROLS HOSPITALS DEDICATED TO SERVING CENTRAL TEXAS UNDER THE COMMUNITY BENEFIT STANDARD AND THE AFFORDABLE CARE ACT. ST. DAVID'S HEALTHCARE PARTNERSHIP INCLUDES HOSPITALS, FREE-STANDING EMERGENCY ROOMS, AMBULATORY CARE CENTERS, AND URGENT CARE CENTERS. THE FOUNDATION EARNED \$171.5M IN REVENUES FROM THE PROVISION OF HEALTHCARE SERVICES THROUGH ST. DAVID'S HEALTHCARE PARTNERSHIP. SEE SCHEDULE H FOR MORE DETAILS.

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

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

4e Total program service expenses 83,082,735.Form **990** (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 92	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 96		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 AMY VAUGHAN - 512-879-6600
 1303 SAN ANTONIO STREET, SUITE 500, AUSTIN, TX 78701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) EDWARD B. BURGER PRESIDENT & CEO	39.60 5.40			X				595,526.	0.	30,011.
(2) FERNANDO X. PENA EVP & GENERAL COUNSEL	30.00 10.00			X				430,406.	0.	29,027.
(3) AMY VAUGHAN VICE PRESIDENT OF FINANCE	34.00 6.00			X				343,947.	0.	37,900.
(4) REGAN GRUBER MOFFITT VP OF COMMUNITY INVESTMENTS	40.00 0.00			X				291,062.	0.	38,359.
(5) SHAILEE GUPTA CHIEF DENTAL OFFICER	40.00 0.00				X			252,530.	0.	41,623.
(6) CARA MUELLER DIRECTOR OF HUMAN RESOURCES	40.00 0.00					X		212,153.	0.	50,048.
(7) JULIAN HUERTA VP OF COMMUNITY PROG (AS OF 01/2022)	40.00 0.00			X				224,464.	0.	31,409.
(8) CHRISTINA THOMPSON CHIEF COMMUNICATIONS OFFICER	40.00 0.00					X		203,062.	0.	41,179.
(9) CATHY IBERG VICE PRESIDENT OF INVESTMENTS	10.00 0.00			X				236,406.	0.	7,091.
(10) ABBY MENKE LEAD DENTIST	40.00 0.00					X		186,974.	0.	46,253.
(11) CAESAR COLLAZO STAFF DENTIST	40.00 0.00					X		179,680.	0.	42,705.
(12) YANA KUSHNER LEAD DENTIST	40.00 0.00					X		180,587.	0.	40,866.
(13) REBECCA PASTNER (THRU 06/2022) VP OF EVALUATION & STRATEG. LEARNING	40.00 0.00			X				160,418.	0.	23,301.
(14) BLAKE HOLMAN (THRU 04/2022) CHIEF INFO & INFRASTRUCTURE OFFICER	32.00 8.00			X				117,804.	0.	13,919.
(15) BOBBIE BARKER VP OF COMMUNITY INV (THRU 02/2022)	32.00 0.00			X				12,733.	0.	382.
(16) RAY BONILLA CHAIR	10.00 5.00	X		X				0.	0.	0.
(17) PETER PINCOFFS TRUSTEE	5.00 10.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SHANNON RATLIFF VICE CHAIR	10.00 1.00	X		X				0.	0.	0.
(19) LINO MENDIOLA III SECRETARY	10.00 1.00	X		X				0.	0.	0.
(20) JERRY TURNER TRUSTEE	1.00 5.00	X						0.	0.	0.
(21) BETSY ABELL TRUSTEE	5.00 0.00	X						0.	0.	0.
(22) JESSE ANCIRA TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) RAY BENSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) CRAIG HESTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) H. DAVID HUGHES TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) LEW LITTLE TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,627,752.	0.	474,073.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,627,752.	0.	474,073.

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

34

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARDINAL 360, LLC 7112 GENTLE OAK DRIVE, AUSTIN, TX 78749	OPERATIONS CONSULTING	858,161.
RAND CORPORATION 1776 MAIN STREET, SANTA MONICA, CA 90401	MENTAL HEALTH CONSULTING	388,617.
HALF HELEN FOUNDATION, 7801 N LAMAR BLVD STE F 34, AUSTIN, TX 78752	VISION CARE PROVIDER	328,870.
CONSTRUCTIVE 82 NASSAU ST, #909, NEW YORK, NY 10038	WEBSITE DESIGN	237,157.
AUSTIN CENTRAL PARK PEDIATRIC DENTISTRY 1005 W 38TH ST. STE 200, AUSTIN, TX 78705	DENTAL CARE	227,263.
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	15	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

[illegible]

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,509,487.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 23,495.				
	h Total. Add lines 1a-1f				2,509,487.		
Program Service Revenue	2 a <u>HEALTHCARE SERVICES (VIA P'SHIP)</u>	Business Code	621990	171,517,000.	171,517,000.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			171,517,000.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,527,173.		-608,924.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				9,710.			9,710.
6 a Gross rents		6a	(i) Real	(ii) Personal			
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			177,563,370.	171,517,000.	-608,924.	4,145,807.

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 ...	66,061,930.	66,061,930.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,262,230.	1,262,230.		
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	2,665,293.	833,562.	1,831,731.	
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	7,398,991.	5,650,880.	1,748,111.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,647.	161,176.	82,471.	
9 Other employee benefits	2,016,782.	1,516,489.	500,293.	
10 Payroll taxes	663,597.	450,097.	213,500.	
11 Fees for services (nonemployees):				
a Management				
b Legal	145,490.		145,490.	
c Accounting	107,586.		107,586.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	762,727.		762,727.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,119,902.	2,761,665.	358,237.	
12 Advertising and promotion				
13 Office expenses	692,646.	348,327.	344,319.	
14 Information technology	542,893.	327,461.	215,432.	
15 Royalties				
16 Occupancy	1,073,095.	822,774.	250,321.	
17 Travel	126,159.	109,749.	16,410.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,975.	19,406.	16,569.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	753,414.	603,985.	149,429.	
23 Insurance	448,774.	123,890.	324,884.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DENTAL PROGRAM SUPPLIES	734,562.	734,562.		
b DENTAL CARE SUB. PROG.	724,440.	724,440.		
c SPONSORSHIPS	330,371.	172,392.	157,979.	
d RECRUITING	117,448.	84,597.	32,851.	
e All other expenses	396,560.	313,123.	83,437.	
25 Total functional expenses. Add lines 1 through 24e	90,424,512.	83,082,735.	7,341,777.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	99,302,359.	2	66,153,401.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	54,977,377.	7	51,373,197.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,552,051.	9	2,625,137.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,613,094.		
	b Less: accumulated depreciation	10b 4,704,187.		
		3,561,576.	10c	2,908,907.
	11 Investments - publicly traded securities	176,066,272.	11	156,810,088.
	12 Investments - other securities. See Part IV, line 11	897,787,617.	12	847,135,140.
	13 Investments - program-related. See Part IV, line 11	402,257,067.	13	456,122,067.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	86,607.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,636,591,026.	16	1,583,128,037.	
Liabilities	17 Accounts payable and accrued expenses	1,905,551.	17	12,213,275.
	18 Grants payable	58,215,378.	18	37,521,135.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	5,217.
	26 Total liabilities. Add lines 17 through 25	60,120,929.	26	49,739,627.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,573,836,683.	27	1,530,750,361.
	28 Net assets with donor restrictions	2,633,414.	28	2,638,049.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,576,470,097.	32	1,533,388,410.	
33 Total liabilities and net assets/fund balances	1,636,591,026.	33	1,583,128,037.	

Form **990** (2022)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	177,563,370.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,424,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,138,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,576,470,097.
5	Net unrealized gains (losses) on investments	5	-131,190,545.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	970,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,533,388,410.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

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).)
- 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 on 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization	Employer identification number
ST. DAVID'S FOUNDATION	74-1356589

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,472,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

74-1356589

Part II

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

Name of organization	Employer identification number
ST. DAVID'S FOUNDATION	74-1356589

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

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

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

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) 2022

LHA

232041 11-08-22

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		466.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		24,060.
j Total. Add lines 1c through 1i			24,526.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditures next year?	4	
5 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 \$24,060 OF LOBBYING EXPENDITURES, WHICH

CONSTITUTED THE PORTION OF THE PARTNERSHIP'S ANNUAL ASSOCIATION DUES

DEDICATED TO LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open 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 (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	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 July 25, 2006, 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	2,633,414.	2,633,256.	2,633,072.	2,628,551.	2,623,278.
b Contributions					
c Net investment earnings, gains, and losses	46,350.	1,580.	184.	4,521.	5,273.
d Grants or scholarships	41,715.	1,422.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,638,049.	2,633,414.	2,633,256.	2,633,072.	2,628,551.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		993,014.	558,292.	434,722.
d Equipment				
e Other		6,620,080.	4,145,895.	2,474,185.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,908,907.

Schedule D (Form 990) 2022

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) PRIVATE EQUITIES	369,803,639.	END-OF-YEAR MARKET VALUE
(B) HEDGED INVESTMENTS	197,251,303.	END-OF-YEAR MARKET VALUE
(C) GLOBAL EQUITIES	185,913,812.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME FUNDS	94,166,386.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	847,135,140.	

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 PARTNERSHIP,		
(2) LP, LLP	456,122,067.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	456,122,067.	

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	5,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,217.

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

Schedule D (Form 990) 2022

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES. THE FOUNDATION HAS ESTABLISHED SCHOLARSHIPS

WITH TEXAS STATE UNIVERSITY TO SUPPORT STUDENTS SEEKING A CAREER IN

NURSING WHO ARE IN FINANCIAL NEED. ANNUALLY, 90% OF THE EARNINGS ARE

DEVOTED TO THE PAYMENT OF THESE SCHOLARSHIPS, WHILE THE REMAINING 10% IS

ADDED TO THE PERMANENTLY RESTRICTED CORPUS OF THE FUNDS.

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		478,541,789.
3 a Subtotal	0	0			478,541,789.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			478,541,789.

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3** Enter total number of other organizations or entities ▶ _____

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE AMOUNT REPORTED IN PART I REPRESENTS THE FAIR MARKET VALUE OF FOREIGN

INVESTMENTS HELD AT THE END OF THE TAX YEAR.

SCHEDULE F, PART IV FOREIGN FORMS:

THE FOUNDATION INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT

MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN

INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE

FOUNDATION ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING

THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS

COMPLETED, IT HAS BEEN FILED WITH THE FOUNDATION'S FORM 990-T.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2022

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

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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			52,078,918.	316,716.	51,762,202.	6.09%
b Medicaid (from Worksheet 3, column a)			64,009,230.	113,381,395.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total. Financial Assistance and Means-Tested Government Programs			116,088,148.	113,698,111.	51,762,202.	6.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			17,958,281.	0.	17,958,281.	2.11%
f Health professions education (from Worksheet 5)			945,220.	0.	945,220.	.11%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			305,862.	196,170.	109,692.	.01%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			66,663,397.	0.	66,663,397.	7.85%
j Total. Other Benefits			85,872,760.	196,170.	85,676,590.	10.08%
k Total. Add lines 7d and 7j			201,960,908.	113,894,281.	137,438,792.	16.17%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

	Yes	No
1		X

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

2 3,814,006.

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

3

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

Section B. Medicare

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

5 179,369,433.

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

6 159,175,692.

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

7 20,193,741.

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

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

Check the box that describes the method used:

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

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 BAILEY SQUARE AMBULATORY SURGICAL CENTER, L.P.	AMBULATORY SURGERY CENTER	53.75%	.00%	46.25%
2 SOUTH AUSTIN SURGERY CENTER, LTD.	AMBULATORY SURGERY CENTER	59.26%	.00%	40.74%

Part V	Facility Information
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Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 7

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

Section A. Hospital Facilities					Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group	
(list in order of size, from largest to smallest - see instructions)															
How many hospital facilities did the organization operate during the tax year? 7															
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):															
1 ST. DAVID'S MEDICAL CENTER					X	X					X			A	
919 E 32ND STREET															
AUSTIN, TX 78705															
WWW.STDAVIDS.COM															
000035															
2 ST. DAVID'S NORTH AUSTIN MEDICAL CENTE					X	X	X				X	X		A	
12221 N. MOPAC EXPWY															
AUSTIN, TX 78758															
WWW.STDAVIDS.COM															
008299															
3 ST. DAVID'S SOUTH AUSTIN MEDICAL CENTE					X	X					X	X		A	
901 W. BEN WHITE BLVD															
AUSTIN, TX 78704															
WWW.STDAVIDS.COM															
000602															
4 ST. DAVID'S ROUND ROCK MEDICAL CENTER					X	X					X	X		A	
2400 ROUND ROCK AVE															
ROUND ROCK, TX 78681															
WWW.STDAVIDS.COM															
000608															
5 HEART HOSPITAL OF AUSTIN					X	X					X			A	
3801 NORTH LAMAR BLVD.															
AUSTIN, TX 78756															
WWW.STDAVIDS.COM															
000035															
6 ST. DAVID'S GEORGETOWN HOSPITAL					X	X					X			A	
2000 SCENIC DRIVE, GEORGETOWN															
AUSTIN, TX 78626															
WWW.STDAVIDS.COM															
000035															
7 ST. DAVID'S SURGICAL HOSPITAL					X	X						X		A	
1201 W. LOUIS HENNA BLVD.															
AUSTIN, TX 78681															
WWW.STDAVIDS.COM															
008299															
											</				

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

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

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 6, 7

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	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: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	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.STDAVIDSFUNDATION.ORG/GRANTMAKING/COMMUNITY-NEEDS-ASSESS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.STDAVIDSFUNDATION.ORG/GRANTMAKING/COMMUNITY-NEEDS-ASSESSMENTS/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <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>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP A

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2022

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

FACILITY REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT

FACILITY REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT

FACILITY REPORTING GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT

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
- FACILITY 5: HEART HOSPITAL OF AUSTIN
- FACILITY 6: ST. DAVID'S GEORGETOWN HOSPITAL
- FACILITY 7: ST. DAVID'S SURGICAL HOSPITAL

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 FOUNDATION COLLABORATED WITH ASCENSION SETON, AUSTIN PUBLIC

HEALTH, GEORGETOWN HEALTH FOUNDATION, AND BAYLOR SCOTT & WHITE. THROUGH

Part V Facility Information (continued)

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

THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE

CONDUCTED FROM JULY 2018 AUGUST 2018 WITH LEADERS FROM A WIDE RANGE OF

ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS

TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND

WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS

THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND

CITY HEALTH OFFICIALS (NACCHO) MOBILIZING FOR ACTION THROUGH PLANNING AND

PARTNERSHIPS (MAPP) PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR

IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE

NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR

40 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE

KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN

PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS

TYPE OF WORK AND WORK PLACE. A TOTAL OF FIVE INTERVIEWS, 504 UNIQUE

DOOR-TO-DOOR SURVEYS AND SIX FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE

CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED MORE THAN 550

INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN

THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE

TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS FOOD BANK,

LAKE TRAVIS ISD, CENTRAL TEXAS CATHOLIC CHARITIES, ST. JOHN EPISCOPAL

CHURCH, PLEASANT HILL BRANCH PUBLIC LIBRARY, WILLIAM CANNON APARTMENT

HOMES, BOOKER T. WASHINGTON TERRACES PUBLIC HOUSING COMPLEX, NORTH AUSTIN

YMCA, PFLUGERVILLE LIBRARY, AND EAST AUSTIN STAKEHOLDER FOCUS GROUP.

IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE FOUNDATION COLLABORATED

WITH ASCENSION SETON, GEORGETOWN HEALTH FOUNDATION, AND BASTROP COUNTY

CARES. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE

Part V Facility Information (continued)

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

CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 34 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF SIX COMMUNITY INPUT SESSIONS AND NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 39 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE SMITHVILLE HOSPITAL, COMBINED COMMUNITY ACTION, TEXAS A&M AGRILIFE EXTENSION SERVICES, VETERANS AFFAIRS, TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, SMITHVILLE SCHOOL DISTRICT, BLUEBONNET TRAILS, BASTROP ISD, ASCENSION CATHOLIC CHURCH, AND LONE STAR CIRCLE OF CARE.

IN PREPARATION OF THE CHNA FOR HAYS COUNTY, THE FOUNDATION COLLABORATED WITH ASCENSION SETON, GEORGETOWN HEALTH FOUNDATION AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND NINE INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED

Part V Facility Information (continued)

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

TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A

PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE

RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS

CONTRIBUTED CONTACT INFORMATION FOR 15 PEOPLE WHO REPRESENT THE BROAD

INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS

HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL

INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK

PLACE. A TOTAL OF NINE KEY INFORMANT INTERVIEWS AND TWO FOCUS GROUPS WITH

COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE

RESEARCH ENGAGED 24 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES

THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY

THESE INDIVIDUALS INCLUDE HAYS CISD, SAN MARCOS PUBLIC LIBRARY, CITY OF

BUDA, TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS

CATHOLIC CHARITIES, CENTRAL TEXAS FOOD BANK AND HAYS COUNTY FOOD BANK.

IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, THE FOUNDATION

COLLABORATED WITH THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, THE

WILCO WELLNESS ALLIANCE, ASCENSION SETON, BAYLOR SCOTT & WHITE, BLUEBONNET

TRAILS COMMUNITY SERVICES, GEORGETOWN HEALTH FOUNDATION, AND OPPORTUNITIES

FOR WILLIAMSON AND BURNET COUNTIES, COLLECTIVELY REFERRED TO AS THE CHA

TEAM. THE CHA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC

FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR

MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA

GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS.

THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS,

KEY INFORMANT INTERVIEWS, PAPER AND ELECTRONIC SURVEYS, AND FOCUS GROUPS

WITH RESIDENTS AND STAKEHOLDERS. TRAINED FACILITATORS CONDUCTED EIGHT

Part V Facility Information (continued)

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

FOCUS GROUPS WITH COMMUNITY MEMBERS FROM A VARIETY OF GROUPS INCLUDING

YOUTH, NON-ENGLISH SPEAKERS, OLDER ADULTS, HEALTHCARE SYSTEMS STAFF,

NON-PROFIT ORGANIZATIONS, EDUCATIONAL ENTITIES, AND LOCAL GOVERNMENTS. IN

ALL, THE CHA PROCESS ENGAGED MORE THAN 2,200 INDIVIDUAL COMMUNITY MEMBERS.

IN PREPARATION OF THE CHNA FOR CALDWELL COUNTY, THE FOUNDATION

COLLABORATED WITH ASCENSION SETON. THROUGH THE COLLECTIVE EFFORT, KEY

INFORMANT INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A

WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS,

AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH

CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED

TO ADDRESS THESE CONCERNS. REPRESENTATIVES FROM THE COLLABORATING AGENCIES

MADE UP A STEERING COMMITTEE, WHICH WAS RESPONSIBLE FOR DESIGNING THE

ASSESSMENT. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION

FOR FIVE PEOPLE WHO REPRESENT THE BROAD INTERESTS OF CALDWELL COUNTY AND

WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING

COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO

FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF TWO COMMUNITY

INPUT SESSIONS AND FIVE KEY INFORMANT INTERVIEWS WERE CONDUCTED.

ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 25 INDIVIDUALS IN DISCUSSIONS

ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY.

ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE TEXAS A&M

UNIVERSITY EXTENSION SERVICES, TEXAS ASSOCIATION OF COMMUNITY HEALTH

CENTERS OF SOUTH CENTRAL TEXAS, LOCKHART WIC PROGRAM CLINIC, LOCKHART CITY

LIBRARY, AND CITY OF LULING.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 6A: SEE RESPONSE TO LINE 5 ABOVE.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER

PART V, SECTION B, LINE 6B: SEE RESPONSE TO LINE 5 ABOVE.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITY'S WEB PAGE,

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 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. THE FOUNDATION AUGMENTED ITS AREA-BASED,

COLLABORATIVE, COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS IN TRAVIS

AND WILLIAMSON COUNTIES BY LEADING SIMILAR ASSESSMENTS FOR BASTROP AND

HAYS COUNTIES AND CONSOLIDATING AN ASSESSMENT OF COMMUNITY HEALTH NEEDS

ACROSS ALL COMMUNITIES IN THE MEDICAL FACILITIES' GEOGRAPHIES. THE

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS DATA-LED,

EVIDENCE-BASED AND REFLECTIVE OF KEY COMMUNITY PARTNERSHIPS.

SEVERAL OVERARCHING THEMES EMERGED FROM SYNTHESIZING THE QUANTITATIVE AND

QUALITATIVE DATA OF THE CHNAS CONDUCTED IN 2019. THESE NEEDS INFORMED THE

PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S MEDICAL

CENTER, ST. DAVID'S NORTH AUSTIN MEDICAL CENTER, ST. DAVID'S ROUND ROCK

MEDICAL CENTER STRATEGIC IMPLEMENTATION PLANS.

Part V Facility Information (continued)

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

NEED AREAS:

1. IMPROVED HEALTH AND WELL-BEING OF CHILDREN

2. IMPROVED HEALTH AND WELL-BEING OF WOMEN

3. IMPROVED HEALTH AND WELL-BEING OF OLDER ADULTS

4. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES

5. HEALTH CLINICS TO BECOME COMMUNITY HUBS FOR HEALTH

THESE MAJOR FINDINGS FROM THE CHNAS ALIGN WELL WITH THE FIVE ESTABLISHED

PRIORITY AREAS OF THE FOUNDATION AS DESCRIBED IN THE DETAILED STRATEGIC

IMPLEMENTATION PLANS, WHICH CAN BE FOUND AT

WWW.STDAVIDSFOUNDATION.ORG/COMMUNITY-NEEDS-ASSESSMENTS. ALL AREAS

HIGHLIGHTED BY THE CHNAS ARE BEING ADDRESSED BY THE 2022 STRATEGIC

IMPLEMENTATION PLANS. THE PLANS ARE MEANT TO BE REVIEWED ANNUALLY AND

ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION.

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

Part V Facility Information *(continued)*

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

MADE AVAILABLE ON THE FACILITY'S WEB PAGE,

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT.

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITY'S WEB PAGE,

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT.

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER

PART V, SECTION B, LINE 11: SEE FACILITY 1 REPORT ABOVE

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER

PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK 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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITY'S WEB PAGE,

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT.

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER

PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:

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WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT

Part V Facility Information *(continued)*

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

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 6 -- ST. DAVID'S GEORGETOWN HOSPITAL

PART V, SECTION B, LINE 5: SEE FACILITY 1 REPORT ABOVE

GROUP A-FACILITY 6 -- ST. DAVID'S GEORGETOWN HOSPITAL

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 6 -- ST. DAVID'S GEORGETOWN HOSPITAL

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 6 -- ST. DAVID'S GEORGETOWN HOSPITAL

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:

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WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT

GROUP A-FACILITY 6 -- ST. DAVID'S GEORGETOWN HOSPITAL

PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 7 -- ST. DAVID'S SURGICAL HOSPITAL

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 7 -- ST. DAVID'S SURGICAL HOSPITAL

PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 7 -- ST. DAVID'S SURGICAL HOSPITAL

PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 7 -- ST. DAVID'S SURGICAL HOSPITAL

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE

MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:

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WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT

WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT

GROUP A-FACILITY 7 -- ST. DAVID'S SURGICAL HOSPITAL

PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

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 (for example, 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

2022, 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 6A:

THE PARTNERSHIP FILES ANNUAL STATEMENTS OF COMMUNITY BENEFITS AS REQUIRED

BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES.

PART I, LINE 7:

THE HOSPITALS UTILIZE THE COST TO CHARGE RATIO FROM THE AUDITED FINANCIAL

STATEMENTS.

232100 11-18-22

Part VI Supplemental Information (Continuation)

PART I, LN 7 COL(F):

BAD DEBTS ARE EXCLUDED FROM THE CALCULATION OF TOTAL EXPENSES.

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 FIVE KEY AREAS THAT WILL IMPROVE THE HEALTH AND HEALTH CARE OF
ALL CENTRAL TEXANS.

PART III, LINE 2:

HOSPITALS CONTROLLED BY THE FOUNDATION DETERMINE BAD DEBT AND CHARITY CARE
IN ACCORDANCE WITH GAAP AND WITH IRC SECTION 501(R). WHETHER BAD DEBT IS
DETERMINED IN ACCORDANCE WITH STATEMENT 15 REQUIREMENTS IS A MORE
DIFFICULT ISSUE.

STATEMENT 15 REQUIRES HOSPITALS TO RECOGNIZE REVENUE ONLY WHEN COLLECTIONS
ARE REASONABLY ASSURED AND FOR AN AMOUNT THAT IS DETERMINABLE. MOST
HOSPITALS, INCLUDING THOSE CONTROLLED BY THE FOUNDATION, USE MATHEMATICAL
MODELS BASED ON PRIOR HISTORY TO DETERMINE THE PERCENTAGE OF PATIENT
BILLINGS THAT IS LIKELY TO RESULT IN BAD DEBT.

FOR THIS REASON, AND OUT OF AN ABUNDANCE OF CAUTION, THE FOUNDATION HAS
ANSWERED "NO" TO WHETHER STATEMENT 15 IS FOLLOWED. DESPITE THE BEST
EFFORTS OF HMFA TO ASSIST HOSPITALS IN DETERMINING THE DIFFERENCE 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

Part VI Supplemental Information (Continuation)

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 III, LINE 4:

THE FOUNDATION'S PROPORTIONATE SHARE OF BAD DEBT EXPENSE FROM ITS

OWNERSHIP INTEREST IN 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 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 THE PARTNERSHIP. THE HOSPITALS

OPERATED BY THE PARTNERSHIP MAY HAVE COST REPORT YEAR ENDS OTHER THAN

DECEMBER 31, 2022. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST

REPORT YEAR END, THE COST REPORT THAT WAS FILED FOR THE COST REPORT YEAR

END THAT ENDED DURING 2022 WAS UTILIZED. IT IS IMPORTANT TO NOTE THAT

Part VI Supplemental Information (Continuation)

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 PARTNERSHIP WILL WORK WITH ALL UNINSURED PATIENTS TO DETERMINE

ELIGIBILITY FOR MEDICAID OR CHARITY ASSISTANCE, AS OUTLINED IN THE

"UNINSURED PATIENT INFORMATION DOCUMENT" EXHIBIT 1 ATTACHED WITH THE

FINANCIAL ASSISTANCE POLICY (FAP). SHARED SERVICE CENTER (SSC) MANAGEMENT

WILL MAKE THE DETERMINATION OF ELIGIBILITY, MAY MAKE FURTHER INQUIRY INTO

AVAILABLE INFORMATION SUCH AS ASSETS, ETC. TO DETERMINE A PATIENT'S

ABILITY TO PAY OR MAKE FURTHER INQUIRY REGARDING QUALIFYING THE PATIENT

FOR GOVERNMENTAL OR OTHER FUNDING.

FOR PATIENTS WHOSE YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE

POVERTY GUIDELINES UPDATED ANNUALLY IN THE FEDERAL REGISTER THE U.S.

DEPARTMENT OF HEALTH AND HUMAN SERVICES ("FEDERAL POVERTY GUIDELINES"),

THE PATIENT WILL BE GRANTED CLASSIFICATION AS FINANCIALLY INDIGENT, AND

THE ACCOUNT WILL BE WRITTEN OFF TO CHARITY. LETTERS ARE THEN SENT TO THE

PATIENT NOTIFYING THAT THE ACCOUNT HAS QUALIFIED FOR THE CHARITY DISCOUNT

AND IS CONSIDERED CLOSED. IN ADDITION, A SLIDING SCALE DISCOUNT IS APPLIED

TO ACCOUNTS FOR PATIENTS WHOSE INCOME IS BETWEEN 200% AND 500% OF THE

FEDERAL POVERTY GUIDELINES, AND WHOSE REMAINING ACCOUNT BALANCE, AFTER ANY

THIRD-PARTY PAYMENTS, EXCEEDS 10% OF THEIR INCOME ("MEDICALLY INDIGENT").

CATASTROPHIC MEDICAL INDIGENCE: PATIENTS WITH ABNORMALLY LARGE ACCOUNTS

MAY QUALIFY AS CATASTROPHIC ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS

Part VI Supplemental Information (Continuation)

A SPECIFIED PERCENTAGE OF THEIR INCOME. IN SUCH CASES, THE PARTNERSHIP

WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE BY CALCULATING THE

AMOUNT NECESSARY TO REDUCE THE REMAINING BALANCE TO A REASONABLE

PERCENTAGE OF THE PATIENT'S INCOME WHICH RANGES FROM 10-40%. THE PATIENT

MAY OBTAIN MORE INFORMATION REGARDING THIS CALCULATION BY SUBMITTING A

REQUEST TO THE PATIENT ACCOUNT SERVICES AT:

PO BOX 292369, NASHVILLE, TN 37229-2369.

IF A PATIENT DOES NOT QUALIFY FOR A CHARITY DISCOUNT, AN UNINSURED

DISCOUNT IS APPLIED TO TOTAL CHARGES.

IN THE EVENT THAT THERE IS A PATIENT BALANCE DUE AFTER APPLICATION OF THE

FAP AND/OR OTHER POLICY DISCOUNTS, THEN THIS BALANCE IS PURSUED UNDER OUR

NORMAL COLLECTION PROCESS. OUR NORMAL PATIENT COLLECTION PROCESS IS

GOVERNED BY A VARIETY OF BALANCE RESOLUTION PROCESSES/POLICIES THAT ARE

CONSISTENTLY APPLIED TO ALL PATIENTS. THESE ACTIVITIES INCLUDE REGULAR

STATEMENTS, LETTERS, PHONE CALLS TO DISCUSS BALANCES DUE, OFFERING

REASONABLE PAYMENT PLANS AND THE AVAILABILITY OF SETTLEMENT DISCOUNTS ON

AGED UNPAID BALANCES.

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 THE PARTNERSHIP, 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 RELATED ENTITIES GIVE NEEDS-BASED SCHOLARSHIPS TO STUDENTS

PURSUING HEALTHCARE CAREERS. IN ADDITION, THE FOUNDATION PROVIDES FREE

DENTAL CARE TO THE CHILDREN IN 35 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 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
212 CATALYSTS 6633 E HWY 290, SUITE 303 AUSTIN, TX 78723	83-2143716	501(C)(3)	244,200.	0.			HEALTH ACCESS GRANT
AFFORDABLE CENTRAL TEXAS, INC. 2525 WALLINGWOOD DR. BLDG. 13 AUSTIN, TX 78746	81-3188845	501(C)(3)	225,000.	0.			HEALTH ACCESS GRANT
AFRICAN AMERICAN YOUTH HARVEST FOUNDATION - 6633 EAST HIGHWAY 290, SUITE 307 - AUSTIN, TX 78723	20-8592001	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
AIDS SERVICES OF AUSTIN DBA VIVENT HEALTH - 7215 CAMERON ROAD - AUSTIN, TX 78752	74-2440845	501(C)(3)	1,578,376.	0.			HEALTH ACCESS GRANT
AMERICAN YOUTHWORKS 1901 E. BEN WHITE BLVD AUSTIN, TX 78741	74-2197942	501(C)(3)	231,429.	0.			HEALTH ACCESS GRANT
ANY BABY CAN OF AUSTIN, INC. 6207 SHERIDAN AVENUE AUSTIN, TX 78723	74-2684335	501(C)(3)	1,092,000.	0.			HEALTH ACCESS GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 128.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE STREET, SUITE 300 AUSTIN, TX 78751	74-1934031	501(C)(3)	1,975,000.	0.			HEALTH ACCESS GRANT
AUSTIN GROUP FOR THE ELDERLY (AGE) 3710 CEDAR STREET AUSTIN, TX 78705	74-2431028	501(C)(3)	1,000,000.	0.			HEALTH ACCESS GRANT
AUSTIN HEALTH COMMONS 2200 RIVERVIEW STREET AUSTIN, TX 78704	81-2872043	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
AUSTIN INTERFAITH SPONSORING COMMITTEE INCORPORATED - 1301 S. IH-35, SUITE 201 - AUSTIN, TX 78741	74-2389210	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
AUSTIN LATINO/A LESBIAN & GAY ORGANIZATION (ALLGO) - 701 TILLERY STREET, BOX 4 - AUSTIN, TX 78702	74-2495181	501(C)(3)	150,000.	0.			HEALTH ACCESS GRANT
AUSTIN PALLIATIVE CARE 4107 SPICEWOOD SPRINGS, SUITE 100 AUSTIN, TX 78759	74-3000910	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT
AUSTIN PUBLIC EDUCATION FOUNDATION 4000 S. IH 35 FRONTAGE ROAD AUSTIN, TX 78704	74-2654168	501(C)(3)	1,959,105.	0.			HEALTH ACCESS GRANT
AUSTIN SPEECH LABS 7800 SHOAL CREEK BLVD, STE. AUSTIN, TX 78757	26-2137242	501(C)(3)	150,000.	0.			HEALTH ACCESS GRANT
AUSTIN TRAVIS COUNTY MHMR CENTER DBA INTEGRAL CARE - 1430 COLLIER STREET - AUSTIN, TX 78704	74-1547909	501(C)(3)	1,383,864.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVANCE-AUSTIN 745 MANSELL AVE. AUSTIN, TX 78702	91-1916705	501(C)(3)	977,197.	0.			HEALTH ACCESS GRANT
BASTROP COUNTY CARES P.O. BOX 1148 BASTROP, TX 78602	47-3250104	501(C)(3)	595,702.	0.			HEALTH ACCESS GRANT
BASTROP COUNTY EMERGENCY FOOD PANTRY - 806 FAYETTE STREET, P.O. BOX 953 - BASTROP, TX 78602	74-2485884	501(C)(3)	140,000.	0.			HEALTH ACCESS GRANT
BLACK MEN'S HEALTH CLINIC 6633 E HWY 290, SUITE 100 AUSTIN, TX 78723	87-2368435	501(C)(3)	35,000.	0.			HEALTH ACCESS GRANT
BLUEBONNET TRAILS COMMUNITY MHMR CENTER - 1009 N. GEORGETOWN STREET - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	202,446.	0.			HEALTH ACCESS GRANT
BORN INTO THIS, INC. 916 SPRINGDALE RD., BLDG 4, ST 109 AUSTIN, TX 78702	84-2333851	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
BOYS & GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED BLUESTEIN BLVD - AUSTIN, TX 78723	74-6087356	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
CALDWELL COUNTY COMMUNITY SERVICES FOUNDATION - 110 S. MAIN ST. - LOCKHART, TX 78644	84-4844532	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
CAPACITY CATALYST 2028 EAST BEN WHITE BLVD AUSTIN, TX 78741	82-5417593	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA INITIATIVES FOUNDATION - 6800 BURLESON ROAD, BLDG 310, STE 165 - AUSTIN, TX 78744	74-2934978	501(C)(3)	354,000.	0.			HEALTH ACCESS GRANT
CENTRAL TEXAS ALLIED HEALTH INSTITUTE - 13203 VIENTO DEL SUR - MANCHACA, TX 78652	83-1515596	501(C)(3)	300,000.	0.			HEALTH ACCESS GRANT
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	323,000.	0.			HEALTH ACCESS GRANT
CITY OF ELGIN PARKS AND RECREATION DEPARTMENT - 361 N. HWY 95 - ELGIN, TX 78621	74-6000822	GOV	300,000.	0.			HEALTH ACCESS GRANT
CITY OF SMITHVILLE 507 MAIN STREET SMITHVILLE, TX 78957	74-6002322	GOV	300,000.	0.			HEALTH ACCESS GRANT
CITY OF TAYLOR 400 PORTER STREET TAYLOR, TX 76574	74-6002355	GOV	225,000.	0.			HEALTH ACCESS GRANT
COMBINED COMMUNITY ACTION INCORPORATED - 165 WEST AUSTIN STREET - GIDDINGS, TX 78942-3205	74-1548511	501(C)(3)	125,000.	0.			HEALTH ACCESS GRANT
COMMONSENSE CHILDBIRTH INC. - DBA NATIONAL PERINATAL TASK FORCE - 213 SOUTH DILLARD STREET, SUITE 340 - WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	375,000.	0.			HEALTH ACCESS GRANT
COMMUNICARE HEALTH CENTERS 3066 EAST COMMERCE ST. SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	1,256,477.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501(C)(3)	53,800.	0.			HEALTH ACCESS GRANT
COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS - 3000 S IH 35, STE. 200 - AUSTIN, TX 78704	74-2369020	501(C)(3)	2,350,000.	0.			HEALTH ACCESS GRANT
COMMUNITIES IN SCHOOLS OF SOUTH CENTRAL TEXAS - 161 S. CASTELL AVE. - NEW BRAUNFELS, TX 78130	74-2653402	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
COMMUNITIES UNLIMITED, INC. 3 EAST COLT SQUARE DRIVE FAYETTEVILLE, AR 72703	71-0464321	501(C)(3)	25,000.	0.			HEALTH ACCESS GRANT
COMMUNITY ACTION, INC. OF CENTRAL TEXAS - 215 S. REIMER AVE., SUITE 130 - SAN MARCOS, TX 78667	74-1541726	501(C)(3)	469,124.	0.			HEALTH ACCESS GRANT
COMMUNITY ECONSULT NETWORK 635 MAIN STREET MIDDLETOWN, CT 06457	81-0690892	501(C)(3)	378,543.	0.			HEALTH ACCESS GRANT
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS INC. - 1918 CHURCH STREET - GONZALES, TX 78629	74-1548089	501(C)(3)	2,857,251.	0.			HEALTH ACCESS GRANT
CON MI MADRE 1825 FORTVIEW RD, STE. 114 AUSTIN, TX 78704	26-2034766	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
COUNCIL FOR A STRONG AMERICA 1025 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	13-3840271	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY - 7600 CHEVY CHASE DRIVE, SUITE 200 - AUSTIN, TX 78752	74-2369123	501(C)(3)	74,187.	0.			HEALTH ACCESS GRANT
CREATIVE ACTION 1023 SPRINGDALE RD, BLDG 3 AUSTIN, TX 78721	74-2856925	501(C)(3)	705,000.	0.			HEALTH ACCESS GRANT
DELIVERING UNTO YOU P.O. BOX 3581 AUSTIN, TX 78764	83-2654009	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
DRIVE A SENIOR CENTRAL TEXAS DBA CHARIOT - 724 EBERHART LN. #500 - AUSTIN, TX 78745	26-2735793	501(C)(3)	136,500.	0.			HEALTH ACCESS GRANT
DRIVE A SENIOR-AUSTIN, TX 2601 EXPOSITION BLVD. AUSTIN, TX 78703	74-2367556	501(C)(3)	61,000.	0.			HEALTH ACCESS GRANT
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD. AUSTIN, TX 78752	64-0963235	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
E4 YOUTH, INC. 628 PHEASANT HILL LN GEORGETOWN, TX 78628	46-2878544	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
EAST TRAVIS GATEWAY LIBRARY DISTRICT - 13512 FM 812 - DEL VALLE, TX 78617	20-5953375	GOV	64,000.	0.			HEALTH ACCESS GRANT
EL BUEN SAMARITANO EPISCOPAL MISSION - 7000 WOODHUE DRIVE - AUSTIN, TX 78745	74-2488682	501(C)(3)	20,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL HEALTH FOUNDATION 500 FANNIN ST., SUITE 300 HOUSTON, TX 77002	46-2599162	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
EVERY BODY TEXAS 314 E. HIGHLAND MALL BLVD AUSTIN, TX 78752	74-1936078	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
EVERY TEXAN 7020 EASY WIND DRIVE, SUITE 200 AUSTIN, TX 78752	74-2898197	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT
EXCELLENCE AND ADVANCEMENT FOUNDATION - 900 CHICON - AUSTIN, TX 78702	47-2738914	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
FAMILY ELDERCARE 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	497,911.	0.			HEALTH ACCESS GRANT
FAYETTE COMMUNITY FOUNDATION 1630 NORTH JEFFERSON STREET LA GRANGE, TX 78945	74-2997477	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
FOUNDATION COMMUNITIES 3000 S. IH 35, SUITE 300 AUSTIN, TX 78704	74-2563260	501(C)(3)	4,222,533.	0.			HEALTH ACCESS GRANT
GET UP PROJECT DBA HOPE MEDICAL CLINIC - 8101 CAMERON RD., SUITE 101 - AUSTIN, TX 78754	45-4931906	501(C)(3)	76,000.	0.			HEALTH ACCESS GRANT
GHISALLO CYCLING INITIATIVE 1000 BRAZOS ST., SUITE 100 AUSTIN, TX 78701	45-3031077	501(C)(3)	121,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVING AUSTIN LABOR SUPPORT 1514 SUMMER STONE DR., UNIT A AUSTIN, TX 78704	27-3448123	501(C)(3)	390,000.	0.			HEALTH ACCESS GRANT
GO AUSTIN / VAMOS AUSTIN 3710 CEDAR STREET, STE. 230 AUSTIN, TX 78705	83-0915321	501(C)(3)	375,000.	0.			HEALTH ACCESS GRANT
GREATER HOUSTON COMMUNITY FOUNDATION - 515 POST OAK BLVD., SUITE 1000 - HOUSTON, TX 77027	23-7160400	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
HAAM 3036 SOUTH FIRST STREET AUSTIN, TX 78704	80-0147620	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
HACA SCHOLARSHIP FOUNDATION, INC. DBA AUSTIN PATHWAYS - 1124 SOUTH IH 35 - AUSTIN, TX 78704	27-2133452	501(C)(3)	300,000.	0.			HEALTH ACCESS GRANT
HALF HELEN FOUNDATION 7801 NORTH LAMAR BOULEVARD F-34 AUSTIN, TX 78752	81-2808051	501(C)(3)	175,000.	0.			HEALTH ACCESS GRANT
HAND TO HOLD 12325 HYMEADOW DR., SUITE 4-102 AUSTIN, TX 78750	27-3802900	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT
HAYS-CALDWELL WOMEN CTR 1101 DAVIS LANE, SUITE 101 SAN MARCOS, TX 78666	74-2020505	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
HEALTH ALLIANCE FOR AUSTIN MUSICIANS (HAAM) - 3036 SOUTH FIRST STREET - AUSTIN, TX 78704	80-0147620	501(C)(3)	390,500.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST., STE 212 SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
HILL COUNTRY COMMUNITY MINISTRIES, INC. - 1005 LACY DRIVE - LEANDER, TX 78641	74-2309435	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
HOUSING AND COMMUNITY SERVICES, INC. DBA PROSPERA HOUSING COMMUNITY SVCS. - 3419 NACOGDOCHES ROAD - SAN ANTONIO, TX 78217	74-2685268	501(C)(3)	35,000.	0.			HEALTH ACCESS GRANT
HOUSINGWORKS AUSTIN 1023 SPRINGDALE ROAD BLDG 13 AUSTIN, TX 78721	20-8249818	501(C)(3)	150,000.	0.			HEALTH ACCESS GRANT
HUSTON-TILLOTSON UNIVERSITY 900 CHICON STREET AUSTIN, TX 78702-2795	74-1180151	501(C)(3)	449,625.	0.			HEALTH ACCESS GRANT
JARRELL COMMUNITY LIBRARY AND RESOURCE CENTER - 113 LIMESTONE TERRACE STE 500 - JARRELL, TX 76537	47-2198949	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
LEADERSHIP AUSTIN 1609 SHOAL CREEK BLVD., STE. 202 AUSTIN, TX 78701	74-2967463	501(C)(3)	330,000.	0.			HEALTH ACCESS GRANT
LOCKHART INDEPENDENT SCHOOL DISTRICT - 419 BOIS D'ARC STREET - LOCKHART, TX 78644	74-6001635	GOV	274,000.	0.			HEALTH ACCESS GRANT
LONE STAR CIRCLE OF CARE 205 E. UNIVERSITY AVENUE, STE. 200 GEORGETOWN, TX 78626	74-3001674	501(C)(3)	6,450,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA HEALTH CARE QUALITY FORUM - 8550 UNITED PLAZA BLVD., SUITE 301 - BATON ROUGE, LA 70809	26-0497115	501(C)(3)	215,280.	0.			HEALTH ACCESS GRANT
MANOS DE CRISTO 4911 HARMON AVE. AUSTIN, TX 78751	74-2511974	501(C)(3)	268,093.	0.			HEALTH ACCESS GRANT
MARY LEE FOUNDATION 1339 LAMAR SQUARE DRIVE AUSTIN, TX 78704	74-1479633	501(C)(3)	30,000.	0.			HEALTH ACCESS GRANT
MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - 2800 SWISS AVENUE - DALLAS, TX 75204	46-3992618	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST. AUSTIN, TX 78702	23-7202594	501(C)(3)	595,000.	0.			HEALTH ACCESS GRANT
MEALS ON WHEELS CENTRAL TEXAS IN-HOME CARE - 3227 E. 5TH STREET - AUSTIN, TX 78702	74-1888198	501(C)(3)	2,090,000.	0.			HEALTH ACCESS GRANT
MEASURE AUSTIN 2921 E. 17TH ST., BLDG D, STE. 6 AUSTIN, TX 78702	82-2372196	501(C)(3)	300,000.	0.			HEALTH ACCESS GRANT
MENTAL HEALTH RESOURCE OF TEXAS DBA VIA HOPE - 4301 WEST WILLIAM CANNON DRIVE, STE. B-150 #517 - AUSTIN, TX 78749	46-4931600	501(C)(3)	784,000.	0.			HEALTH ACCESS GRANT
MISSION CAPITAL 2028 E. BEN WHITE BLVD. #240-7723 AUSTIN, TX 78741-6931	74-2992877	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE VOICE CENTRAL TEXAS P.O. BOX 300152 AUSTIN, TX 78703-0003	74-2314772	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT
PARTNERS IN PARENTING 2207 PHILOMENA STREET AUSTIN, TX 78723	30-0809437	501(C)(3)	72,000.	0.			HEALTH ACCESS GRANT
PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN, TX 78752	23-7087608	501(C)(3)	6,397,281.	0.			HEALTH ACCESS GRANT
PRESERVATION TEXAS, INC. 1343 LCR 666, 1343 LCR 667 KOSSE, TX 76653	75-2129913	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
RAND CORPORATION P.O. BOX 2138 SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
ROUND ROCK AREA SERVING CENTER 1099 E. MAIN STREET ROUND ROCK, TX 78664	74-2454410	501(C)(3)	346,000.	0.			HEALTH ACCESS GRANT
ROUND ROCK ISD EDUCATION FOUNDATION - 595 ROUND ROCK WEST DR. STE 404 - ROUND ROCK, TX 78681	74-2488709	501(C)(3)	36,000.	0.			HEALTH ACCESS GRANT
SACRED HEART COMMUNITY CLINIC INC 620 ROUND ROCK WEST DR., BLDG #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	72,500.	0.			HEALTH ACCESS GRANT
SAMARITAN HEALTH MINISTRIES 904 CRYSTAL FALLS PKWY LEANDER, TX 78641	74-2570190	501(C)(3)	50,625.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR ACCESS 2498 E. PALM VALLEY BLVD. ROUND ROCK, TX 78665	74-2692484	501(C)(3)	190,000.	0.			HEALTH ACCESS GRANT
SMITHVILLE COMMUNITY CLINIC 300 LYNCH STREET SMITHVILLE, TX 78957	20-4515999	501(C)(3)	90,000.	0.			HEALTH ACCESS GRANT
SOCCER ASSIST 2212 EAST WINDSOR AUSTIN, TX 78703	47-2922753	501(C)(3)	40,000.	0.			HEALTH ACCESS GRANT
SOCIAL CURRENT 648 N. PLANKINTON AVE. MILWAUKEE, WI 53203	39-1709925	501(C)(3)	159,592.	0.			HEALTH ACCESS GRANT
SOCIAL GOOD FUND 12651 SAN PABLO AVE., UNIT 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
SUSTAINABLE FOOD CENTER 2921 E. 17TH ST. BLDG C AUSTIN, TX 78702	74-2441468	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
SWAN SONGS 706 WEST BEN WHITE BLVD. #236A AUSTIN, TX 78704	20-3174875	501(C)(3)	30,000.	0.			HEALTH ACCESS GRANT
TAYLOR LIBRARY FOUNDATION INC 801 VANCE STREET TAYLOR, TX 76574	01-0757267	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
TEXAS 2036 3963 MAPLE AVE., STE 290 DALLAS, TX 75219	81-3063099	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS ASSOCIATION OF CHARITABLE CLINICS, INC. - P.O. BOX 684127 - AUSTIN, TX 78768	33-1115138	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC. - 5900 SOUTHWEST PARKWAY, BUILDING 3 - AUSTIN, TX 78735	74-2308695	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
TEXAS DEPARTMENT OF AGRICULTURE 1700 N. CONGRESS AVE., 11TH FLOOR AUSTIN, TX 78701	74-6027560	GOV	581,039.	0.			HEALTH ACCESS GRANT
TEXAS HEALTH ACTION 101 W KOENIG LN, SUITE 300 AUSTIN, TX 78751	47-3809253	501(C)(3)	90,000.	0.			HEALTH ACCESS GRANT
TEXAS HEALTH INSTITUTE 9111 JOLLYVILLE ROAD AUSTIN, TX 78759	74-2237787	501(C)(3)	112,500.	0.			HEALTH ACCESS GRANT
TEXAS INSTITUTE FOR CHILD AND FAMILY WELLBEING - OFFICE OF ACCOUNTING, OSP-SPAA - K5300, P.O. BOX 7159 - AUSTIN, TX 78713-7159	74-6000203	GOV	123,795.	0.			HEALTH ACCESS GRANT
TEXAS PEDIATRIC SOCIETY 401 W. 15TH STREET, STE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	245,416.	0.			HEALTH ACCESS GRANT
TEXAS RIOGRANDE LEGAL AID, INC. 4920 N. IH-35 AUSTIN, TX 78751	74-1675230	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
TEXAS RURAL FUNDERS P.O. BOX 650011 AUSTIN, TX 78765	86-1401662	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS STATE UNIVERSITY 601 UNIVERSITY DRIVE SAN MARCOS, TX 78666	74-1946138	501(C)(3)	110,000.	0.			HEALTH ACCESS GRANT
THE CARING PLACE 2000 RAILROAD AVE. GEORGETOWN, TX 78626	74-2386902	501(C)(3)	432,000.	0.			HEALTH ACCESS GRANT
THE NEW PHILANTHROPISTS P.O. BOX 302528 AUSTIN, TX 78703	82-1819025	501(C)(3)	150,000.	0.			HEALTH ACCESS GRANT
THE OTHER ONES FOUNDATIONS 780 S. HWY 183 AUSTIN, TX 78741	82-1690537	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
THE SAFE ALLIANCE (SAFE STOP ABUSE FOR EVERYONE) - 4800 MANOR ROAD, BLDG K, 2ND FLOOR - AUSTIN, TX 78723	74-2320657	501(C)(3)	1,340,040.	0.			HEALTH ACCESS GRANT
THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF NURSING - 1710 RED RIVER, MAIL CODE D0100 - AUSTIN, TX 78712	74-6000203	GOV	314,240.	0.			HEALTH ACCESS GRANT
THE UNIVERSITY OF TEXAS AT AUSTIN, STEVE HICKS SCHOOL OF SOCIAL WORK - 1925 SAN JACINTO BLVD., STOP D3500 - AUSTIN, TX 78712	74-6000203	GOV	945,415.	0.			HEALTH ACCESS GRANT
TRAVIS COUNTY, TEXAS 700 LAVACA STREET AUSTIN, TX 78701	74-6000192	GOV	150,000.	0.			HEALTH ACCESS GRANT
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE RD, 5TH FL. AUSTIN, TX 78752	74-1193439	501(C)(3)	1,799,820.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TX - RGK CENTER FOR PHILANTHROPY AND COMMUNITY SERVICE - UT AUSTIN-RGK CENTER, LBJ SCHOOL - AUSTIN, TX 78759	74-6000203	GOV	60,000.	0.			HEALTH ACCESS GRANT
UPTOGETHER 663 13TH ST., SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	1,455,000.	0.			HEALTH ACCESS GRANT
WILLIAMSON COUNTY CRISIS CENTER - HOPE ALLIANCE - 1011 GATTIS SCHOOL ROAD - ROUND ROCK, TX 78664	74-2277114	501(C)(3)	112,500.	0.			HEALTH ACCESS GRANT
WILLIAMSON-BURNET COUNTY OPPORTUNITIES, INC. - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626	74-6075213	501(C)(3)	190,000.	0.			HEALTH ACCESS GRANT
YOUTH AND FAMILY ALLIANCE DBA LIFEWORX - ATTN: SUSAN MCDOWELL, 3700 SOUTH 1ST. STREET - AUSTIN, TX 78704	74-2137189	501(C)(3)	2,430,024.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

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.	11417	1,262,230.	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.

- STAFF AND BOARD MEMBERS REVIEW AGENCY GRANT PROPOSALS IN CONNECTION WITH

SITE VISITS.

- STAFF CONDUCT PERIODIC SITE VISITS THROUGHOUT FUNDING YEAR.

- SCHOLARSHIPS ARE PROVIDED TO STUDENTS WHO WANT TO PURSUE CAREERS IN

HEALTHCARE, THEREBY ENSURING THAT THE FUNDS ARE EXPENDED FOR THE INTENDED

PURPOSES. SCHOLARSHIP APPLICANTS WILL BE EVALUATED ON THE BASIS OF ACADEMIC

MERIT AS WELL AS FINANCIAL NEED.

PART III

THE FOUNDATION 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 FOUNDATION PAYS

PROVIDER INVOICES DIRECTLY UPON RECEIVING THE VOUCHERS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) EDWARD B. BURGER PRESIDENT & CEO	(i)	595,526.	0.	0.	18,300.	11,711.	625,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FERNANDO X. PENA EVP & GENERAL COUNSEL	(i)	430,406.	0.	0.	17,316.	11,711.	459,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY VAUGHAN VICE PRESIDENT OF FINANCE	(i)	343,947.	0.	0.	18,300.	19,600.	381,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REGAN GRUBER MOFFITT VP OF COMMUNITY INVESTMENTS	(i)	291,062.	0.	0.	8,710.	29,649.	329,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAILEE GUPTA CHIEF DENTAL OFFICER	(i)	252,530.	0.	0.	12,480.	29,143.	294,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CARA MUELLER DIRECTOR OF HUMAN RESOURCES	(i)	212,153.	0.	0.	13,186.	36,862.	262,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIAN HUERTA VP OF COMMUNITY PROG (AS OF 01/2022)	(i)	224,464.	0.	0.	6,681.	24,728.	255,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINA THOMPSON CHIEF COMMUNICATIONS OFFICER	(i)	203,062.	0.	0.	12,163.	29,016.	244,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CATHY IBERG VICE PRESIDENT OF INVESTMENTS	(i)	236,406.	0.	0.	7,091.	0.	243,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ABBY MENKE LEAD DENTIST	(i)	186,974.	0.	0.	11,544.	34,709.	233,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CAESAR COLLAZO STAFF DENTIST	(i)	179,680.	0.	0.	10,916.	31,789.	222,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) YANA KUSHNER LEAD DENTIST	(i)	180,587.	0.	0.	10,881.	29,985.	221,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) REBECCA PASTNER (THRU 06/2022) VP OF EVALUATION & STRATEG. LEARNING	(i)	160,418.	0.	0.	7,994.	15,307.	183,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH INVESTMENT & ACTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION IS ONE OF THE LARGEST HEALTH FOUNDATIONS IN THE UNITED

STATES, FUNDING OVER \$80 MILLION ANNUALLY IN A FIVE-COUNTY AREA

SURROUNDING AUSTIN, TEXAS INCLUDING BASTROP, CALDWELL, HAYS, TRAVIS,

AND WILLIAMSON COUNTIES. THROUGH A UNIQUE PARTNERSHIP WITH THE

PARTNERSHIP, THE FOUNDATION STRATEGICALLY REINVESTS PROCEEDS FROM THE

HOSPITAL SYSTEM BACK INTO THE COMMUNITY, WITH THE GOAL OF ADVANCING

HEALTH EQUITY AND IMPROVING THE HEALTH AND WELL-BEING OF THE

FOUNDATION'S MOST UNDERSERVED CENTRAL TEXAS NEIGHBORS.

THROUGH INVESTMENTS AND ACTION, THE FOUNDATION IS COMMITTED TO

CENTERING HEALTH EQUITY SO THAT ALL CENTRAL TEXANS HAVE A FAIR CHANCE

TO ACHIEVE OPTIMAL HEALTH WITH NO AVOIDABLE, UNJUST, OR SYSTEMATICALLY

CAUSED DIFFERENCES IN HEALTH STATUS DUE TO ETHNICITY, RACE, AGE,

ABILITY, OR GEOGRAPHY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH OF THE FOUNDATION'S NINE DENTAL VANS IS EQUIPPED WITH TWO DENTAL

EXAM ROOMS, DIGITAL X-RAYS, AND COMPUTER WORKSTATIONS. BOARD-CERTIFIED

DENTISTS, HYGIENISTS, AND ASSISTANTS GIVE FREE HIGH-QUALITY CARE TO

CHILDREN AT THEIR SCHOOLS, SO STUDENTS DON'T HAVE TO MISS CLASS, AND

PARENTS DON'T HAVE TO MISS WORK.

Name of the organization	Employer identification number
ST. DAVID'S FOUNDATION	74-1356589

BEYOND ADDRESSING URGENT NEEDS, THIS PROGRAM ALSO EDUCATES STUDENTS

ABOUT DENTAL HYGIENE HABITS THAT WILL LAST A LIFETIME.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF TRUSTEES ESTABLISHED AN EXECUTIVE COMMITTEE (THE "COMMITTEE")

TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITY FOR THE

OPERATIONS OF THE FOUNDATION AND ITS RELATED ENTITIES. THE COMMITTEE HAS

THE POWER TO CONDUCT THE BUSINESS OF THE FOUNDATION DURING THE PERIOD

BETWEEN MEETINGS OF THE BOARD, IN ACCORDANCE WITH THE POLICIES AND

EXPRESSED WISHES OF THE BOARD AND ESTABLISHED PROTOCOL. THE COMMITTEE IS

AUTHORIZED TO SECURE SUCH RESOURCES AS IT REASONABLY NEEDS TO FULFILL ITS

RESPONSIBILITIES, INCLUDING OUTSIDE CONSULTANTS, AS APPROPRIATE. THE CHIEF

EXECUTIVE OFFICER OF THE FOUNDATION, OR AN APPOINTED REPRESENTATIVE, SERVES

AS THE COMMITTEE'S STAFF LIAISON. THE COMMITTEE ALSO CONSISTS OF THREE

ELECTED GOVERNING BOARD OFFICERS: CHAIR, VICE CHAIR AND SECRETARY, THE PAST

CHAIR OF THE FOUNDATION, THE CHAIR OF THE BOARD OF GOVERNORS OF THE

PARTNERSHIP, AND ONE TO THREE AT LARGE MEMBERS FROM THE BOARD OF THE

FOUNDATION. ALL COMMITTEE MEMBERS ARE GOVERNING BOARD MEMBERS, MUST BE

INDEPENDENT OF MANAGEMENT, AND RECEIVE NO COMPENSATION FROM THE FOUNDATION.

THE BOARD OF TRUSTEES HAS ADOPTED A SET OF CENTRAL GOVERNANCE PRINCIPLES TO

PROVIDE A SPECIFIC FRAMEWORK FOR THE DECISION-MAKING AND GOVERNANCE

ACTIVITIES OF THE COMMITTEE.

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

BOARD DECISION MATTERS ARE DELEGATED BY THE FOUNDATION'S BOARD AS FOLLOWS:

DECISIONS ON BUDGET TRANSFERS OF AMOUNTS OF LESS THAN \$1M OF BUDGETED

EXPENDITURES IS DELEGATED TO THE CHIEF EXECUTIVE OFFICER, WITH A

Name of the organization	ST. DAVID'S FOUNDATION	Employer identification number	74-1356589
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RECOMMENDATION PROVIDED BY THE APPROPRIATE VICE PRESIDENT OVERSEEING SUCH EXPENDITURE. PRIOR TO APPROVAL (BY THE CEO) OF ANY DIRECT COMMUNITY BENEFIT EXPENSES UNDER \$1M, THE BOARD WILL BE PROVIDED WITH A SUMMARY OF THE PROPOSED EXPENDITURE. DECISIONS ON CONTRACTS AND EXPENDITURES OF AMOUNTS OF \$250,000 OR LESS ARE DELEGATED TO THE CHIEF EXECUTIVE OFFICER, WITH BOARD CHAIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S FORM 990 IS PREPARED BY A NATIONALLY-RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH ITS FINANCE DEPARTMENT. THE FOUNDATION'S TAX AND AUDIT COMMITTEE PERFORMS A COMPREHENSIVE REVIEW OF DRAFT OF THE FORM 990 PRIOR TO IT BEING FINALIZED AND APPROVED FOR SUBMISSION TO THE FULL BOARD. THE FORM 990 IS THEN SHARED WITH THE BOARD OF TRUSTEES FOR THEIR REVIEW AND COMMENT, AFTER WHICH TIME THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION 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 ON A FORM PROVIDED BY THE FOUNDATION THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FOR EACH INTEREST DISCLOSED DETERMINATION WILL BE MADE WHETHER TO: (A) TAKE NO ACTION; (B) ASSURE FULL DISCLOSURE; (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION; OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE FOUNDATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH THE FOUNDATION'S REMOVAL PROCEDURES.

Name of the organization	Employer identification number
ST. DAVID'S FOUNDATION	74-1356589

FORM 990, PART VI, SECTION B, LINE 15:

TO ESTABLISH THE COMPENSATION OF THE FOUNDATION'S TOP MANAGEMENT OFFICIALS,
OTHER OFFICERS, AND KEY EMPLOYEES, THE FOUNDATION USED THE REPORT OF AN
INDEPENDENT COMPENSATION CONSULTANT. THE LATEST COMPENSATION REPORT WAS
COMPLETED IN 2022 WITHOUT PARTICIPATION OF THE OFFICER, DIRECTOR OR OTHER
TOP MANAGEMENT OFFICIAL UNDER CONSIDERATION.

THIS PROCESS WAS UNDERTAKEN FOR THE FOLLOWING OFFICERS, DIRECTORS, KEY
EMPLOYEES FOR 2022 COMPENSATION ON DECEMBER 6, 2021:

EDWARD BURGER, CEO

FERNANDO X. PENA, EVP AND GENERAL COUNSEL

AMY VAUGHAN, VP OF FINANCE

CATHY IBERG, VP OF INVESTMENTS

SHAILEE GUPTA, CHIEF DENTAL OFFICER

THIS PROCESS WAS REPEATED FOR THE FOLLOWING OFFICERS, DIRECTORS, KEY
EMPLOYEES FOR ADDITIONAL 2022 COMPENSATION ON MAY 5, 2022:

REGAN GRUBER MOFFITT, VP OF COMMUNITY INVESTMENTS

FERNANDO X. PENA, EVP AND GENERAL COUNSEL

AMY VAUGHAN, VP OF FINANCE

SHAILEE GUPTA, CHIEF DENTAL OFFICER

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization	Employer identification number
ST. DAVID'S FOUNDATION	74-1356589

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT AMENDMENTS 970,000.

OFFICER COMPENSATION OF RELATED ORGANIZATIONS:

THE FOUNDATION OWNS A GENERAL PARTNER INTEREST IN ST. DAVID'S

HEALTHCARE PARTNERSHIP, LP, LLP ("PARTNERSHIP"). IN THE INTERESTS OF

FULL TRANSPARENCY, THE FOUNDATION NOTES THAT IT PAYS A PORTION OF THE

PARTNERSHIP'S CEO AND CFO COMPENSATION AS FOLLOWS:

SHARI COLLIER, CFO

SALARY \$179,149

EMPLOYEE BENEFITS \$18,896

DAVID HUFFSTUTLER, CEO

SALARY \$359,496

EMPLOYEE BENEFITS \$33,449

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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization ST. DAVID'S FOUNDATION	Employer identification number 74-1356589
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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	HOLDING COMPANY	TEXAS	501(C)(3)	LINE 7	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)	LINE 7	ST. DAVID'S FOUNDATION	X	
ST. DAVID'S COMMUNITY HEALTH FOUNDATION INITIATIVES - 27-0112979, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	SUPPORT SERVICES TO RELATED ORGANIZATIONS	TEXAS	501(C)(3)	LINE 12A, I	ST. DAVID'S FOUNDATION COMMUNITY FUND	X	

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

Schedule R (Form 990) 2022

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	266,545,184.	1104254433.		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		X	N/A	X		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		X	N/A	X		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		X	N/A	X		N/A

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

(a) 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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
ST. DAVID'S AUSTIN AREA ASC, LLC - 61-1760247, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AUSTIN GI SURGICENTER, LLC - 30-1073754, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREOS SURGICENTER, LLC - 84-4484446, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership
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[illegible]

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p X	
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s 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 COMMUNITY HEALTH FOUNDATION INITIATIVES	Q	516,365.	BOOK
(2) ST. DAVID'S COMMUNITY HEALTH FOUNDATION INITIATIVES	K	1,136,271.	BOOK
(3) ST. DAVID'S FOUNDATION COMMUNITY FUND	A	3,566,807.	CASH
(4) ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP	S	117,652,000.	BOOK
(5) ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP	A	26,627,401.	BOOK
(6)			

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

[illegible]

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

NAME OF RELATED ORGANIZATION:

ST. DAVID'S AUSTIN AREA ASC, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

AUSTIN GI SURGICENTER, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

CAREOS SURGICENTER, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

HEALTH AT HOME HOLDINGS - AUSTIN, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

St. David's Foundation and Affiliates

Consolidated Financial Report
and Supplemental Information
December 31, 2022

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Independent Auditor's Report

Audit Committee
St. David's Foundation and Affiliates

Opinion

We have audited the consolidated financial statements of St. David's Foundation and Affiliates (the Foundation), which comprise the consolidated statements of financial position as of December 31, 2022 and 2021, 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).

In our opinion, based on our audits and the report of the other auditors, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 \$456,122,000 and \$402,257,000 as of December 31, 2022 and 2021, respectively, and the equity in the Partnership's income was approximately \$171,517,000 and \$174,084,000 for the years then ended, respectively. We did not audit the financial statements of Leadership Healthcare Holdings, L.P., LLP (Leadership Holdings). The investment in Leadership Holdings is accounted for by the equity method of accounting. The investment in Leadership Holdings was approximately \$48,322,000 and \$52,723,000 as of December 31, 2022 and 2021, respectively, and the equity in the Leadership Holdings' income was approximately \$7,533,000 and \$7,328,000 for the years then ended. We did not audit the financial statements of Leadership Healthcare Holdings II, L.P., LLP (Leadership Holdings II). The investment in Leadership Holdings II is accounted for by the equity method of accounting. The investment in Leadership Holdings II was approximately \$1,871,000 and \$2,612,000 as of December 31, 2022 and 2021, respectively, and the equity in the Leadership Holdings II's income was approximately \$1,087,000 and \$1,484,000 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, Leadership Holdings and Leadership Healthcare Holdings II, is based solely on the reports of the other auditors.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management 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 and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audit of Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating schedule—statement of financial position and the consolidation schedule—statement of activities are presented for purposes of additional analysis 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 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 based on our audit and the report of other auditors, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

San Antonio, Texas
October 31, 2023

St. David's Foundation and Affiliates

**Consolidated Statements of Financial Position
December 31, 2022 and 2021**

	2022	2021
Assets		
Cash and cash equivalents	\$ 74,783,567	\$ 97,298,202
Investments	1,016,286,773	1,091,931,650
Investment in St. David's Healthcare Partnership, L.P., LLP	456,122,067	402,257,067
Investment in Leadership Healthcare Holdings, L.P., LLP	48,321,518	52,722,798
Investment in Leadership Healthcare Holdings II, L.P., LLP	1,870,859	2,612,390
Property and equipment, net	19,847,718	21,161,601
Prepaid expenses and other assets	2,787,199	2,686,105
Total assets	\$ 1,620,019,701	\$ 1,670,669,813
Liabilities and Net Assets		
Liabilities:		
Accounts payable	\$ 11,165,701	\$ 21,033,042
Accrued liabilities	40,118,962	40,622,146
Total liabilities	51,284,663	61,655,188
Net assets:		
Without donor restrictions	1,564,377,464	1,604,672,390
With donor restrictions	4,357,574	4,342,235
Total net assets	1,568,735,038	1,609,014,625
Total liabilities and net assets	\$ 1,620,019,701	\$ 1,670,669,813

See notes to consolidated financial statements.

St. David's Foundation and Affiliates

Consolidated Statements of Activities Years Ended December 31, 2022 and 2021

	2022			2021		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue:						
Contributions	\$ 2,509,842	\$ 576,189	\$ 3,086,031	\$ 34,471	\$ 597,694	\$ 632,165
St. David's Healthcare Partnership, L.P., LLP income	171,517,000	-	171,517,000	174,084,000	-	174,084,000
Ancillary joint venture income	8,619,988	-	8,619,988	8,812,236	-	8,812,236
Investment income (loss), net	(131,350,590)	4,635	(131,345,955)	156,150,858	158	156,151,016
Rental and other income	1,220,122	-	1,220,122	1,159,451	-	1,159,451
Net assets released from restrictions	565,485	(565,485)	-	537,302	(537,302)	-
Total support and revenue	53,081,847	15,339	53,097,186	340,778,318	60,550	340,838,868
Expenses:						
Community health program expenses:						
Grants	68,644,330	-	68,644,330	84,431,904	-	84,431,904
Dental project	8,633,253	-	8,633,253	7,715,788	-	7,715,788
Expenses in support of community health programs	6,999,606	-	6,999,606	4,194,474	-	4,194,474
Total community health program expenses	84,277,189	-	84,277,189	96,342,166	-	96,342,166
Management and general	8,479,041	-	8,479,041	7,728,538	-	7,728,538
Fundraising	410,569	-	410,569	377,058	-	377,058
Income tax expense	209,974	-	209,974	295,461	-	295,461
Total expenses	93,376,773	-	93,376,773	104,743,223	-	104,743,223
Change in net assets	(40,294,926)	15,339	(40,279,587)	236,035,095	60,550	236,095,645
Net assets at beginning of year	1,604,672,390	4,342,235	1,609,014,625	1,368,637,295	4,281,685	1,372,918,980
Net assets at end of year	\$ 1,564,377,464	\$ 4,357,574	\$ 1,568,735,038	\$ 1,604,672,390	\$ 4,342,235	\$ 1,609,014,625

See notes to consolidated financial statements.

St. David's Foundation and Affiliates

Consolidated Statements of Cash Flows Years Ended December 31, 2022 and 2021

	2022	2021
Cash flows from operating activities:		
Change in net assets	\$ (40,279,587)	\$ 236,095,645
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,414,626	1,483,506
Net loss (gain) on investments	131,700,728	(156,098,272)
Changes in operating assets and liabilities:		
Prepaid expenses and other assets	(101,094)	70,616
Investment in St. David's Healthcare Partnership, L.P., LLP (Note 2)	(53,865,000)	2,423,500
Investment in Leadership Healthcare Holdings, L.P., LLP (Note 2)	4,401,280	(11,184,953)
Investment in Leadership Healthcare Holdings II, L.P., LLP (Note 2)	741,531	(56,094)
Accounts payable	(9,867,341)	7,907,005
Accrued liabilities	(503,184)	26,553,647
Net cash provided by operating activities	33,641,959	107,194,600
Cash flows from investing activities:		
Purchases of investments	(188,444,289)	(374,832,301)
Proceeds from sales of investments	132,388,438	330,799,680
Purchases of equipment	(100,743)	(384,889)
Net cash used in investing activities	(56,156,594)	(44,417,510)
Net (decrease) increase in cash and cash equivalents	(22,514,635)	62,777,090
Cash and cash equivalents at beginning of year	97,298,202	34,521,112
Cash and cash equivalents at end of year	\$ 74,783,567	\$ 97,298,202
Supplemental disclosure of cash flow information:		
Cash paid for taxes	\$ 424,600	\$ 170,000

See notes to consolidated financial statements.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

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 Trustees (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 trustees 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% general partner of Impact Fund, LP, while Initiatives holds a 99% limited partner 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 trustees for Initiatives is responsible for electing the chairman and the trustees of the Impact Funds.

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). 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

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 (371 licensed beds, plus a 64 bed rehabilitation specialty hospital); South Austin Medical Center (368 licensed beds); North Austin Medical Center (NAMC) (426 licensed beds); Round Rock Medical Center (175 licensed beds); Georgetown Hospital (118 licensed beds); Heart Hospital of Austin (72 licensed beds) and St. David's Surgical Hospital (46 licensed beds). The Partnership owns a 53.75% interest in Bailey Square Surgery Center and a 59.26% interest in South Austin Surgery Center. The Partnership has 100% ownership in fifteen urgent care locations, one telehealth service site, and a network of 37 physician practices (with 72 locations and approximately 409 physician providers).

The Partnership Agreement provided for initial aggregate sharing percentages of 50% for the Foundation and 50% for HCA for purposes of allocating partnership income or loss. Because HCA's contribution of its 50% 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% 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%, 58.41% and 1.00%, respectively, at December 31, 2022 and 2021.

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, 2022 and 2021, the Partnership made approximately \$289,855,000 and \$434,855,000, 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 net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions 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 consolidated financial statements in accordance 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 consolidated 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

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 Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), the Foundation reports information regarding its consolidated financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions.

Under these provisions, net assets and revenue, expenses, gains and losses are classified as without donor restrictions and with donor restrictions based on the following criteria:

Without donor restrictions: Net assets without donor restrictions consist of net assets that are not subject to donor-imposed restrictions. Net assets without donor restrictions result from operating revenues, contributions from donors without restrictions and dividend and interest income. Net assets without donor restrictions may be designated for specific purposes by action of the Board.

With donor restrictions: Net assets with donor restrictions 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, donor restricted net assets are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions. Endowed donor 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 unless they are held in an investment account and are designated to be used for the purchase of long-term investments.

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

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, St. David's Healthcare Partnership, L.P., LLP 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.

The Foundation evaluates its investments in partnerships for impairment at least on an annual basis, and more frequently when economic or market concerns warrant such evaluation. The Foundation employs a systematic methodology that considers available evidence in evaluating potential impairment of its investments in its partnerships. In the event that the cost of an investment exceeds its fair value, the Foundation evaluates, among other factors, the magnitude and duration of the decline in fair value; the expected cash flows of the investments; the financial health of and business outlook for the investments; the performance of the investments and the Foundation's intent and ability to hold the investment.

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—10 years, equipment and vehicles—5 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 10 years. 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, 2022 and 2021.

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 and once all conditions have been met.

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 restricted support with donor restrictions or without donor restrictions based on the existence or nature of any donor restrictions. As donor or time restrictions are satisfied, net assets are reclassified to net assets without donor restrictions. 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.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 1. General and Summary of Significant Accounting Policies (Continued)

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, 2022 and 2021, was not significant to the consolidated financial statements.

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 supporting services and fundraising 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. Also see Note 9.

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 included 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 consolidated 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.

Deferred tax assets and liabilities are individually classified as other assets or accrued liabilities, respectively in the consolidated financial statements. 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 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, 2022 and 2021, no interest or penalties have been or are required to be accrued.

Note 1. General and Summary of Significant Accounting Policies (Continued)

Adopted accounting pronouncements: In February 2016, FASB issued Accounting Standards Update (ASU) 2016-02, *Leases*, which sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principle of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective-interest method or on a straight-line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months, regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sales-type leases, direct financing leases and operating leases. The standard is effective for the Foundation beginning in fiscal year 2022, with early adoption permitted.

In March 2019, the FASB issued ASU 2019-01, *Leases (Topic 842): Codification Improvements*, which addressed issues lessors sometimes encounter. Specifically, the ASU addresses issues related to (1) determining the fair value of the underlying asset by the lessor that are not manufacturers or dealers (generally financial institutions and captive finance companies), and (2) lessors that are depository and lending institutions, which should classify principal and payments received under sales-type and direct financing leases within investing activities in the cash flow statement. The ASU also exempts both lessees and lessors from having to provide the interim disclosures required by ASC 250-10-50-3 in the fiscal year in which a company adopts the new leases standard. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842) Effective Dates for Certain Entities*, which delays the effective date of ASU 2019-01 for certain entities. This ASU is effective for the Foundation beginning on January 1, 2022.

In July 2021, the FASB issued ASU 2021-05, *Leases (Topic 842): Lessors—Certain Leases with Variable Lease Payments*, an amendment to ASU 2016-02, *Leases (Topic 842)*. The amendments in this Update affect lessors with lease contracts that: (1) have variable lease payments that do not depend on a reference index or a rate and (2) would have resulted in the recognition of selling a loss at lease commencement if classified as sales-type or direct financing. The amendment is effective for the Foundation beginning in fiscal years after December 15, 2021.

The adoption of ASU 2016-02, 2019-01 and 2021-05 did not have a significant impact on the Foundation's consolidated financial statements.

In December 2019, the FASB issued ASU 2019-12, *Income Taxes (Topic 740): Simplifying the Accounting for Income Taxes*, which is intended to simplify various aspects related to accounting for income taxes. ASU 2019-12 removes certain exceptions to the general principles in ASC 740 and also clarifies and amends existing guidance to improve consistent application. This ASU is effective for the Foundation beginning on January 1, 2022. The adoption of ASU 2019-12 did not have a significant impact on the Foundation's consolidated financial statements.

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which requires a not-for-profit entity to present contributed nonfinancial assets in the statement of activities as a line item that is separate from contributions of cash or other financial assets. ASU 2020-07 also requires additional qualitative and quantitative disclosures about contributed nonfinancial assets received, disaggregated by category. This ASU is effective for the Foundation beginning on January 1, 2022. The adoption of ASU 2020-07 did not have a significant impact on the Foundation's consolidated financial statements.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 1. General and Summary of Significant Accounting Policies (Continued)

Upcoming accounting pronouncements: In October 2021, the FASB issued ASU 2021-08, *Business Combinations (Topic 805): Accounting for Contract Assets and Contract Liabilities from Contracts with Customers*, an amendment to ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The FASB issued the Update to improve the accounting for acquired revenue contracts with customers in a business combination by addressing diversity in practice and inconsistency related to the following: (1) recognition of an acquired contract liability and (2) payment terms and their effect on subsequent revenue recognized by the acquirer. The amendment is effective for the Foundation beginning in fiscal years after December 15, 2023. The Foundation is in the process of evaluating the effect of the amendment.

In March 2023, the FASB issued ASU 2023-01, *Leases (Topic 842): Common Control Arrangements*. Since the issuance of ASU 2016-02, *Leases (Topic 842)*, the FASB has prioritized monitoring and assisting stakeholders with the implementation of Topic 842 through its Post-Implementation Review (PIR) process. PIR activities include, but are not limited to, responding to technical accounting inquiries and proactively seeking feedback on issues arising from applying Topic 842. The amendments in this Update respond to private company stakeholders' concerns about applying Topic 842 to related-party arrangements between entities under common control. The amendments in this Update for both Issue 1 and Issue 2 are effective for fiscal years beginning after December 15, 2023, including interim periods within those fiscal years. Early adoption is permitted for both interim and annual financial statements that have not yet been made available for issuance. If an entity adopts the amendments in an interim period, it must adopt them as of the beginning of the fiscal year that includes that interim period. The Foundation is in the process of evaluating the effect of the amendment.

In March 2023, the FASB issued ASU 2023-02, *Investments—Equity Method and Joint Ventures (Topic 323): Accounting for Investments in Tax Credit Structures Using the Proportional Amortization Method a consensus of the Emerging Issues Task Force*. The FASB is issuing this ASU to allow reporting entities to consistently account for equity investments made primarily for the purpose of receiving income tax credits and other income tax benefits. For public business entities, the amendments are effective for fiscal years beginning after December 15, 2023, including interim periods within those fiscal years. For all other entities, the amendments are effective for fiscal years beginning after December 15, 2024, including interim periods within those fiscal years. Early adoption is permitted for all entities in any interim period. The Foundation is in the process of evaluating the effect of the amendment.

Reclassification: Certain reclassifications have been made in the prior year's consolidated financial statements to conform to the current year's presentation.

Subsequent events: The Foundation has evaluated subsequent events for potential recognition and/or disclosure through October 31, 2023, the date the consolidated financial statements were available to be issued.

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.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 2. Investments and Fair Value Measurements (Continued)

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.

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, 2022 and 2021.

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, 2022 and 2021:

		December 31, 2022				
		Total	Level 1	Level 2	Level 3	Net Asset Value
Cash and cash equivalents	\$	12,341,545	\$ 12,341,545	\$ -	\$ -	\$ -
Fixed income		23,705,505	23,705,505	-	-	-
Equity securities		133,104,583	133,104,583	-	-	-
Pooled equity funds		847,135,140	-	-	-	847,135,140
Total investments	\$	1,016,286,773	\$ 169,151,633	\$ -	\$ -	\$ 847,135,140

		December 31, 2021				
		Total	Level 1	Level 2	Level 3	Net Asset Value
Cash and cash equivalents	\$	18,077,761	\$ 18,077,761	\$ -	\$ -	\$ -
Fixed income		25,047,089	25,047,089	-	-	-
Equity securities		151,019,183	151,019,183	-	-	-
Pooled equity funds		897,787,617	-	-	-	897,787,617
Total investments	\$	1,091,931,650	\$ 194,144,033	\$ -	\$ -	\$ 897,787,617

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, 2022 and 2021, that are recorded at fair value measured using the practical expedient by major class:

December 31, 2022				
	Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period	Unfunded Commitments
Pooled equity funds:				
Fixed income funds (1)	\$ 94,166,386	Daily	5 business days	\$ -
Hedged investments (2)	197,251,303	Monthly	7 business days	-
Global equities (3)	185,913,812	Daily/monthly	3-7 business days	-
Private equities (4)	369,803,639	Not eligible	N/A	131,160,859
Total	<u>\$ 847,135,140</u>			<u>\$ 131,160,859</u>
December 31, 2021				
	Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period	Unfunded Commitments
Pooled equity funds:				
Fixed income funds (1)	\$ 77,426,980	Daily	5 business days	\$ -
Hedged investments (2)	219,332,847	Monthly	7 business days	-
Global equities (3)	245,433,218	Daily/monthly	3-7 business days	-
Private equities (4)	355,594,572	Not eligible	N/A	169,545,493
Total	<u>\$ 897,787,617</u>			<u>\$ 169,545,493</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 consists 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 publicly 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 to 15 years.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 2. Investments and Fair Value Measurements (Continued)

The following is summarized information for the Partnership and other equity investments as of and for the years ended December 31, 2022 and 2021 (in thousands):

	2022	2021
Total assets	\$ 1,969,422	\$ 1,838,234
Total liabilities	\$ 497,064	\$ 473,012
Net income	\$ 446,322	\$ 451,907

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, 2020	\$ 404,680	\$ 41,538	\$ 2,556	\$ 448,774
Plus net income	173,996	6,941	1,484	182,421
Less distributions to partners	(176,508)	(11,485)	(1,428)	(189,421)
Plus contributions	-	15,342	-	15,342
Net change in noncontrolling interests	89	387	-	476
Investment at December 31, 2021	402,257	52,723	2,612	457,592
Plus net income	171,697	7,579	1,087	180,363
Less distributions to partners	(117,652)	(11,934)	(1,828)	(131,414)
Plus contributions	-	-	-	-
Net change in noncontrolling interests	(180)	(46)	-	(226)
Investment at December 31, 2022	\$ 456,122	\$ 48,322	\$ 1,871	\$ 506,315

Note 3. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2022	2021
Furniture and equipment	\$ 1,642,901	\$ 1,642,901
Vehicles	4,859,196	4,760,908
Land	3,703,371	3,703,371
Building	15,081,127	15,081,127
Art	135,247	135,247
Leasehold improvements	4,647,288	4,644,833
	30,069,130	29,968,387
Less accumulated depreciation and amortization	10,221,412	8,806,786
Net property and equipment	\$ 19,847,718	\$ 21,161,601

Depreciation and amortization expense for the years ended December 31, 2022 and 2021, totaled \$1,414,626 and \$1,483,506, respectively.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 4. Total Net Asset Composition

In addition to endowment funds, the Foundation also manages other non-endowed funds. For the year ended December 31, 2022, the Foundation's total net asset composition is summarized below:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 2,788,049	\$ 2,788,049
Non-endowed funds:			
W. Neal Kocurek Scholarship	-	1,316,337	1,316,337
NICU Outreach	-	77,380	77,380
Perinatal Education Fund	-	56,260	56,260
Ronald Kasper Humanitarian Fund	-	2,800	2,800
St. David's Medical Center Pastoral Care Fund	-	116,748	116,748
Undesignated	1,564,377,464	-	1,564,377,464
	<u>\$ 1,564,377,464</u>	<u>\$ 4,357,574</u>	<u>\$ 1,568,735,038</u>

For the year ended December 31, 2021, the Foundation's total net asset composition is summarized below:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 2,783,414	\$ 2,783,414
Non-endowed funds:			
W. Neal Kocurek Scholarship	-	1,284,364	1,284,364
NICU Outreach	-	77,380	77,380
Perinatal Education Fund	-	56,260	56,260
Ronald Kasper Humanitarian Fund	-	2,800	2,800
St. David's Medical Center Pastoral Care Fund	-	138,017	138,017
Undesignated	1,604,672,390	-	1,604,672,390
	<u>\$ 1,604,672,390</u>	<u>\$ 4,342,235</u>	<u>\$ 1,609,014,625</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by donors. For the years ended December 31, 2022 and 2021, the Foundation's net asset released from donor restrictions is summarized below:

	2022	2021
Program restrictions accomplished:		
St. David's Medical Center Pastoral Care Fund	\$ 21,334	\$ 18,565
W. Neal Kocurek Scholarship	544,151	518,737
Total restrictions released	<u>\$ 565,485</u>	<u>\$ 537,302</u>

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 5. Endowment Funds

The Foundation's endowment consists of two individual funds established for a variety of purposes. The endowment includes donor-restricted funds and funds that can be designated by the Board to function as endowments. As of December 31, 2022 and 2021, 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.

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.

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

Changes in endowment net assets for the years ended December 31, 2022 and 2021, are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets at December 31, 2020	\$ -	\$ 2,783,256	\$ 2,783,256
Investment return	-	158	158
Endowment net assets at December 31, 2021	-	2,783,414	2,783,414
Investment return	-	4,635	4,635
Endowment net assets at December 31, 2022	\$ -	\$ 2,788,049	\$ 2,788,049

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 5. Endowment Funds (Continued)

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, 2022 and 2021.

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% 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% 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% 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.

Note 6. 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% matching program for every dollar that an employee contributes up to 6% of the employee's gross compensation, for a maximum matching contribution of 3%. This matching contribution is made in addition to the safe harbor contribution of 3%. Employees are immediately vested in both their contributions and the employer contributions. Contributions charged to employee benefit expense for the years ended December 31, 2022 and 2021, totaled \$533,740 and \$471,585, respectively.

Note 7. Significant 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, 2022 and 2021. At December 31, 2022 and 2021, the Foundation had approximately \$46.3 million and \$1.3 million, respectively in excess of FDIC and Securities Investor Protection Corporation (SIPC) limits. The Foundation has not experienced any losses in such accounts.

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 8. Income Taxes

The Tax Cuts and Jobs Act (the Tax Act) was enacted on December 22, 2017, making significant reforms to the Internal Revenue Code. The reforms include, but are not limited to, a corporate tax rate decrease from 35% to 21% effective for tax years beginning after December 31, 2017.

The provision for taxes on income relating to Impact Fund, LP consists of \$209,974 and \$295,461 for the years ended December 31, 2022 and 2021, respectively. This amount represents the tax effect of the current federal income tax expense totaling \$401,000 and \$170,000 for the years ended December 31, 2022 and 2021, respectively, and the deferred federal income tax expense (benefit) of (\$191,026) and \$165,858 for 2022 and 2021, respectively.

The tax effect of a temporary difference that give rise to the deferred tax liability for the years ended December 31, 2022 and 2021, of \$1,009,316 and \$1,200,342, 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, 2018.

Note 9. Classification of Expenses

The following reflects the classification of Foundation's expenses, by both the underlying nature of the expense and function, for the years ended December 31, 2022 and 2021. An individual expense is allocated to the underlying activity through which it was incurred. The consolidated statements of activities include certain expenses that must be allocated on a reasonable basis, which has been consistently applied: certain costs, including payroll, benefits, depreciation, rent and occupancy have been allocated among the programs and supporting services benefited.

	2022			
	Program	Supporting Services	Fundraising	Total
Grants awarded	\$ 68,644,330	\$ -	\$ -	\$ 68,644,330
Salaries and wages	6,838,096	3,519,511	197,068	10,554,675
Other supporting expenses	3,372,867	1,578,631	165,199	5,116,697
Employee benefits	2,219,363	949,966	48,302	3,217,631
Professional services	1,855,740	1,214,195	-	3,069,935
Depreciation and amortization	603,985	810,642	-	1,414,627
Facilities and equipment maintenance	169,796	602,344	-	772,140
Supplies	573,012	13,726	-	586,738
Total	\$ 84,277,189	\$ 8,689,015	\$ 410,569	\$ 93,376,773

St. David's Foundation and Affiliates

Notes to Consolidated Financial Statements

Note 9. Classification of Expenses (Continued)

	2021			
	Program	Supporting Services	Fundraising	Total
Grants awarded	\$ 83,057,232	\$ -	\$ -	\$ 83,057,232
Salaries and wages	6,019,981	3,308,923	139,698	9,468,602
Other supporting expenses	2,557,510	1,415,705	192,006	4,165,221
Employee benefits	1,959,719	779,160	43,194	2,782,073
Professional services	1,474,901	1,050,800	2,160	2,527,861
Depreciation and amortization	556,960	926,546	-	1,483,506
Facilities and equipment maintenance	183,124	537,430	-	720,554
Supplies	532,739	5,435	-	538,174
Total	\$ 96,342,166	\$ 8,023,999	\$ 377,058	\$ 104,743,223

Note 10. Financial Assets Available and Liquidity

The following reflects the Foundation's financial assets as of year-end, reduced by amounts not available for general expenditures due to contractual or donor-imposed restrictions within one year. However, amounts already appropriated from the donor-restricted endowment funds for general expenditures within one year of December 31, 2022 and 2021, have not been subtracted as unavailable.

	December 31	
	2022	2021
Cash and cash equivalents	\$ 74,783,567	\$ 97,298,202
Investments	1,016,286,773	1,091,931,650
Financial assets as of year-end	1,091,070,340	1,189,229,852
Less:		
Amounts subject to donor restrictions	4,357,574	4,342,235
Investment amounts not eligible for redemption	369,803,639	355,594,572
Financial assets available to meet cash needs for general expenditures within one year	\$ 716,909,127	\$ 829,293,045

The Foundation structures its financial assets to be available as general expenditures, liabilities and other obligations come due.

Note 11. Line of Credit

Effective June 11, 2020, the Foundation put in place an unsecured \$50 million line of credit to assist with funding of grant commitments during the COVID-19 pandemic. Interest for related borrowings was based on the lenders' prime rate of LIBOR. The line of credit expired on December 11, 2021.

Effective February 15, 2022, the above line of credit was extended to February 15, 2024 and modified to an unsecured line of credit of \$5 million. Interest for related borrowings is based on AMERIBOR+1.25%.

There were no outstanding borrowings at December 31, 2022.

Supplemental Information

St. David's Foundation and Affiliates

Consolidating Schedule—Statement of Financial Position

December 31, 2022

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
Assets								
Cash and cash equivalents	\$ 53,811,956	\$ 473,739	\$ 10,348,260	\$ 9,137,775	\$ 69,957	\$ 941,880	\$ -	\$ 74,783,567
Investments	1,016,286,773	-	-	-	-	-	-	1,016,286,773
Investment in St. David's Impact Fund	-	-	-	1,971,953	26,960	-	(1,998,913)	-
Investment in St. David's Healthcare Partnership, L.P., LLP	456,122,067	-	-	-	-	-	-	456,122,067
Investment in Leadership Healthcare Holdings, L.P., LLP	-	-	48,321,518	-	-	-	-	48,321,518
Investment in Leadership Healthcare Holdings II, L.P., LLP	-	-	-	-	-	1,870,859	-	1,870,859
Property and equipment, net	2,908,907	-	3,313	16,935,498	-	-	-	19,847,718
Prepaid expenses and other assets	2,625,137	-	29,792	92,229	-	40,041	-	2,787,199
Note and interest receivable from Community Fund	51,373,197	-	-	-	-	-	(51,373,197)	-
Due from affiliate	-	1	15,347	-	-	45,758	(61,106)	-
Total assets	\$ 1,583,128,037	\$ 473,740	\$ 58,718,230	\$ 28,137,455	\$ 96,917	\$ 2,898,538	\$ (53,433,216)	\$ 1,620,019,701

(Continued)

St. David's Foundation and Affiliates

Consolidating Schedule—Statement of Financial Position (Continued)

December 31, 2022

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
Liabilities and Net Assets								
Liabilities:								
Accounts payable	\$ 10,878,749	\$ 111	\$ 17,011	\$ 269,830	\$ -	\$ -	\$ -	\$ 11,165,701
Accrued liabilities	38,855,661	1,133	370	269,516	-	992,282	-	40,118,962
Notes payable to the Foundation	-	-	51,373,196	-	-	-	(51,373,196)	-
Due to affiliate	5,217	-	-	8,583	45,745	1,562	(61,107)	-
Total liabilities	49,739,627	1,244	51,390,577	547,929	45,745	993,844	(51,434,303)	51,284,663
Net assets:								
Without donor restrictions	1,530,750,361	69,308	6,011,316	27,589,526	51,172	1,904,694	(1,998,913)	1,564,377,464
With donor restrictions	2,638,049	403,188	1,316,337			-	-	4,357,574
Total net assets	1,533,388,410	472,496	7,327,653	27,589,526	51,172	1,904,694	(1,998,913)	1,568,735,038
Total liabilities and net assets	\$ 1,583,128,037	\$ 473,740	\$ 58,718,230	\$ 28,137,455	\$ 96,917	\$ 2,898,538	\$ (53,433,216)	\$ 1,620,019,701

St. David's Foundation and Affiliates

Consolidating Schedule—Statement of Activities Year Ended December 31, 2022 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	\$ 2,509,487	\$ 65	\$ 576,479	\$ -	\$ -	\$ -	\$ -	\$ 3,086,031
St. David's Healthcare Partnership, L.P., LLP income	171,517,000	-	-	-	-	-	-	171,517,000
Ancillary joint venture income (loss)	3,164,083	-	7,533,000	809,127	8,106	1,086,988	(3,981,316)	8,619,988
Investment income, net	(131,590,182)	-	108,902	99,201	-	36,124	-	(131,345,955)
Rental and other income	9,710	-	-	2,346,683	-	-	(1,136,271)	1,220,122
Total support and revenue	45,610,098	65	8,218,381	3,255,011	8,106	1,123,112	(5,117,587)	53,097,186
Expenses:								
Community health program expenses:								
Grants	66,354,160	21,334	2,268,836	-	-	-	-	68,644,330
Dental project	8,813,807	-	-	-	-	-	(180,554)	8,633,253
Expenses in support of community health programs	6,944,768	-	3,199,800	661,341	-	-	(3,806,303)	6,999,606
Total community health program expenses	82,112,735	21,334	5,468,636	661,341	-	-	(3,986,857)	84,277,189
Management and general	6,579,050	17,378	25,147	2,066,960	1,530	102,482	(313,506)	8,479,041
Fundraising	-	-	33,143	377,426	-	-	-	410,569
Income tax expense	-	-	-	-	-	209,974	-	209,974
Total expenses	88,691,785	38,712	5,526,926	3,105,727	1,530	312,456	(4,300,363)	93,376,773
Distributions						2,200,000	(2,200,000)	-
Change in net assets	(43,081,687)	(38,647)	2,691,455	149,284	6,576	(1,389,344)	1,382,776	(40,279,587)
Net assets at beginning of year	1,576,470,097	511,143	4,636,198	27,440,242	44,596	3,294,038	(3,381,689)	1,609,014,625
Net assets at end of year	\$ 1,533,388,410	\$ 472,496	\$ 7,327,653	\$ 27,589,526	\$ 51,172	\$ 1,904,694	\$ (1,998,913)	\$ 1,568,735,038