PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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



ΑF	or th	e 2023 calendar year, or tax year beginning and	ending			
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number	
	Addre					
	Name chang			74-2898888		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final return		500	512-879-6600		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,804,718.	
	Amen return	AUSTIN, IX 70701		H(a) Is this a group re	eturn	
	Applic tion	F Name and address of principal officer. CARA ADADART		for subordinates	? Yes X No	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No	
<u>I</u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemptio		
		organization: X Corporation Trust Association Other	L Year	of formation: 1998	State of legal domicile: TX	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: PROVID		BASED		
ů.		SCHOLARSHIPS TO STUDENTS PURSUING HEALTHCARE (SEE SCHEDULE C))			
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1		
No.	3				3	
త		Number of independent voting members of the governing body (Part VI, line 1b)			2	
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		251		
Activities &		Total number of volunteers (estimate if necessary)				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
ne	8	Contributions and grants (Part VIII, line 1h)		543,404.	902,236.	
/en	9	Program service revenue (Part VIII, line 2g)		7,533,000.	10,312,000.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-68.	547,732. 11,307.	
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,185,238.	11,773,275.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,268,836.	2,121,290.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,200,030.	2,121,290.	
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
en;			0.	••		
Ä		Total fundraising expenses (Part IX, column (D), line 25)		3,224,947.	4,395,569.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,493,783.	6,516,859.	
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,691,455.	5,256,416.		
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
ance	20	Total assets (Part X, line 16)		58,718,230.	60,365,413.	
Assets - d Balanc	21			51,390,577.	47,722,266.	
Net /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		7,327,653.	12,643,147.	
		Signature Block		.,,	,,,	

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.

	TAXPAYER COPY								
Sign	Signature of officer				Date				
Here	CARA ABAZARI, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check] PTIN			
Paid	SCOTT THOMPSETT	Set Shompett		11/14/2	024 self-employed	P00741490			
Preparer	Firm's name GRANT THORNTON ADVISORS L	LC			Firm's EIN 99	-1856619			
Use Only	Firm's address 757 THIRD AVENUE, 3RD FLO	OR							
	NEW YORK, NY 10017-2013			Phone no. (212)	599-0100				
May the I	Aay the IRS discuss this return with the preparer shown above? See instructions								
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23			Form 99	0 (2023)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

must use	Form 7004 to request an extension of time to file incom	ne tax retur	าร.				
<u>Part I - Id</u>	lentification						
Type or	Name of exempt organization, employer, or other file	Taxpayer identification number (TI		r (TIN)			
Print							
File by the	ST. DAVID'S FOUNDATION COMMUNITY FUND				74-2898888		
due date for	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.				
filing your return. See	1303 SAN ANTONIO STREET, 500						
instructions.	City, town or post office, state, and ZIP code. For a f	oreign addi	ess, see instructions.				
	AUSTIN, TX 78701						
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			01	
Application	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 472	0 (individual)	03	Form 5227			10	
Form 990	-PF	04	Form 6069			11	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	1-A	08					
 After yo 	ou enter your Return Code, complete either Part II or Pa	rt III. Part II	, including signature, is applicable o	nly for an	extension of		
time to file	e Form 5330.						
 If this ar 	pplication is for an extension of time to file Form 5330, v	/ou must e	nter the following information.				
Plar	n Name		J. J				
	n Number						
Plar	n Year Ending (MM/DD/YYYY)						
Part II - Au	utomatic Extension of Time To File for Exempt Orgar	nizations (s	ee instructions)				
The bo	ooks are in the care of AMY VAUGHAN						
	1303 SAN ANTONIO STREET,	SUITE 5	00 - AUSTIN, TX 78701				
Teleph	one No. (512) 879-6600		Fax No. (512) 879-6250				
	organization does not have an office or place of busines	s in the Uni	ted States, check this box				
	is for a Group Return, enter the organization's four-digit					eck this	
box [If it is for part of the group, check this box						
1 rec	quest an automatic 6-month extension of time until						
	organization named above. The extension is for the org				pro-gamianter recom		
x	calendar year 20 23 or	anization o					
		20	, and ending		. , 20		
		, 20 _	, and chaing				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	hock roser	on: Initial return I	Final retur	n		
2 11 11	Change in accounting period	neck lease		marretur	11		
20 If th	is application is for Forms 990-PF, 990-T, 4720, or 6069) ontor the	toptative tax loss				
		, enter tile	Contail ve lan, 1000	20	¢	0.	
	nonrefundable credits. See instructions.) onter an	rofundable credite and	3a	\$	۰.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069			2	¢	0.	
	mated tax payments made. Include any prior year over			3b	\$	۰.	
	ance due. Subtract line 3b from line 3a. Include your pa		· · · ·		<u>م</u>	0.	
usir	ng EFTPS (Electronic Federal Tax Payment System). See instructions.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
	THE MISSION OF ST. DAVID'S FOUNDATION COMMUNITY FUND ("COMMUNITY		
	FUND") 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. (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?		es 🗵 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?		es 🛛 No
0	If "Yes," describe these changes on Schedule O.		INC
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ired by expense	
-			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,	anu
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,087,164. including grants of \$ 2,052,190.) (Revenue \$		0.
4a	(Code:) (Expenses \$2,087,164. including grants of \$2,052,190.) (Revenue \$		۰.
	HEALTHCARE SCHOLARSHIP PROGRAM IN THE STATE OF TEXAS. CREATED IN HONOR		
	OF ST. DAVID'S FOUNDATION'S LATE PRESIDENT AND CEO, W. NEAL KOCUREK,		
	PH.D., THIS DISTINGUISHED SCHOLARSHIP PROGRAM CARRIES ON HIS VISION FOR		
	A MORE EQUITABLE CENTRAL TEXAS. HIGH SCHOOL SENIORS FROM BASTROP,		
	CALDWELL, HAYS, TRAVIS, AND WILLIAMSON COUNTIES WHO WANT TO PURSUE		
	CAREERS IN HEALTHCARE AND PLAN TO ATTEND COLLEGE IN TEXAS ARE ELIGIBLE		
	TO APPLY FOR UP TO \$60,000 IN FINANCIAL AID OVER THE COURSE OF THEIR		
	HIGHER EDUCATION. (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$4,297,556. including grants of \$0.) (Revenue \$ SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,3	312,000.
4b	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN	10,3	312,000.
4b	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN	10,:	312,000.
4b 4c	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	10,:	0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.		0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.		0.
	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.		0.
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4c	SURGERY CENTERS - THE COMMUNITY FUND CONTROLS MEDICAL FACILITIES IN CENTRAL TEXAS IN ACCORDANCE WITH THE COMMUNITY BENEFIT STANDARD.	0.)	0. 0.

Form 990 (2023) ST. DAVID'S FOUNDA ST. DAVID'S FOUNDATION COMMUNITY FUND

1 the regarization described in section ST(clig) or 4947(a)(1) (offer than a private foundation? 1 X 2 the regarization requeries to complete Schedule 0, Schedule 0, Combutors? 2 X 2 the regarization requeries to complete Schedule 0, Cart I 3 X 3 Sectors Of(Q) organizations. Diff the organization requeries in the organization assets on Strol(k), Sol 10(4), or Sol 10(4), Sol 10(4), or Sol 10(4), Sol 10(4), or Sol 10(4), So				Yes	No
1 In the organization required to complete Schedule 0, Part 1 2 X 3 Did the organization required to complete Schedule 0, Part 1 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy with 1" %s; complete Schedule 0, Part 1 4 X 5 Is the organization action 501(k)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts a definical for particle organization that receives membership dues, assessments, or similar social schedule 0, Part 1 6 X 6 Did the organization active of hold a conservation assement, including easements to preserve open space. The environment, historic lind active of which of accounts? If "Yes, complete Schedule 0, Part 1 6 X 9 Did the organization required to for the systemic organization areas, or historic dirudes? If "Yes, complete Schedule 0, Part 1 8 X 9 Did the organization control in Part X, into 21, for sective or custodial account liability, serve as a custodian for amount in Part X, into 21, for sective or custodial account liability, serve as a custodian for amount in part X, into 21, for sective area and schedule 0, Part 1 10 X 9 Did the organization report an amount for investments - other associate in part X, into 21, for 1% %s, complete Schedule 0, Part X 10 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule <i>Q</i> . Schedule <i>a</i> Combituors 7 See instructions 2 X 3 Dot the organization required intext in index policitical campaging activities, or have a section 501(b) election in effect during the tax year? <i>If 'Yes,' complete Schedule Q. Part I</i> 3 X 4 Section 501(b) organization. Dit the organization required in lobbying activities, or have a section 501(b) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part I</i> 4 X 5 It the organization nation and the organization that receives membership dues, assessments, or similar assets? <i>If 'Yes,' complete Schedule D, Part I</i> 5 X 6 Ut the organization matinar any choice advised tunds or any similar funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> 6 X 7 X To the organization matinar asset matures in such tunds or anounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> 7 X 8 Did the organization metavor to any of the following questions is 'Yes,' their complete Schedule D, Part I 7 X 9 Did the organization metave to any of the following questions is 'Yes,' their complete Schedule D, Part X, the 'Yes,' complete Schedule D, Part		If "Yes," complete Schedule A	1	х	
 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices Schedule 0, Part II Section 801(c)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule 0, Part II Is the organization aset and on 501(c)(a) 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. Be 107 If "Yes," complete Schedule 0, Part II Did the organization cervice or hold a conservation assement, including easements to prove a section 501(b) electron in effect. Did the organization receive or hold a conservation assement, including easements to prove a section 501(b) electron in effect. Did the organization receive or hold a conservation assement, including easements to preverve open space. The environment, historic fand areas, or historic structures? If "Yes," complete Schedule 0, Part II. Did the organization receive or includic companitor in anount in Part X, line 21, for eacrow or custodial account lability, serve as a custodian for an organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule 0, Part IV. Did the organization report an amount for insustments - other securities in Part X, line 107 if "Yes," complete Schedule 0, Part IV. Did the organization report an amount for the substime eacrost is in Part X, line 12, that is 556 or more of its total assets reported in Part X, in 107 if "Yes," complete Schedule 0, Part IV. Did the organization report an amount for the tasset in Part X, line 12, that is 556 or more of its total assets reported in Part X, in 107 if "Yes," complete Schedule 0, Part IV. Did the organization report an amount for the asset	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the twy end // vise, ' complete Schedule C, Part II x 5 Is the organization activities of the Proce 3619 (2) vises of the complete Schedule C, Part II x x 6 Did the organization marketing and solution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account is initial assettion funds. x x 7 Did the organization memory to real account of any kinetical treasures, or other similar assettion funds. x x 9 Did the organization funds account visit of any kinetical treasures, or other similar assettion funds. x x 10 Ut the organization funds or any other site organization. The account visit funds account visit funds or any other site organization. The account visit funds account visit funds account visit regards. y x 11 Wise, complete Schedule D, Part V 0 x y x 10 Did the organization report an amount for investments - other securitis in Part X, line 12, Hir 15, Hir 10, Hir 10, Kir X, as applicab	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the twy end // vise, ' complete Schedule C, Part II x 5 Is the organization activities of the Proce 3619 (2) vises of the complete Schedule C, Part II x x 6 Did the organization marketing and solution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account is initial assettion funds. x x 7 Did the organization memory to real account of any kinetical treasures, or other similar assettion funds. x x 9 Did the organization funds account visit of any kinetical treasures, or other similar assettion funds. x x 10 Ut the organization funds or any other site organization. The account visit funds account visit funds or any other site organization. The account visit funds account visit funds account visit regards. y x 11 Wise, complete Schedule D, Part V 0 x y x 10 Did the organization report an amount for investments - other securitis in Part X, line 12, Hir 15, Hir 10, Hir 10, Kir X, as applicab		public office? If "Yes." complete Schedule C. Part I	3		Х
during the tax year? # Yes," complete Schedule C, Part II 4 X 5 Is the organization a section S(H)(A) 507(H)(A) for (A)(A) for (A)(A) for (A)(A) for (A)(A) for A)(A) for A) forA) for A) for A) for A) for A) for A) for A)	4				
5 Is the organization action 501(c)(0, 011(c)(0), or 501(c)(0) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 96:1917 // *%; "complete Schedule D, Part III." S X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such thads or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such thads or accounts for which donors have the right or donatization maintain any donor advised funds or any similar funds or account similar assets? If "Yes," complete Schedule D, Part III. 7 X 8 Did the organization match and areas, or historic attructures? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization function or through the distribution or through the reduction of any distribution that assets in donor-restricted endowments or in quasi-finate schedule D, Part IV 8 X 10 Did the organization function anount for investments - other securities in donor-restricted endowments or in quasi-fination report an amount for investments - other securities in Part X, line 12, If Yes," complete Schedule D, Part IV 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, If Yes," complete Schedule D, Part V 11 X 11 If the organization nemount anount for investhements - other securities in Part			4		Х
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 for which donors have the inplict to provide advice on the distribution or investment of amounts in such funds or accounts for Winst, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 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 on in quasi-adownents? If "Yes," complete Schedule D, Part V 8 X 10 X X 10 X X 10 If the organization report an amount for investments- or in quasi-adownents? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments- or pargame related organization report an amount for investments- or pargame related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments- program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D,	5				
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 for which donors have the inplict to provide advice on the distribution or investment of amounts in such funds or accounts for Winst, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 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 on in quasi-adownents? If "Yes," complete Schedule D, Part V 8 X 10 X X 10 X X 10 If the organization report an amount for investments- or in quasi-adownents? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments- or pargame related organization report an amount for investments- or pargame related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments- program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D,		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
7 Did the organization receive or hold a conservation essement, including assements to preserve open space. the environment, historic induresa, or historic strutures? // frikes, 'complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // frikes, 'complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yies, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if Yies, 'complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - program reliated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if Yies, 'complete Schedule D, Part VI 11a X 13 Did the organization report an amount for threatments or the say reprodue schedule D, Part XI 11a X 14 X 11a X 11a X 14 X 11a X <td>6</td> <td></td> <td></td> <td></td> <td></td>	6				
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Form 990 (2023)				FOUNDATION	
Part IV	Checklist of	Requi	red Sc	he	dules _{(conti}	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) ST. DAVID'S FOUNDATION COMMUNITY FUND 74-2898	888	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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		
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
С	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).			
а	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	9 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	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			
е	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.			
а	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:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	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	<u> </u>	
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Forn	1 990	(2023)

Form		2898888	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, ar	nd for a "No" ı	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
5		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<u> </u>	x
-	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
5			x	
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a			x	
	more members of the governing body?	<u>7a</u>	^	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		77	
	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:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		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?			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	rm? 11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		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?			
	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	<u>15b</u>		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	Х	
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	Х	
Sec	tion 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 50)1(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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 pol	icy, and finand	cial	
	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			
332006	1303 SAN ANTONIO STREET, SUITE 500, AUSTIN, TX 78701 3 12-21-23	Form	1 990	(2023)
				,

ST. DAVID'S FOUNDATION COMMUNITY FUND

751

Page 6

74-2898888

Form 990 (2023)	ST. DAVID'S FOUNDATION COMMUNITY FUND	74-2898888 Page 7
Part VII Compension	sation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, E	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 er	nding with or within the organization's tax year.

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)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	ו than o	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botł	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EDWARD B. BURGER	1.35	_	-			<u> </u>				
CHAIR	43.65	х						0.	602,188.	33,583.
(2) AMY VAUGHAN	1.00									
CHIEF FINANCIAL OFFICER	39.00			х				0.	365,528.	40,614.
(3) CARA ABAZARI	1.00									
PRESIDENT	39.00			х				0.	213,544.	43,325.
(4) TAYLOR GUTIERREZ	28.00									
SECRETARY	12.00			х				0.	91,907.	29,215.
(5) RODNEY S. BOND	1.00									
DIRECTOR	0.00	Х						0.	10,000.	0.
(6) BARBARA PORTER	1.00									
DIRECTOR	0.00	Х						0.	10,000.	0.
		<u> </u>				<u> </u>				
		-								
										Form 990 (2023)
332007 12-21-23										Form ♥♥♥ (2023)

8

Form 990 (2023)

	990 (2023) ST. DAVID'S 1	FOUNDATION	COM	MUN	ITY	FU	ND			74-28	98888	3	Р	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ן than o	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pei	rson i	s both pr/trus	n an	compensation	compensatio			nount	
		week					1/11/13		- from	from related	I		other	
		(list any hours for	irecto						the	organization (W-2/1099-MIS	I		pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)			om th anizat	
		organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)		•	d relat	
		below	Individual trustee or director	In stit utio nal tru stee	5	Key employee	est co oyee	er	,			orga	nizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			1											
			1											
1b	Subtotal	•							0.	1,293,	167.		146,	737.
с	Total from continuation sheets to Part VI								0.		٥.			0.
d	Total (add lines 1b and 1c)								0.	1,293,	167.		146,	737.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	e			
	compensation from the organization													0
											r		Yes	No
3	Did the organization list any former officer,				•			Ŭ	• •					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	-		-					•	-			v	
_	and related organizations greater than \$150										·····	4	X	
	ccrue compensation from any unrelated organization or individual for services								-		x			
Sect		plete Schedule	e J f	or si	ich i	bers	on					5		21
1	Complete this table for your five highest co	mnensated ind	lono	nde	nt co	ontre	acto	re th	nat received more than \$	100 000 of com	nensat	ion fro	m	
•	the organization. Report compensation for	-									Jensai		,,,,,	
	(A)			- Turi	<u>ig w</u>		<u> </u>		(B)			(C	:)	
	Name and business	address	NO	NE					Description of s	ervices	C	omper		n
2	Total number of independent contractors (in \$100,000 of compensation from the organized structure).	•	ot lir	niteo	d to		se lis 0	ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·													

332008 12-21-23

	n 990 (2				IDAT	ION COMMUNIT	Y FUND		74-289888	8 Page 9
	rt VII		even	ue						
		Check if Schedule O	conta	ins a respo	onse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b						
s, G	С	Fundraising events				900,941.				
Gift lar	d	Related organizations								
imi,	е	Government grants (cont								
utio er S	f	All other contributions, gifts,				1 205				
Oth		similar amounts not include			•	1,295.				
ho	g b	Noncash contributions included in	n lines 1	a-1f 1g	⊅		902,236.			
0 0		Total. Add lines 1a-1f		<u></u>		Business Code	501,200.			
•	2 a	SURGERY CENTER REVI	ENUE			621400	10,312,000.	10,312,000.		
vice	h						,,			
Ser	c									
am Ser evenue	d									
Program Service Revenue	е									
Pre	f	All other program service	e rever	nue						
	g	Total. Add lines 2a-2f					10,312,000.			
	3	Investment income (inclu	iding c	dividends, i	ntere	est, and				
							547,732.			547,732.
	4	Income from investment		-	-					
	5	Royalties		(i) Rea		(ii) Deve en el				
	•	0		(I) Rea		(ii) Personal				
		Gross rents								
		Less: rental expenses Rental income or (loss)	6b 6c							
		Net rental income or (loss)	· · · · ·							
		Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
venue	с	Gain or (loss)	7c							
a 1	d	Net gain or (loss)								
Other Re	8 a	Gross income from fundrais	•	•						
ō		including \$								
		contributions reported or		,		40.750				
		Part IV, line 18			8a 8b	-				
		Less: direct expenses Net income or (loss) from				51,445.	11,307.			11,307.
		Gross income from gami					,,			,,
	54	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				•				
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10k					
	с	Net income or (loss) from	n sales	of invento	ry					
s						Business Code				
eou	11 a									
llan	b					<u> </u>				
Miscellaneous Revenue	C A									
Ä	d	All other revenue								
	е 12	Total. Add lines 11a-11d Total revenue. See instructi					11,773,275.	10,312,000.	0.	559,039.
							, , = . = •	, ,		

332009 12-21-23

Form **990** (2023)

Page 9

ST. DAVID'S FOUNDATION COMMUNITY FUND

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 50,000. 50,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,071,290. 2,071,290. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): а Management 213. 213 b Legal 10,419. 10,419 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 75,058. 11,995 63,063. 13 Office expenses 1,923 1,877, 46 Information technology 14 15 Royalties 16 Occupancy 4,108. 1,187, 2,921 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 3,188. 3,188. Conferences, conventions, and meetings 19 4,297,556, 4,297,556 20 Interest Payments to affiliates 21 1,171. 1,171, 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SCHOLARSHIP PROGRAM 1,933. 1,933. а b С d All other expenses е 6,516,859 6,486,906 29,953 0. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

332010 12-21-23

Check here

14001114 153424 0204375-00005

educational campaign and fundraising solicitation.

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

Form 990 (2023)

2023.05000 ST. DAVID'S FOUNDATION CO 02043751

11

7,327,653.

58,718,230.

30

31

32

33

1	Cash - non-interest-bearing					
2	Savings and temporary cash investments			10,348,260.	2	12,457,271.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
	controlled entity or family member of any of these	e perso	ns		5	
6	Loans and other receivables from other disqualifi	ied pers	sons (as defined			
	under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				29,792.	9	3,822.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	11,708.			
b	Less: accumulated depreciation		9,566.	3,313.	10c	2,142.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1			48,321,518.	13	47,902,178.
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			15,347.	15	0.
16	Total assets. Add lines 1 through 15 (must equa			58,718,230.	16	60,365,413.
17	Accounts payable and accrued expenses			17,381.	17	30,691.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or forme	er office	er, director,			
	trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
	controlled entity or family member of any of these	e perso	ns		22	
23	Secured mortgages and notes payable to unrelat	ted thire	d parties		23	
24	Unsecured notes and loans payable to unrelated	third p	arties		24	
25	Other liabilities (including federal income tax, pay	/ables t	o related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			51,373,196.	25	47,691,575.
26				51,390,577.	26	47,722,266.
	Organizations that follow FASB ASC 958, check	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			6,011,316.	27	11,022,220.
28	Net assets with donor restrictions			1,316,337.	28	1,620,927.
	Organizations that do not follow FASB ASC 95					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
20	Paid in or capital surplus, or land, building, or og				20	

ST. DAVID'S FOUNDATION COMMUNITY FUND

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

Cash - non-interest-bearing

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

14001114 153424 0204375-00005

74-2898888

1

(A) Beginning of year

Page 11

(B) End of year

12,643,147.

60,365,413.

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

1

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Form	990 (2023) ST. DAVID'S FOUNDATION COMMUNITY FUND	74-2898888	;	Pad	_{ge} 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	773,	275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	516,	859.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	256,	416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	327,	653.
5	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		59,	078.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,	643,	147.
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	dule O.			
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
		1			

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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.

N

Nam	e of t	the organization						Employer	identification number
				N COMMUNITY FUND					74-2898888
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)([.]	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type or	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization			i majority c	of the direc	tors or truste	es of the su	upporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte						ly integrate	ea with,
Ы		its supported organization	.,.	•				tod organi	ration(a)
d		that is not functionally int	• •					•	
		requirement (see instructi	• •		-			anallenin	7611655
е		Check this box if the orga	,	•				II Type III	
C	L	functionally integrated, or					турст, турс	n, rype m	
f	Ente	er the number of supported of							
g		vide the following informatior	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	1								

OMB No. 1545-0047

2023

Open to Public

Inspection

74-2898888 Page 2

	(Form 990) 2023	ST. DAVID'S FOUND	ATION COMMUNITY FU	ND	74-2898888	Pa
Part II	Support Schedule for	r Organizations D	escribed in Section	ns 170(b)(1)(A)(iv) and 17	′0(b)(1)(A)(vi)	
	(Complete only if you check	ed the box on line 5, 7	, or 8 of Part I or if the or	ganization failed to qualify unde	er Part III. If the organi	zation
	fails to qualify under the tes	te listed below place	complete Part III.)			

fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	See	ction A. Public Support							
membership fees required. (Do not include any "unusual grants") 525,854. 440,542. 563,120. 543,404. 902,236. 2,975,156 2 Tax revenues levid for the organization's benefit and ether pad to or expended on its behalt	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
include any 'unusual grants.') 525,854. 440,542. 563,120. 543,404. 902,236. 2,975,156 2 Tax meenues levied for the organ- trazitor's benefit and either paid to or expended on its behalt 3 The value of services or facilities furnished by a governmental unit to the organization without charge for the organization without charge supported organization jincluded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 525,854. 440,542. 563,120. 543,404. 902,236. 2,975,156 5 The parties organization jincluded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 525,854. 440,542. 563,120. 543,404. 902,236. 2,975,156 6 Public support 958,514 958,514 7 Anounts from line 4 2,016,642 7 Anounts from line 4 2,975,156 7 Anounts from line 4 902,236. 2,975,156 7 Calendar year (or fisel year beginning in)	1	Gifts, grants, contributions, and							
2 Tax memoral level 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. Additines 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 exceede 2% of the amount shown on line 11, courum (f) 5 Public support. Interdities 7 nm Ine 4 5 Calendary set (risely set beginning in) anount from ine 4 6 Public support. Interdities 7 nm Ine 4 5 Section B, Total Support Calendary set (risely set beginning in) riseled by a set (risely set beginning in) set (risel		membership fees received. (Do not							
is benefit and either paid to or expanded on its behalf		include any "unusual grants.")	525,854.	440,542.	563,120.	543,404.	902,236.	2,975,156.	
or expended on its behalf	2	Tax revenues levied for the organ-							
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	Schedule A	Form	990) 2023
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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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (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 per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					_	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	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						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	L ne organization's fi	rst second third	fourth or fifth tax	I vear as a section 5	1 501(c)(3) orga	I
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box at						/00/ and
b	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization 12-21-23	T UIU HOL CHECK A	box on line 14, 19	a, UL 19D, CHECK T	IIS DUX AND SEE INS		
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3a

Yes No

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

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

332024 12-21-23

3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

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2023.05000 ST. DAVID'S FOUNDATION CO 02043751

17

Schedule A (Form 990) 2023

ST. DAVID'S FOUNDATION COMMUNITY FUND

Yes No

Yes No

Yes No

1

2

		Yes	No
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 1	1b 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

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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 experience)	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 y
--

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-------------------------------------	-----------------------------

- 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.
- 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.
- 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.**

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05000 ST. DAVID'S FOUNDATION CO 02043751

18

Sche	edule A (Form 990) 2023 ST. DAVID'S FOUNDATION COMMUNITY	FUND		74 - 2898888	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations		0
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus			-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
_2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Y	'ear
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	Check here if the current year is the organization's first as a non-functiona	Ily integrat	ted Type III supporting or	ganization (see	

ST. DAVID'S FOUNDATION COMMUNITY FUND

instructions).

Schedule A (Form 990) 2023

74-2898888

332026 12-21-23

Schedule A	(Form 990) 2023	ST.	DAVID'S	FOUNDATION	COMMUNITY	FUND
Part V	Type III Non-Function	onall	y Integra	ated 509(a)(3	3) Supporti	ing Organiza
-						

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions		(*******		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
~	Excess from 2023				

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

028 12-21-23		Schedule A (Form 990) 2023
23 AMOUNT: \$ 42,750.		
22 AMOUNT: \$ 33,075.		
20 AMOUNT: \$ 0. 21 AMOUNT: \$ 33,375.		
19 AMOUNT: \$ 47,250.		

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

74-2898888

Name of the organization		Employer identi
ST.	DAVID'S FOUNDATION COMMUNITY FUND	74-2898888
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. 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

Schedule B

Department of the Treasury

(Form 990)

X 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).

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$71,431.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$48,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$23,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$23,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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ST. DAVID'S FOUNDATION COMMUNITY FUND

Name of organization

74-2898888

Employer identification number

Page 2

Schedule B	(Form	990)	(2023)
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Name of organization

Page 2

Employer identification number

ST. DAVID'S FOUNDATION COMMUNITY FUND

74-2898888

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$19,100.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

24

323452 12-26-23

Name of o	rganization		Employer identification number
ST. DAVI	D'S FOUNDATION COMMUNITY FUND		74-2898888
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	۶.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

Schedule B (Form 990) (2023)

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25 2023.05000 ST. DAVID'S FOUNDATION CO 02043751

Page 3

Schedule B (Form 990) (2023)

...

Name of org	ganization		Employer identification number			
תדעצת יייי	'S FOUNDATION COMMUNITY FUND		74-2898888			
	Exclusively religious, charitable, etc., contribution	s to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha	nrough (e) and the following line entr ritable, etc., contributions of \$1,000 or le	y. For organizations see for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional sp	ace 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	I ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of gift				
	Transforacio nomo addresa ano					
	Transferee's name, address, and		Relationship of transferor to transferee			
(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	I ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee			
23454 12-26-2	23		Schedule B (Form 990) (2023			

26

14001114 153424 0204375-00005

~~		Supplement	al Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury	A	ttach to Form 990.		Open to Public Inspection
	al Revenue Service		0 for instructions and the latest information.		ployer identification number
		ST. DAVID'S FOUNDATION COMM	UNITY FUND		74-2898888
Pa			d Funds or Other Similar Funds or A	Accour	nts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1		nd of year			
2		of contributions to (during year)			
3 4		of grants from (during year)			
4 5		at end of year	ا writing that the assets held in donor advised fu	nds	
Ű	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confe		
	impermissible priv		-		
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7	
1		servation easements held by the organization	11 57		
		n of land for public use (for example, recrea	·		important land area
		of natural habitat	Preservation of a ce	rtified hi	storic structure
2		n of open space	ied conservation contribution in the form of a c	onconvo	tion accoment on the last
2	day of the tax yea				Held at the End of the Tax Year
а				2a	
b					
с	Number of conser		ucture included on line 2a		
d	Number of conser	rvation easements included on line 2c acqu	ired after July 25, 2006, and not		
				2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization	during the tax
	year				
4 5		where property subject to conservation easily regarding the per-			
5	•	ation have a written policy regarding the per forcement of the conservation easements it	holds?		Yes No
6			handling of violations, and enforcing conservat		
•		·····			
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	easemen	ts during the year
8	Does each conser	rvation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	
•	and section 170(h				
9		-	on easements in its revenue and expense state		
		counting for conservation easements.	note to the organization's financial statements t	nat des	cribes the
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
		if the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance s	heet works
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, education, or research in further	ance of	public
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balan		
			exhibition, education, or research in furtherand	ce of pu	blic service,
	-	ing amounts relating to these items.			¢
					\$\$
2			asures, or other similar assets for financial gain		
-		unts required to be reported under FASB A		, p. o viu	-
а	-				\$
					\$

N				
LHA	For Paperwork Reduction Act Notic	e, see the Instructions for Fo	rm 990.	
332051	09-28-23			
			27	

27 2023.05000 ST. DAVID'S FOUNDATION CO 02043751

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 ST. DAVID'S	S FOUNDATION COMMUN	ITY FUND			74-	2898888	F	-age 2
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Tre	easures, o	r Other S	Similar Ass	sets _{(cont}	tinued)	
3	Using the organization's acquisition, accessi	on, and other records, ch	eck any of the	following tha	t make sign	ificant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain how	v they further th	ne organizatio	on's exemp	t purpose in l	Part XIII.		
5	During the year, did the organization solicit of	r receive donations of art,	, historical trea	sures, or othe	er similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of the or	ganization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements Complete if t	he organizatio	n answered "	Yes" on Fo	rm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermediary	for contributior	ns or other as	sets not ind	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the followir	ng table:						
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					lf			
2a	Did the organization include an amount on F	orm 990, Part X, line 21, f	or escrow or c	ustodial acco	ount liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if			1					<u> </u>
		(a) Current year (k	o) Prior year	(c) Two yea	irs back (d) Three years b	back (e) Fo	ur years	s back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e 1g, column (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	that are held a	nd administe	red for the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	<u> </u>
)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		nt funds.						
Par	t VI Land, Buildings, and Equipm					10			
	Complete if the organization answere	d "Yes" on Form 990, Par	- İ				1		
	Description of property	(a) Cost or other	. ,	t or other		umulated	(d) Bo	ok valı	Je
		basis (investment)	Dasis	(other)	aepre	eciation			
	Land								
	Buildings								
	Leasehold improvements								
	Equipment			11 500		0 566			1.4.0
	Other			11,708.		9,566.	<u> </u>		,142.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, lin	<u>e 10c, column</u>	<u>(B))</u>			<u> </u>		,142.
						Sche	dule D (For	m 990) 2023

332052 09-28-23

ST. DAVID'S FOUNDATION COMMUNITY FUND Page 3 Schedule D (Form 990) 2023 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value INVESTMENT IN LEADERSHIP HEALTHCARE (1) HOLDINGS 47,902,178. COST (2) (3) (4) (5) (6) (7) (8) (9) 47,902,178. Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes NOTES PAYABLE - ST. DAVID'S FOUNDATION 47,691,575 (2)(3) (4) (5) (6) (7)(8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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 X

Schedule D (Form 990) 2023

47,691,575.

332053 09-28-23

Sche	edule D (Form 990) 2023 ST. DAVID'S FOUNDATION COMMUNITY FUND		74-2898888 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	3
	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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d		2d	7 1
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7
с			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per I	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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7 1
с	Other losses	2c	
d		2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
Pa	rt XIII Supplemental Information		
Prov	ide 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	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 addition	onal information.	
PART	TX, LINE 2:		
THE	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE F	OR HOW	
UNCE	ERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED A	ND	
PRES	SENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS REQUIRES T	HE	
EVAI	JUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE CO	URSE OF	

30

PREPARING THE COMMUNITY FUND'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.

332054 09-28-23

	(continued)	
	Schadul	e D (Form 990) 2023
332055 09-28-23		

14001114 153424 0204375-00005

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)		omplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							2023 Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatior	۱.		Inspection
Name of the organizatior		S FOUNDATION COMMUNITY FUND					24-28988	entification number
	ing Activities.	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pur- viduals or entities (fundraisers) pursue	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from r	egistration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TOAST OF THE TOWN		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine			(/	((
Revenue	1	Gross receipts	943,691.			943,691.
	2	Less: Contributions	900,941.			900,941.
	3	Gross income (line 1 minus line 2)	42,750.			42,750
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
ā	8	Entertainment				
		Other direct expenses				31,443
_ I.		Direct expense summary. Add lines 4 through				
		Net income summary. Subtract line 10 from li				11,307
2a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
enue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
SS	2	Cash prizes				
zpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				

Direc	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor	Yes %	Yes %	└── Yes % └── No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Enter the state(s) in which the organization conduc	• • –						
	Is the organization licensed to conduct gaming ac		states?		Yes No			
D	If "No," explain:							
10a	Yes No							
b If "Yes," explain:								

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 ST. DAVID'S FOUNDATION COMMUNITY FUND	74-2	898888	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	d		
to administer charitable gaming?		Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
13a Does the organization have a contract with a third party north whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	e amount		
of gaming revenue retained by the third party \$	o amount		
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandetony distributions:			
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp			
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Par	t III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,	, ,
332083 09-13-23	Sched	ule G (Form	990) 2023
34			

Part IV	Supplemental Informatio	n (continued)		
				Schedule G (Form 990)
332084 04-01-	23			
			25	

14001114 153424 0204375-00005

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States		OMB No. 1545-0047							
(Form 990)			vernments, ar ete if the organizatio					2023	
Department of the Treasury		Comp		Attach to Forn				Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organizat								Employer identification number	
	ST. DAVID'S FO		IUNITY FUND					74-2898888	
	nformation on Grants a								
•	ization maintain records t award the grants or assis		•		• • • •	•			
2 Describe in Part	t IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
	nd Other Assistance to I that received more than \$					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
						other)			

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

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

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

Schedule I (Form 990) 2023

Page 2

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.

	(1.) NI	(-) A	(-1) A	() Mathematical advantages	(f) Description of a second second second
(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
	170	0 050 100			
EAL KOCUREK SCHOLARSHIP PROGRAM	178	2,052,190.	0.		
RADUATION SUPPORT	62	18,600.	0.		
MERGENCY ASSISTANCE	1	500.	0.		
Part IV Supplemental Information. Provide the information re	_I guired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
	, , ,	, ,	(<i>''</i>)		
ART I, LINE 2:					
RANTS TO ORGANIZATIONS:					
OMMUNITY FUND ACCEPTS AND REVIEWS GRANT APPLICAT	ONG FOR CRAN				
OMMONITI FOND ACCEFTS AND REVIEWS GRANT AFFIICAT	IONS FOR GRANT	5 INAI ARE			
IVEN FOR THE PURPOSE OF IMPROVING HEALTH AND HEA	THCARE. MEMBE	RS OF THE			
GING WELL PROGRAM APPROVE ONE-TIME GRANTS BY MEM	BER VOTE. THE	COMMUNITY			
UND EXPECTS ALL GRANTEES TO PROVIDE QUARTERLY RE	PORTS DETAILIN	IG THE USE OF			
HE FUNDS. IN ADDITION, THE COMMUNITY FUND MAY UN	DERTAKE ON-SII	E VISITS			
ERIODICALLY TO ENSURE THAT THE GRANTEE IS USING	יוד מסמאייסה פיי				
ENTOPICALLI TO ENSURE THAT THE GRANIES IS USING	IND GRANIED FU	TOR COR			
HEIR INTENDED PURPOSES.					

GRANTS TO INDIVIDUALS:

COMMUNITY FUND PROVIDES SCHOLARSHIPS FOR COLLEGE STUDENTS ATTENDING TEXAS

SCHOOLS TO PURSUE HEALTHCARE CAREERS. STUDENTS ARE SELECTED BY A

SCHOLARSHIP BOARD THAT CONSIDERS ACADEMIC ACCOMPLISHMENTS AND FINANCIAL

NEEDS. SCHOLARSHIP FUNDS ARE PAID DIRECTLY TO EACH STUDENT'S CHOSEN COLLEGE

OR UNIVERSITY. THE ORGANIZATION'S STAFF FOLLOWS UP WITH THE SCHOOLS TO

VERIFY PROOF OF ENROLLMENT AND ACADEMIC PERFORMANCE FOR SCHOLARSHIP

RECIPIENTS.

Schedule I (Form 990)

332291 04-01-23

> 38 2023.05000 ST. DAVID'S FOUNDATION CO 02043751

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service le of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mbor
Indii		' ST. DAVID'S FOUNDATION COMMUNITY FUND	74-28		Jii nui	libei
Pa	rt I Questions	s Regarding Compensation	74 20.	00000		
					Yes	No
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or cl		nal use			
	Travel for com					
		ation and gross up payments Health or social club dues or initiation fee				
		pending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of ot	her organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rel	-				x
		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				x
С		eive payment from an equity-based compensation arrangement?		. 40		
	I Tes to any of int	es 4a°C, list the persons and provide the applicable amounts for each item in Fart III.				
	Only section 501(c))(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
5	contingent on the re					
а	•			5a		x
		ation?				x
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а	-			6a		х
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on lin	es 5 and 6? If "Yes," describe in Part III		. 7		x
8	Were any amounts i	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
For	Paperwork Reduction	on Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

74-2898888

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) EDWARD B. BURGER	(i)	0.	0.	0.	0.	0.	0.	0.	
CHAIR	(ii)	487,163.	109,833.	5,192.	19,800.	13,783.	635,771.	0.	
(2) AMY VAUGHAN	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER	(ii)	362,883.	1,500.	1,145.	19,800.	20,814.	406,142.	0.	
(3) CARA ABAZARI	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT	(ii)	210,084.	2,000.	1,460.	12,786.	30,539.	256,869.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

THE ST. DAVID'S FOUNDATION COMPENSATION COMMITTEE COMMISSIONS A REPORT

FROM AN INDEPENDENT COMPENSATION EXPERT COVERING ALL EXECUTIVES AND

HIGHLY COMPENSATED EMPLOYEES OF THE FOUNDATION AND RELATED TAX EXEMPT

ENTITIES. EDWARD BURGER, IN HIS POSITION AS CHAIR OF THE REPORTING

ORGANIZATION, REVIEWS THE COMPARABLE DATA FROM THE REPORT AND MAKES

RECOMMENDATIONS TO THE BOARD REGARDING EXECUTIVE COMPENSATION FOR

OFFICERS.

FORM 990, PART VII-A, COLUMN (E)

SEVERAL OF THE COMMUNITY FUND'S BOARD MEMBERS HAD SPOUSES WHO TRAVELED

WITH THEM TO ATTEND BOARD MEETINGS. THE COMMUNITY FUND TREATED THIS

BENEFIT AS TAXABLE COMPENSATION AND THIS AMOUNT IS REPORTED IN FORM

990, PART VII, COLUMN (E). THESE SPOUSAL TRAVEL PAYMENTS WERE NOT MADE

BY THE COMMUNITY FUND ITSELF, BUT BY A RELATED ORGANIZATION. THE

IMPACTED INDIVIDUALS ARE IDENTIFIABLE IN FORM 990, PART VII.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 74-2898888

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

ST. DAVID'S FOUNDATION COMMUNITY FUND

CAREERS AND CONTROLS HEALTHCARE FACILITIES.

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

IN ADDITION, WE CONTROL VARIOUS MEDICAL FACILITIES IN CENTRAL TEXAS

THAT PROVIDE HEALTHCARE TO THE COMMUNITY IN ACCORDANCE WITH THE

COMMUNITY BENEFIT STANDARD.

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

IF SELECTED FOR THE SCHOLARSHIP, EACH SCHOLAR WILL RECEIVE UP TO \$7,500

PER YEAR FOR UP TO FOUR YEARS OF UNDERGRADUATE STUDIES AT TEXAS

COLLEGES AND UNIVERSITIES AND UP TO FOUR YEARS OF GRADUATE STUDIES

AND/OR MEDICAL SCHOOL, AND UP TO \$4,000 A YEAR AT TEXAS COMMUNITY

COLLEGES. IN ADDITION TO THIS FUNDING, NEAL KOCUREK SCHOLARS HAVE

ACCESS TO A RANGE OF EMOTIONAL AND EDUCATIONAL SUPPORTS, INCLUDING FREE

MENTAL HEALTH COUNSELING, TUTORING OPTIONS, PROFESSIONAL MENTORSHIP

AND A CLOSE-KNIT COMMUNITY OF PEERS.

COMMUNITY FUND HAS AWARDED 746 NEAL KOCUREK SCHOLARSHIPS SINCE THE

PROGRAM'S INCEPTION IN 2005, AND 42 WERE AWARDED IN 2023. SCHOLARSHIP

APPLICANTS ARE EVALUATED ON THE BASIS OF ACADEMIC MERIT AS WELL AS

FINANCIAL NEED.

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

INCREASING ACCESS TO AGING-RELATED RESOURCES IN CENTRAL TEXAS IS A

PRIORITY OF THE COMMUNITY FUND. THROUGH STRATEGIC GRANTMAKING, THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42 Schedule O (Form 990) 2023

14001114 153424 0204375-00005

2023.05000 ST. DAVID'S FOUNDATION CO 02043751

Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
ST. DAVID'S FOUNDATION COMMUNITY FUND	74-2898888
COMMUNITY FUND SEEKS TO INCREASE SUPPORT FOR OLDER ADULTS TO LIVE	
SAFELY AND INDEPENDENTLY IN THEIR OWN COMMUNITY. AS A PROGRAM OF	
COMMUNITY FUND, AGINGWELL IS COMMITTED TO STRATEGICALLY ALIGNING THESE	
EFFORTS IN ADDITION TO SERVING AS A RESOURCE FOR THE AGING COMMUNITY IN	
CENTRAL TEXAS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
DURING 2023, THE COMMUNITY FUND MADE NONRECURRING GRANTS TO PROVIDE	
EMERGENCY ASSISTANCE AND GRADUATION SUPPORT.	
EXPENSES \$ 19,100. INCLUDING GRANTS OF \$ 19,100. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 6:	
PURSUANT TO ITS BYLAWS, THE COMMUNITY FUND'S SOLE CORPORATE MEMBER IS ITS	
RELATED ENTITY, ST. DAVID'S FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
PURSUANT TO ITS BYLAWS, THE POWER TO APPOINT AND/OR REMOVE BOARD OF	
DIRECTORS MEMBERS IS RESERVED TO THE COMMUNITY FUND'S SOLE CORPORATE	
MEMBER, ST. DAVID'S FOUNDATION (PROVIDED THAT, AT ALL TIMES, A MAJORITY C	F
DIRECTORS ARE INDEPENDENT OF ST. DAVID'S FOUNDATION AND ST. DAVID'S	
COMMUNITY HEALTH FOUNDATION HOLDINGS).	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE AUTHORITY OF THE BOARD OF DIRECTORS OF THE COMMUNITY FUND IS LIMITED	
WITH RESPECT TO THE FOLLOWING ACTIONS, EACH OF WHICH MAY BE TAKEN ONLY WI	ТН
PRIOR WRITTEN APPROVAL OF THE ORGANIZATION'S SOLE MEMBER, ST. DAVID'S	
FOUNDATION:	

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization ST. DAVID'S FOUNDATION COMMUNITY FUND	Employer identification number 74-2898888
1) AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'S ARTICLES OF INCORPORATION	
OR BYLAWS;	
2) MERGER, CONSOLIDATION, OR DISSOLUTION OF THE ORGANIZATION OR	
ESTABLISHMENT OF ANY SUBSIDIARY OF THE ORGANIZATION;	
3) SALE, CONVEYANCE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ALL OR	
SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS;	
4) SALE, CONVEYANCE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ANY REAL	
PROPERTY IN WHICH THE ORGANIZATION HAS AN INTEREST;	
5) SALE, CONVEYANCE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ANY PERSONAL	
PROPERTY IN WHICH THE ORGANIZATION HAS AN INTEREST WITH A FAIR MARKET VALUE	
EXCEEDING \$250,000;	
6) ACQUISITION OR PURCHASE OF ANY REAL OR PERSONAL PROPERTY FOR	
CONSIDERATION WITH A FAIR MARKET VALUE EXCEEDING \$250,000, UNLESS SUCH	
ACQUISITION WAS PREVIOUSLY BUDGETED;	
7) EXECUTION AND DELIVERY OF ANY CONTRACT WHICH REQUIRES THE EXPENDITURE OF	
THE ORGANIZATION OF MORE THAN \$250,000 UNLESS SUCH EXPENDITURE WAS	
PREVIOUSLY BUDGETED;	
8) ADOPTION OF THE ANNUAL BUDGET OF THE ORGANIZATION;	
9) ESTABLISHMENT OF OR AMENDMENT TO ARTICLES OF INCORPORATION OR BYLAWS OF	
ANY LEGAL ENTITY IN WHICH THE ORGANIZATION IS A PARTNER, PARTICIPANT, JOINT	
VENTURER, CONTROLLING SHAREHOLDER, OR SOLE MEMBER, AND SUBSIDIARY THEREOF;	
10) GUARANTEE OF ANY DEBT NOT OF THE ORGANIZATION;	
11) SELECTION OF THE INDEPENDENT ACCOUNTANT FOR THE ORGANIZATION'S ANNUAL	
AUDIT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE COMMUNITY FUND'S FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED	
ACCOUNTING FIRM IN CONJUNCTION WITH ST. DAVID'S FOUNDATION'S FINANCE	
332212 11-14-23 Δ	Schedule O (Form 990) 2023

Name of the organization ST. DAVID'S FOUNDATION COMMUNITY FUND	Employer identification numbe 74-2898888
	,1 20,000
DEPARTMENT. THE ST. DAVID'S FOUNDATION'S TAX AND AUDIT COMMITTEE PERFORMS A	
COMPREHENSIVE REVIEW OF DRAFT OF THE FORM 990 PRIOR TO IT BEING FINALIZED	
ND APPROVED. A COPY OF THE FORM 990 IS THEN PRESENTED TO THE ST. DAVID'S	
OUNDATION BOARD OF TRUSTEES, WHO APPROVE THE FORM 990 FOR SUBMISSION TO	
THE COMMUNITY FUND'S BOARD OF DIRECTORS. THE FORM 990 IS THEN SHARED WITH	
THE COMMUNITY FUND'S BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT, AFTER	
HICH TIME THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE	
SERVICE.	
ORM 990, PART VI, SECTION B, LINE 12C:	
THE COMMUNITY FUND ANNUALLY VERIFIES COMPLIANCE WITH THE CONFLICTS OF	
NTEREST POLICY. THE INDIVIDUALS COVERED BY THIS POLICY INCLUDE THE	
FFICERS AND DIRECTORS. THE PERSONS COVERED BY THIS POLICY ARE REQUIRED TO	
NNUALLY DISCLOSE OR UPDATE ON A FORM PROVIDED BY THE ORGANIZATION THEIR	
INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FOR EACH INTEREST	
DISCLOSED, DETERMINATION WILL BE MADE WHETHER TO: (A) TAKE NO ACTION; (B)	
SSURE FULL DISCLOSURE; (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN	
ELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION; OR (D) ASK THE	
ERSON TO RESIGN FROM HIS OR HER POSITION IN THE ORGANIZATION OR, IF THE	
ERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE	
ITH THE ORGANIZATION'S REMOVAL PROCEDURES.	
ORM 990, PART VI, SECTION B, LINE 15A:	
HE COMMUNITY FUND DOES NOT DIRECTLY COMPENSATE ANY OF THE INDIVIDUALS	
EPORTED ON THE FORM 990; ALL COMPENSATION IS PAID BY ITS RELATED ENTITIES.	
HE PRESIDENT'S COMPENSATION WAS ESTABLISHED PURSUANT TO AN INDEPENDENT	
HIRD-PARTY COMPENSATION SURVEY THAT WAS CONDUCTED ON MAY 5TH, 2022	
WITHOUT PARTICIPATION BY ANY OFFICERS, DIRECTORS OR KEY EMPLOYEES WHO MAY	
32212 11-14-23 45	Schedule O (Form 990) 202

Schedule O (Form 990) 2023 Name of the organization	Employer identification number
ST. DAVID'S FOUNDATION COMMUNITY FUND	74-2898888
HAVE BEEN SUBJECTS IN THE SURVEY].	
FORM 990, PART VI, SECTION C, LINE 19:	
THE COMMUNITY FUND'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RESCINDED GRANTS 59,078.	
FORM 990, PART XII, LINE 2C	
THE COMMUNITY FUND RELIED UPON THE AUDIT COMMITTEE OF ST. DAVID'S	
FOUNDATION TO OVERSEE THE AUDIT PROCESS FOR THE CONSOLIDATED FINANCIAL	
STATEMENTS.	
332212 11-14-23	Schedule O (Form 990) 202
46	-

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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.

Name of the organization

ST. DAVID'S FOUNDATION COMMUNITY FUND

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
	-				

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ST. DAVID'S FOUNDATION - 74-1356589	FUNDS GRANTS & PROGRAMS						
1303 SAN ANTONIO ST. #500	THAT IMPACT COMMUNITY						
AUSTIN, TX 78701	HEALTH IN CENTRAL TEXAS	TEXAS	501(C)(3)	LINE 3	NONE		х
ST. DAVID'S COMMUNITY HEALTH FOUNDATION							
HOLDINGS - 74-2206098, 1303 SAN ANTONIO ST.	1				ST. DAVID'S		
#500, AUSTIN, TX 78701	HOLDING COMPANY	TEXAS	501(C)(3)	LINE 7	FOUNDATION		х
ST. DAVID'S COMMUNITY HEALTH FOUNDATION					ST. DAVID'S		
INITIATIVES - 27-0112979, 1303 SAN ANTONIO	SUPPORTS SERVICES TO				FOUNDATION		
ST. #500, AUSTIN, TX 78701	RELATED ORGANIZATIONS	TEXAS	501(C)(3)	LINE 12A, I	COMMUNITY FUND	х	
	_						
	1						
					1		

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



Employer identification number

74-2898888

Schedule R (Form 990) 2023

Department of the Treasury Internal Revenue Service

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	l or ing ownership
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No
LEADERSHIP HEALTHCARE	OWNS MAJORITY										
HOLDINGS LP, LLP -	INTERESTS IN		ST. DAVID'S								
20-3151012, 98 SAN JACINTO,	AMBULATORY		FOUNDATION								
STE 1800, AUSTIN, TX 78701	SURGERY CENTERS	тх	COMMUNITY FUND	RELATED	14,485,934.	51,417,946.		х	N/A	х	41.00
LEADERSHIP HEALTHCARE	OWNS AN										
HOLDINGS II, LP, LLP -	INTEREST IN A										
34-1996283, 98 SAN JACINTO,	RADIOLOGY										
STE 1800, AUSTIN, TX 78701	CENTER	тх	N/A	N/A	N/A	N/A		x	N/A		N/A
ST. DAVID'S HEALTHCARE											
PARTNERSHIP, L.P., LLP -	OWNS & OPERATES										
74-2781812, 98 SAN JACINTO,	4 HOSPITALS IN										
STE 1800, AUSTIN, TX 78701	CENTRAL TX	тх	N/A	N/A	N/A	N/A		x	N/A		N/A
HEALTH AT HOME HOLDINGS -											
AUSTIN, LLC - 86-3865064, 98	HOME HEALTH AND										
SAN JACINTO, STE 1800,	HOSPICE										
AUSTIN, TX 78701	SERVICES	ТХ	N/A	N/A	N/A	N/A		x	N/A	Þ	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	(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	512(t contr ent	(i) b)(13) rolled tity?
		country)						Yes	No
ST. DAVID'S FOUNDATION IMPACT FUND, L.P	OWNS INDIRECT								
34-1996279, 1303 SAN ANTONIO ST. #500,	INTEREST IN A								
AUSTIN, TX 78701	RADIOLOGY CENTER	TX	N/A	C CORP	N/A	N/A	N/A		Х
ST. DAVID'S FOUNDATION IMPACT FUND GP, LLC -	OWNS INDIRECT								
34-1996272, 1303 SAN ANTONIO ST. #500,	INTEREST IN A								
AUSTIN, TX 78701	RADIOLOGY CENTER	ТХ	N/A	C CORP	N/A	N/A	N/A		x
	-								
	-								

Dent III	
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 Disprop ate alloc Yes	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner	
	_										
AUSTIN GI SURGICENTER, LLC -	-										
30-1073754, 98 SAN JACINTO,	AMBULATORY		/-		/ -				/ -		
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	TX	N/A	N/A	N/A	N/A		x	N/A	X	N/A
BAILEY SQUARE AMBULATORY	-										
SURGICAL CENTER, LTD											
75-2467365, 98 SAN JACINTO,	AMBULATORY	m37	27.62	77.47	37./ 3	27.62		17	27.62		
<u>STE 1800, AUSTIN, TX 78701</u>	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,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		v	N/A	x	N/A
<u>SIE 1000, AUSIIN, IX 70701</u>	SUNGERI CENTER	17	N/A	N/A	N/A	N/A		^	N/A		
CP SURGERY CENTER, LLC -	-										
80-0776412, 98 SAN JACINTO.	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	DUNGERI CENTER	17	N/A	N/A	N/A	N/A		<u>л</u>	N/A		N/A
MCA-CTMC HOLDINGS LLC -	-										
80-0899140, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A	x	N/A
NORTH AUSTIN SURGERY CENTER,					11/11						
LP = 20-0648730, 98 SAN	-										
JACINTO, STE 1800, AUSTIN, TX	AMBULATORY										
78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A	x	N/A
<u></u>											
OAKWOOD SURGERY CENTER, LTD.	1										
	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SOUTH AUSTIN SURGERY CENTER											
LTD 62-1775267, 98 SAN	1										
JACINTO, STE 1800, AUSTIN, TX	AMBULATORY										
78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SOUTH AUSTIN SURGICENTER, LLC	1										
- 30-0924492, 98 SAN JACINTO,	AMBULATORY										
STE 1800, AUSTIN, TX 78701	SURGERY CENTER	ТХ	N/A	N/A	N/A	N/A		х	N/A	x	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Dispro ate allo		Code V-UBI amount in box 20 of Schedule	Gene man	eral or aging mer?	Percentage ownership
		foreign country)		sections 512-514)		assets		No	K-1 (Form 1065)	Yes		
ST. DAVID'S AUSTIN AREA ASC,				,					· · ·			
LLC - 61-1760247, 98 SAN	1											
JACINTO, STE 1800, AUSTIN, TX	AMBULATORY											
78701	SURGERY CENTER	тх	N/A	N/A	N/A	N/A		x	N/A		x	N/A
SOLIS MAMMOGRAPHY SERIVCES,												
LLC - 87-3583090, 98 SAN												
JACINTO, STE 1800, AUSTIN, TX	MAMMOGRAPHY											
78701	SERVICES	тх	N/A	N/A	N/A	N/A		x	N/A		x	N/A
]											

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	-
f Dividends from related organization(s)	1f	x	
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
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) LEADERSHIP HEALTHCARE HOLDINGS, LP, LLP	А	166,075.	воок
(2) LEADERSHIP HEALTHCARE HOLDINGS, LP, LLP	F	244,306.	воок
(3) LEADERSHIP HEALTHCARE HOLDINGS, LP, LLP	S	10,688,863.	воок
<u>(</u> 4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 ST. DAVID'S FOUNDATION COMMUNITY FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2023

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:

LEADERSHIP HEALTHCARE HOLDINGS II, LP, LLP

DIRECT CONTROLLING ENTITY: ST. DAVID'S FOUNDATION IMPACT FUND, LP

NAME OF RELATED ORGANIZATION:

ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP

DIRECT CONTROLLING ENTITY: ST. DAVID'S FOUNDATION

NAME OF RELATED ORGANIZATION:

HEALTH AT HOME HOLDINGS - AUSTIN, 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:

BAILEY SQUARE AMBULATORY SURGICAL CENTER, LTD.

DIRECT CONTROLLING ENTITY: ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP

NAME OF RELATED ORGANIZATION:

CAREOS SURGICENTER, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

CP SURGERY CENTER, LLC

332165 09-28-23

Schedule R (Form 990) 2023

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:

NORTH AUSTIN SURGERY CENTER, LP

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

OAKWOOD SURGERY CENTER, LTD.

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS 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:

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:

SOLIS MAMMOGRAPHY SERIVCES, LLC

332165 09-28-23

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ST. DAVID'S FOUNDATION IMPACT FUND, L.P.

PRIMARY ACTIVITY: OWNS INDIRECT INTEREST IN A RADIOLOGY CENTER

NAME OF RELATED ORGANIZATION:

ST. DAVID'S FOUNDATION IMPACT FUND GP, LLC

PRIMARY ACTIVITY: OWNS INDIRECT INTEREST IN A RADIOLOGY CENTER

Schedule R (Form 990) 2023

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