

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

**2024**

Open to Public  
Inspection

**A For the 2024 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. DAVID'S FOUNDATION  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1303 SAN ANTONIO ST. 500  City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78701  <b>F Name and address of principal officer:</b> EDWARD B. BURGER SAME AS C ABOVE	<b>D Employer identification number</b> 74-1356589  <b>E Telephone number</b> 512-879-6600  <b>G Gross receipts \$</b> 217,511,294.  <b>H(a) Is this a group return</b> for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.STDAVIDSFUNDATION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L Year of formation:</b> 1924		<b>M State of legal domicile:</b> TX

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO ADVANCE HEALTH EQUITY IN CENTRAL TEXAS THROUGH INVESTMENT AND ACTION.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	98	
	6	Total number of volunteers (estimate if necessary)	6	18	
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,576,251.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	97,917.	
		<b>Prior Year</b>	<b>Current Year</b>		
8		Contributions and grants (Part VIII, line 1h)	1,551,447.	34,050.	
9		Program service revenue (Part VIII, line 2g)	179,603,000.	209,648,000.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,516,156.	7,825,606.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,483.	3,638.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,676,086.	217,511,294.	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,691,796.	86,487,917.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,677,486.	15,017,037.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,691,209.	9,922,245.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	97,060,491.	111,427,199.	
	19	Revenue less expenses. Subtract line 18 from line 12	90,615,595.	106,084,095.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20	Total assets (Part X, line 16)	1,746,492,770.	1,981,625,176.	
	21	Total liabilities (Part X, line 26)	43,500,189.	51,991,954.	
22		Net assets or fund balances. Subtract line 21 from line 20		1,702,992,581.	1,929,633,222.

**Part II Signature Block**

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

<b>Sign Here</b>	TAXPAYER COPY				
	Signature of officer	Date			
	AMY VAUGHAN, VICE PRESIDENT OF FINANCE				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT THOMPSETT	<i>Scott Thompson</i>	11/11/2025		P00741490
	Firm's name	Firm's EIN			
	GRANT THORNTON ADVISORS LLC	99-1856619			
	Firm's address	Phone no. 212-599-0100			
	757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-2013				

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

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  ST. DAVID'S FOUNDATION	Taxpayer identification number (TIN)  74-1356589
	Number, street, and room or suite no. If a P.O. box, see instructions. 1303 SAN ANTONIO ST., 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (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 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of AMY VAUGHAN

1303 SAN ANTONIO STREET, SUITE 500 - AUSTIN, TX 78701

Telephone No. 512-879-6600

Fax No. (512) 879-6250

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 24 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **8868** (Rev. 1-2025)

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

THE FOUNDATION'S MISSION IS TO ADVANCE HEALTH EQUITY - MEANING THAT ALL CENTRAL TEXANS HAVE A FAIR AND JUST OPPORTUNITY TO LIVE AS HEALTHFULLY AS POSSIBLE REGARDLESS OF THEIR DEMOGRAPHIC OR WHERE THEY LIVE. (SEE SCHEDULE O).

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 92,489,151. including grants of \$ 86,487,917. ) (Revenue \$ 0. )

THE FOUNDATION ANNUALLY DISTRIBUTES MORE THAN \$80 MILLION IN GRANTS TO SUPPORT COMMUNITY HEALTH AND WELL-BEING, PARTICULARLY FOR LOW INCOME CENTRAL TEXANS WITHOUT ACCESS TO HEALTH CARE (SEE SCHEDULE O).

**4b** (Code: ) (Expenses \$ 10,196,842. including grants of \$ 0. ) (Revenue \$ 0. )

THE FOUNDATION'S DENTAL PROGRAM IS THE LARGEST MOBILE CHARITY DENTAL PROGRAM IN THE COUNTRY. EACH OF THE FOUNDATION'S DENTAL VANS IS EQUIPPED WITH TWO DENTAL EXAM ROOMS, DIGITAL X-RAYS, AND WORKSTATIONS WHERE DENTISTS, HYGIENISTS, AND ASSISTANTS GIVE FREE HIGH-QUALITY CARE TO CENTRAL TEXANS IN NEED.

DURING THE SCHOOL YEAR, THE DENTAL PROGRAM PROVIDES PREVENTATIVE DENTAL CARE TO ELEMENTARY SCHOOL CHILDREN WHO ATTEND TITLE I SCHOOLS IN CENTRAL TEXAS SCHOOL DISTRICTS. WHEN SCHOOL IS NOT IN SESSION, THE FOUNDATION'S VANS PARTNER WITH AREA SOCIAL SERVICE AGENCIES TO SERVE LOW INCOME ADULTS AND FAMILIES WHO LACK ACCESS TO DENTAL CARE. (SEE SCHEDULE O).

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

SINCE 1924, THE FOUNDATION HAS PARTICIPATED IN PROVIDING HOSPITAL SERVICES TO COMMUNITY MEMBERS IN NEED. AS A GENERAL AND LIMITED PARTNER IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, LP (THE "PARTNERSHIP"), THE FOUNDATION CONTROLS HOSPITALS DEDICATED TO SERVING CENTRAL TEXAS PURSUANT TO THE COMMUNITY BENEFIT STANDARD AND THE AFFORDABLE CARE ACT. ST. DAVID'S HEALTHCARE PARTNERSHIP OPERATES HOSPITALS, FREE-STANDING EMERGENCY ROOMS, AMBULATORY CARE CENTERS, AND URGENT CARE CENTERS. THE DISTRIBUTIONS THAT THE FOUNDATION RECEIVES FROM THE PARTNERSHIP FUND ITS GRANTMAKING AND DENTAL PROGRAMS. SEE SCHEDULE H FOR MORE DETAILS.

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

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

**4e** Total program service expenses 102,685,993.Form **990** (2024)

**Part IV Checklist of Required Schedules**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 77	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 98		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

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

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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



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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD B. BURGER PRESIDENT & CEO	39.60 5.40			X				629,869.	0.	34,017.
(2) FERNANDO X. PENA EVP & GENERAL COUNSEL	30.00 10.00			X				539,755.	0.	34,767.
(3) AMY VAUGHAN VICE PRESIDENT OF FINANCE	34.00 6.00			X				452,548.	0.	34,017.
(4) REGAN GRUBER MOFFITT VP OF COMMUNITY INVESTMENTS	40.00 0.00			X				343,272.	0.	56,312.
(5) JULIAN HUERTA VP OF COMMUNITY PROGRAMS	40.00 0.00			X				302,818.	0.	52,333.
(6) SHAILEE GUPTA DIRECTOR OF DENTAL PROGRAM	40.00 0.00				X			295,976.	0.	47,847.
(7) CARA MUELLER DIRECTOR OF HUMAN RESOURCES	40.00 0.00					X		254,317.	0.	55,021.
(8) CATHY IBERG VICE PRESIDENT OF INVESTMENTS	10.00 0.00			X				289,458.	0.	0.
(9) CHRISTINA THOMPSON DIRECTOR OF COMMUNICATIONS	40.00 0.00					X		230,846.	0.	50,928.
(10) RABECCA CROSS ASSISTANT GENERAL COUNSEL	40.00 0.00					X		232,677.	0.	35,188.
(11) ABBY MENKE LEAD DENTIST	40.00 0.00					X		212,600.	0.	48,013.
(12) KIMBERLY MCPHERSON SENIOR PROGRAM OFFICER	40.00 0.00					X		208,683.	0.	35,827.
(13) SHANNON RATLIFF CHAIR	10.00 5.00	X		X				0.	0.	0.
(14) LINO MENDIOLA III VICE CHAIR	10.00 5.00	X		X				0.	0.	0.
(15) CRAIG HESTER SECRETARY	10.00 5.00	X						0.	0.	0.
(16) BETSY ABELL TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) JESSE ANCIRA TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAY BENSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) RAY BONILLA TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) SUSAN CHEN TRUSTEE (AS OF 03/2025)	1.00 0.00	X						0.	0.	0.
(21) HONORABLE HARRIET O'NEILL TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) CONNIE HSU TRUSTEE (AS OF 09/2025)	1.00 0.00	X						0.	0.	0.
(23) H. DAVID HUGHES TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) LEW LITTLE TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) DARRICK MCGILL TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) JOHN MURRAY TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								3,992,819.	0.	484,270.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,992,819.	0.	484,270.

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

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIDS TOOTH TEAM SOUTH AUSTIN LLC, 1217 W. SLAUGHTER LN, STE 140, AUSTIN, TX 78748	DENTAL CARE PROVIDER	523,288.
DR. CLARK & ASSOCIATE OPTOMETRISTS PA 5501 B N IH-35, AUSTIN, TX 78723	VISION PROVIDER	397,715.
FORTIUM PARTNERS, LP P.O. BOX 733128, DALLAS, TX 78373	TECHNOLOGY CONSULTANT	357,026.
HALF HELEN FOUNDATION, 7801 N LAMAR BLVD, STE D-80, AUSTIN, TX 78752	VISION SERVICES	293,560.
RAND CORPORATION P.O. BOX 2138, SANTA MONICA, CA 90407	CONSULTING SERVICES	250,000.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	21	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	34,050.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....				34,050.		
<b>Program Service Revenue</b>	<b>2 a</b> <u>HEALTHCARE SERVICES (VIA P'SHIP)</u>	<b>Business Code</b>	621990	209,648,000.	209,648,000.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				209,648,000.		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			7,825,606.		1,576,251.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....				3,638.			3,638.
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....				217,511,294.	209,648,000.	1,576,251.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	85,177,611.	85,177,611.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,310,306.	1,310,306.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,853,697.	892,485.	1,961,212.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,536,289.	6,313,120.	2,223,169.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	272,738.	181,377.	91,361.	
<b>9</b> Other employee benefits .....	2,582,311.	1,954,829.	627,482.	
<b>10</b> Payroll taxes .....	772,002.	518,028.	253,974.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	77,795.		77,795.	
<b>c</b> Accounting .....	223,250.		223,250.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	760,215.		760,215.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,589,322.	1,190,008.	399,314.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	923,512.	449,383.	474,129.	
<b>14</b> Information technology .....	805,034.	420,485.	384,549.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,181,409.	906,080.	275,329.	
<b>17</b> Travel .....	195,824.	162,416.	33,408.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	152,381.	64,515.	87,866.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	596,081.	432,736.	163,345.	
<b>23</b> Insurance .....	495,043.	139,174.	355,869.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DENTAL CARE SUB. PROG.	1,406,727.	1,406,727.		
<b>b</b> DENTAL PROGRAM SUPPLIES	755,245.	755,245.		
<b>c</b> SPONSORSHIPS	290,790.	48,000.	242,790.	
<b>d</b> RECRUITING	171,617.	100,968.	70,649.	
<b>e</b> All other expenses	298,000.	262,500.	35,500.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	111,427,199.	102,685,993.	8,741,206.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.
	<b>2</b> Savings and temporary cash investments .....	75,095,198.	<b>2</b>	110,300,114.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	4,059,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	47,705,034.	<b>7</b>	45,248,110.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,435,160.	<b>9</b>	2,281,206.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,115,592.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,836,130.		
		2,419,035.	<b>10c</b>	3,279,462.
	<b>11</b> Investments - publicly traded securities .....	202,652,297.	<b>11</b>	243,657,686.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	906,230,879.	<b>12</b>	1,019,556,430.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	509,955,067.	<b>13</b>	553,243,068.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,746,492,770.	<b>16</b>	1,981,625,176.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,289,471.	<b>17</b>	1,726,210.
	<b>18</b> Grants payable .....	41,210,718.	<b>18</b>	50,265,744.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	43,500,189.	<b>26</b>	51,991,954.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,700,331,574.	<b>27</b>	1,926,936,605.
	<b>28</b> Net assets with donor restrictions .....	2,661,007.	<b>28</b>	2,696,617.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	1,702,992,581.	<b>32</b>	1,929,633,222.	
<b>33</b> Total liabilities and net assets/fund balances .....	1,746,492,770.	<b>33</b>	1,981,625,176.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	217,511,294.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	111,427,199.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	106,084,095.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,702,992,581.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	120,556,546.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,929,633,222.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## Part VI

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

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

ST. DAVID'S FOUNDATION

**Employer identification number**

74-1356589

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

Schedule B (Form 990) (Rev. 12-2024)



Employer identification number

74-1356589

## Part I

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

Employer identification number

74-1356589

## Part II

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

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

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

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

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures	\$	
3 Volunteer hours for political campaign activities		

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

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

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

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

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

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

Schedule C (Form 990) 2024

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		27,896.
<b>j</b> Total. Add lines 1c through 1i			27,896.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE SCHEDULE K-1 FROM ST. DAVID'S HEALTHCARE PARTNERSHIP, LP (THE "PARTNERSHIP") INCLUDED \$27,896 OF LOBBYING EXPENDITURES, WHICH CONSTITUTED THE PORTION OF THE PARTNERSHIP'S ANNUAL ASSOCIATION DUES DEDICATED TO LOBBYING ACTIVITIES.

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,661,007.	2,638,049.	2,633,414.	2,633,256.	2,633,072.
b Contributions					
c Net investment earnings, gains, and losses	137,840.	132,958.	46,350.	1,580.	184.
d Grants or scholarships	102,230.	110,000.	41,715.	1,422.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,696,617.	2,661,007.	2,638,049.	2,633,414.	2,633,256.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		890,113.		890,113.
b Buildings		65,780.		65,780.
c Leasehold improvements		1,013,774.	756,750.	257,024.
d Equipment		2,114,046.	1,402,661.	711,385.
e Other		5,031,879.	3,676,719.	1,355,160.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,279,462.

Schedule D (Form 990) (Rev. 12-2024)



**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE EQUITIES	463,516,239.	END-OF-YEAR MARKET VALUE
(B) HEDGED INVESTMENTS	264,622,448.	END-OF-YEAR MARKET VALUE
(C) GLOBAL EQUITIES	158,560,742.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME FUNDS	132,857,001.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,019,556,430.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ST. DAVID'S HEALTHCARE PARTNERSHIP,		
(2) LP, LLP	553,243,068.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))	553,243,068.	

**Part IX Other Assets**

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE FOUNDATION HAS ONE DONOR DIRECTED FUND, WITH THE RESTRICTION THAT 90% OF THE EARNINGS BE USED. ANNUALLY, 90% OF THE EARNINGS ARE DIRECTED TO SCHOLARSHIPS FOR NURSING DEGREE STUDENTS IN FINANCIAL NEED, WHILE THE REMAINING 10% IS ADDED TO THE PERMANENTLY RESTRICTED CORPUS OF THE FUNDS.

**PART X, LINE 2:**

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS.

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

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region.

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

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

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

**3** Enter total number of other organizations or entities .....

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

Schedule F (Form 990) (Rev. 12-2024)

Part V

Supplemental Information

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

PART I, LINE 3:  
THE AMOUNT REPORTED IN PART I REPRESENTS THE FAIR MARKET VALUE OF FOREIGN INVESTMENTS HELD AT THE END OF THE TAX YEAR.

SCHEDULE F, PART IV FOREIGN FORMS:  
THE FOUNDATION INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE FOUNDATION ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE FOUNDATION'S FORM 990-T.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

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

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1) .....			45,591,928.	536,400.	45,055,528.	4.66%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			49,957,215.	114,873,188.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			0.	0.		.00%
<b>d Total.</b> Financial assistance and means-tested government programs .....			95,549,143.	115,409,588.	45,055,528.	4.66%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			40,539,093.	0.	40,539,093.	4.19%
<b>f</b> Health professions education (from Worksheet 5) .....			1,028,342.	221,850.	806,492.	.08%
<b>g</b> Subsidized health services (from Worksheet 6) .....						.00%
<b>h</b> Research (from Worksheet 7) .....			239,533.	282,609.	0.	.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			86,655,352.	0.	86,655,352.	8.96%
<b>j Total.</b> Other benefits .....			128,462,320.	504,459.	128,000,937.	13.23%
<b>k Total.</b> Add lines 7d and 7j .....			224,011,463.	115,914,047.	173,056,465.	17.89%



<b>Part V</b>	<b>Facility Information</b>
---------------	-----------------------------

## Section A. Hospital Facilities

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

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

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

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

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

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

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

	Yes	No
<b>Community Health Needs Assessment (CHNA)</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STDAVIDSFUNDATION.ORG/GRANTMAKING/COMMUNITY-NEEDS-ASSESS</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): .....		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," list url: <u>WWW.STDAVIDSFUNDATION.ORG/GRANTMAKING/COMMUNITY-NEEDS-ASSESSMENTS/</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

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

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

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP A

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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**Part V Facility Information** (continued)

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

FACILITY REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

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

FACILITY REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

FACILITY REPORTING GROUP A

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

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: ST. DAVID'S MEDICAL CENTER
- FACILITY 2: ST. DAVID'S NORTH AUSTIN MEDICAL CENTER
- FACILITY 3: ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER
- FACILITY 4: ST. DAVID'S ROUND ROCK MEDICAL CENTER
- FACILITY 5: HEART HOSPITAL OF AUSTIN
- FACILITY 6: ST. DAVID'S GEORGETOWN HOSPITAL
- FACILITY 7: ST. DAVID'S SURGICAL HOSPITAL

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

PART V, SECTION B, LINE 5: IN PREPARATION OF THE CHNA FOR AUSTIN/TRAVIS COUNTY, THE FOUNDATION COLLABORATED WITH ASCENSION SETON, AUSTIN PUBLIC HEALTH, GEORGETOWN HEALTH FOUNDATION, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE CONDUCTED WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF NINETEEN INTERVIEWS, SEVEN FOCUS GROUPS, AND OTHER FORUMS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED MORE THAN 139 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. MORE THAN 30 ORGANIZATIONS FACILITATED COMMUNITY INPUT INCLUDING AUSTIN ISD, AUSTIN ASIAN COMMUNITY HEALTH INITIATIVE, AUSTIN PUBLIC HEALTH, CAPMETRO, CENTRAL HEALTH, COMMUNITY COALITION FOR HEALTH, EL BUEN SAMARITANO, GAVA, UT DELL MEDICAL SCHOOL, AFRICAN AMERICAN MEN'S HEALTH CLINIC, AUSTIN AREA URBAN LEAGUE, COLONY PARK/LAKESIDE NEIGHBORHOOD ASSOCIATION, DOVE SPRINGS PROUD, KOREAN AMERICAN ASSOCIATION OF GREATER AUSTIN, LIFEWORKS, MANOR ISD, MOBILE LOAVES AND FISHES, NORTH AUSTIN MUSLIM CULTURAL CENTER, PFLUGERVILLE EQUITY OFFICE, SOUTH ASIAN'S INTERNATIONAL VOLUNTEER ASSOCIATION, AND WORKER'S DEFENSE PROJECT.



**Part V Facility Information** (continued)

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

IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE FOUNDATION COLLABORATED WITH ASCENSION SETON, GEORGETOWN HEALTH FOUNDATION, BASTROP COUNTY CARES, AND OTHER ORGANIZATIONS. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF THREE COMMUNITY INPUT SESSIONS AND SEVEN KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 20 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE ASCENSION CATHOLIC CHURCH, BASTROP FOOD PANTRY, BASTROP COUNTY CARES, CENTRAL TEXAS INTERFAITH, COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS, COMBINED COMMUNITY ACTION, INC., ADVOCACY OUTREACH, AND CITY OF SMITHVILLE.

IN PREPARATION OF THE CHNA FOR HAYS COUNTY, THE FOUNDATION COLLABORATED WITH ASCENSION SETON, GEORGETOWN HEALTH FOUNDATION AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND EIGHT INTERVIEWS WERE CONDUCTED WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR PEOPLE WHO REPRESENT THE BROAD INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF EIGHT KEY INFORMANT INTERVIEWS AND TWO FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 21 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE AMIGOS DE JESUS, BARNABAS CONNECTION, BUDA FOOD PANTRY, FIRST UNITED METHODIST CHURCH SAN MARCOS, HAYS COUNTY COMMISSIONERS COURT, HAYS COUNTY FOOD BANK, HAYS COUNTY HEALTH DEPARTMENT, AND HAYS COUNTY INDEPENDENT SCHOOL DISTRICT.

IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, THE FOUNDATION COLLABORATED WITH THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, THE WILCO WELLNESS ALLIANCE, ASCENSION SETON, BAYLOR SCOTT & WHITE, BLUEBONNET TRAILS COMMUNITY SERVICES, GEORGETOWN HEALTH FOUNDATION, AND OPPORTUNITIES FOR WILLIAMSON AND BURNET COUNTIES, COLLECTIVELY REFERRED TO AS THE CHA TEAM. THE CHA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS.

**Part V Facility Information** (continued)

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

THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS, NINE KEY INFORMANT INTERVIEWS, AND FOCUS GROUPS WITH RESIDENTS AND STAKEHOLDERS. TRAINED FACILITATORS CONDUCTED TWO FOCUS GROUPS WITH COMMUNITY MEMBERS FROM ASIAN AMERICAN COMMUNITY HEALTH INITIATIVE, WORKFORCE SOLUTIONS RURAL CAPITAL AREA, GEORGETOWN CHAMBER OF COMMERCE, WILLIAMSON CO. CHILDREN'S ADVOCACY CENTER, WCCHD, DICKEY MUSEUM, GEORGETOWN ISD, AND HARRIS-ROSS HEAD START.

IN PREPARATION OF THE CHNA FOR CALDWELL COUNTY, THE FOUNDATION COLLABORATED WITH ASCENSION SETON. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. REPRESENTATIVES FROM THE COLLABORATING AGENCIES MADE UP A STEERING COMMITTEE, WHICH WAS RESPONSIBLE FOR DESIGNING THE ASSESSMENT. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR PEOPLE WHO REPRESENT THE BROAD INTERESTS OF CALDWELL COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF THREE COMMUNITY INPUT SESSIONS AND FIVE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE 4:12 KIDS, DISTRICT ONE PRIDE ASSOCIATION, GOLDEN AGE HOME - LOCKHART, LULING CITY COUNCIL, LOCKHART INDEPENDENT SCHOOL DISTRICT, ST. JOHN'S LUTHERAN CHURCH IN UHLAND, TEXAS DEPARTMENT OF STATE HEALTH SERVICES - LULING, FIRST UNITED METHODIST CHURCH OF LULING, AND WHERE WE THRIVE.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER  
PART V, SECTION B, LINE 6A: SEE RESPONSE TO LINE 5 ABOVE.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER  
PART V, SECTION B, LINE 6B: SEE RESPONSE TO LINE 5 ABOVE.

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER  
PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE MADE AVAILABLE ON THE FACILITY'S WEB PAGE,  
[WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT)

GROUP A-FACILITY 1 -- ST. DAVID'S MEDICAL CENTER  
PART V, SECTION B, LINE 11: THE FOUNDATION EMBRACED THE AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATE STRATEGIC IMPLEMENTATION PLANS FOR EACH FACILITY. THE FOUNDATION AUGMENTED ITS AREA-BASED, COLLABORATIVE, COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS IN TRAVIS AND WILLIAMSON COUNTIES BY LEADING SIMILAR ASSESSMENTS FOR BASTROP AND HAYS COUNTIES AND CONSOLIDATING AN ASSESSMENT OF COMMUNITY HEALTH NEEDS ACROSS ALL COMMUNITIES IN THE MEDICAL FACILITIES' GEOGRAPHIES. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS DATA-LED, EVIDENCE-BASED AND REFLECTIVE OF KEY COMMUNITY PARTNERSHIPS.

SEVERAL OVERARCHING THEMES EMERGED FROM SYNTHESIZING THE QUANTITATIVE AND

**Part V Facility Information** (continued)

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

QUALITATIVE DATA OF THE CHNAS CONDUCTED IN 2022. THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S MEDICAL CENTER, ST. DAVID'S NORTH AUSTIN MEDICAL CENTER, ST. DAVID'S ROUND ROCK MEDICAL CENTER STRATEGIC IMPLEMENTATION PLANS.

**NEED AREAS:**

1. IMPROVED HEALTH AND WELL-BEING OF CHILDREN
2. IMPROVED HEALTH AND WELL-BEING OF WOMEN
3. IMPROVED HEALTH AND WELL-BEING OF OLDER ADULTS
4. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES
5. HEALTH CLINICS TO BECOME COMMUNITY HUBS FOR HEALTH

THESE NEED AREAS ALIGN AND WITH THE FIVE ESTABLISHED PRIORITY AREAS OF THE FOUNDATION AS DESCRIBED IN THE STRATEGIC IMPLEMENTATION PLANS, WHICH CAN BE FOUND AT [WWW.STDAVIDSFUNDATION.ORG/CHNA](http://WWW.STDAVIDSFUNDATION.ORG/CHNA).

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE MADE AVAILABLE ON THE FACILITY'S WEB PAGE, [WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT).

GROUP A-FACILITY 2 -- ST. DAVID'S NORTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 11: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 STATEMENT ABOVE

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE MADE AVAILABLE ON THE FACILITY'S WEB PAGE, [WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT).

GROUP A-FACILITY 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER  
PART V, SECTION B, LINE 11: SEE FACILITY 1 REPORT ABOVE

GROUP A-FACILITY 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER  
PART V, SECTION B, LINE 5: SEE FACILITY 1 STATEMENT ABOVE

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

**Part V Facility Information** (continued)

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

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

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

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

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

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE  
MADE AVAILABLE ON THE FACILITY'S WEB PAGE,  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT.

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

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

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

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

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

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

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

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

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE  
MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT

GROUP A-FACILITY 5 -- HEART HOSPITAL OF AUSTIN

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

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

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

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

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

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

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

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

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE  
MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT  
WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT

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

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

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

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

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

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

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

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

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

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

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

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE  
MADE AVAILABLE ON THE FACILITIES' WEB PAGES, WHICH ARE:

[WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-MEDICAL-CENTER/ABOUT)

[WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-NORTH-AUSTIN-MEDICAL-CENTER/ABOUT)

[WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER/ABOUT)

[WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT](http://WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-ROUND-ROCK-MEDICAL-CENTER/ABOUT)

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

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

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of facility (describe)
1 BAILEY SQUARE AMBULATORY SURGICAL CEN 1111 W 34TH ST, #400 AUSTIN, TX 78705	AMBULATORY SURGERY CENTER
2 SOUTH AUSTIN SURGERY CENTER 4307 JAMES CASEY ST AUSTIN, TX 78745	AMBULATORY SURGERY CENTER
3 CARENOW - AVERY RANCH 10625 W. PALMER LANE, SUITE D 400 AUSTIN, TX 78717	URGENT CARE CENTER
4 CARENOW - CEDAR PARK 297 183A FRONTAGE RD CEDAR PARK, TX 78613	URGENT CARE CENTER
5 CARENOW - HUTTO 4810 GATTIS SCHOOL RD HUTTO, TX 78634	URGENT CARE CENTER
6 CARENOW - SOUTHWEST AUSTIN 5033 W. HWY 290 AUSTIN, TX 78735	URGENT CARE CENTER
7 CARENOW - CENTRAL AUSTIN 3906 N LAMAR BLVD AUSTIN, TX 78756	URGENT CARE CENTER
8 CARENOW - TECH RIDGE 12415 N IH 35 AUSTIN, TX 78753	URGENT CARE CENTER
9 CARENOW - ANDERSON MILL 11521 RANCH ROAD 620 N AUSTIN, TX 78726	URGENT CARE CENTER
10 CARENOW - BUDA 1567 MAIN ST #100 BUDA, TX 78610	URGENT CARE CENTER

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of facility (describe)
11 CARENOW - GEORGETOWN SEQ I-35 & WEST UNIVERISTY AVE GEORGETOWN, TX 78626	URGENT CARE CENTER
12 CARENOW - BARTON SPRINGS 517 S LAMAR BLVD AUSTIN, TX 78704	URGENT CARE CENTER
13 CARENOW - ROUND ROCK WEST 16950 WEST LOUIS HENNA BLVD ROUND ROCK, TX 78681	URGENT CARE CENTER
14 CARENOW - SOUTH CONGRESS 208 W BEN WHITE BLVD AUSTIN, TX 78704	URGENT CARE CENTER
15 CARENOW - BURNET ROAD 7212 BURNET RD AUSTIN, TX 78757	URGENT CARE CENTER
16 CARENOW - SAN MARCOS 301 N GUADALUPE ST SAN MARCOS, TX 78666	URGENT CARE CENTER
17 CARENOW - ARBORETUM-GATEWAY 10001 RESEARCH BLVD #100 AUSTIN, TX 78759	URGENT CARE CENTER
18 CARENOW - KYLE 135 BUNTON CREEK RD KYLE, TX 78640	URGENT CARE CENTER
19 CARENOW - MUELLER 3607 MANOR RD AUSTIN, TX 78723	URGENT CARE CENTER
20 CARENOW - GEORGETOWN WILLIAMS DRIVE 4506 WILLIAMS DR GEORGETOWN, TX 78633	URGENT CARE CENTER

Schedule H (Form 990) 2024

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_ 26

[illegible]

Schedule H (Form 990) 2024



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

IN COMPLIANCE WITH IRC SECTION 501(R), THE HOSPITALS PROVIDE 100% FINANCIAL ASSISTANCE (CHARITY CARE) FOR ELIGIBLE PATIENTS WITH INCOME EQUAL TO OR LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES (FPG). DISCOUNTS ARE PROVIDED ON A SLIDING SCALE FOR ELIGIBLE PATIENTS WITH INCOME EXCEEDING 200% OF THE FPG BUT NOT EXCEEDING 500% OF THE FPG. ELIGIBILITY IS DETERMINED USING VARIOUS SOURCES OF DOCUMENTATION AND INCOME VERIFICATION. ADDITIONALLY, THE HOSPITALS PROVIDE FREE CARE TO INDIVIDUALS WITHOUT ANY HEALTH INSURANCE WHO LIVE IN CERTAIN LOW-INCOME ZIP CODES.

PART I, LINE 6A:

THE PARTNERSHIP FILES ANNUAL STATEMENTS OF COMMUNITY BENEFITS AS REQUIRED BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES.

PART I, LINE 7:

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

PART I, LN 7 COL(F):

BAD DEBTS ARE EXCLUDED FROM THE CALCULATION OF TOTAL EXPENSES.

PART III, LINE 2:

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

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

FOR THIS REASON, AND OUT OF AN ABUNDANCE OF CAUTION, THE FOUNDATION HAS ANSWERED "NO" TO WHETHER STATEMENT 15 IS FOLLOWED. DESPITE THE BEST EFFORTS OF HMFA TO ASSIST HOSPITALS IN DETERMINING THE DIFFERENCE BETWEEN PATIENTS WHO HAVE THE CAPACITY TO PAY FOR THEIR CARE BUT WON'T PAY AND

**Part VI** Supplemental Information (Continuation)

PATIENTS WHO LACK THE CAPACITY TO PAY, THE DETERMINATION ALWAYS INVOLVES JUDGMENT. HOWEVER, THE HOSPITALS CONTROLLED BY THE FOUNDATION DETERMINE CHARITY CARE ON THE CORE PRINCIPLES SET FORTH IN STATEMENT 15, INCLUDING SPECIFIC CRITERIA FOR CHARITY CARE, A SPECIFIC TIME OF DETERMINATION, RECORD KEEPING, DISCLOSURE OF THE CHARITY CARE POLICY AND VALUATION OF CHARITY CARE AT COST.

## PART III, LINE 4:

THE FOUNDATION'S PROPORTIONATE SHARE OF BAD DEBT EXPENSE FROM ITS OWNERSHIP INTEREST IN THE PARTNERSHIP IS REPORTED ON SCHEDULE H, PART III, LINE 2. FOLLOWING IS THE FOOTNOTE TO THE PARTNERSHIP'S AUDITED FINANCIAL STATEMENTS WHICH DESCRIBES BAD DEBT EXPENSE:

THE PARTNERSHIP RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS (BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE) RELATED TO UNINSURED ACCOUNTS AT THE ESTIMATED NET SELF-PAY REVENUES THE PARTNERSHIP EXPECTS TO COLLECT. ADVERSE CHANGES IN GENERAL ECONOMIC CONDITIONS, BUSINESS OFFICE OPERATIONS, PAYOR MIX, OR TRENDS IN FEDERAL OR STATE GOVERNMENTAL HEALTH COVERAGE COULD AFFECT THE PARTNERSHIP'S COLLECTION OF ACCOUNTS RECEIVABLE, CASH FLOWS, AND RESULTS OF OPERATIONS.

## PART III, LINE 8:

THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED BY AGGREGATING THE INFORMATION FROM THE INDIVIDUAL FACILITY COST REPORT(S) FOR EACH OF THE HOSPITALS OPERATED BY THE PARTNERSHIP. THE HOSPITALS OPERATED BY THE PARTNERSHIP MAY HAVE COST REPORT YEAR ENDS OTHER THAN DECEMBER 31, 2023. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST REPORT YEAR END, THE COST REPORT THAT WAS FILED FOR THE COST REPORT YEAR END THAT ENDED DURING 2023 WAS UTILIZED. IT IS IMPORTANT TO NOTE THAT AMOUNTS INCLUDED IN LINES 5-7 DO NOT INCLUDE MEDICARE REVENUE AND RELATED COST FOR FREESTANDING AMBULATORY SURGERY SERVICES AND FOR PHYSICIAN SERVICES.

## PART III, LINE 9B:

THE PARTNERSHIP TRAINS ITS STAFF ON SECTION 501(R) COMPLIANCE WHEN HIRED AND ON AN ANNUAL BASIS. STAFF WORK WITH UNINSURED PATIENTS TO DETERMINE ELIGIBILITY FOR MEDICAID OR CHARITY ASSISTANCE, AS OUTLINED IN THE "UNINSURED PATIENT INFORMATION DOCUMENT" EXHIBIT 1 ATTACHED WITH THE FINANCIAL ASSISTANCE POLICY (FAP). SHARED SERVICE CENTER (SSC) MANAGEMENT MAKES THE DETERMINATION OF ELIGIBILITY.

PATIENTS WHOSE YEARLY INCOME IS LESS THAN OR EQUAL TO 200% OF THE POVERTY GUIDELINES UPDATED ANNUALLY IN THE FEDERAL REGISTER BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("FEDERAL POVERTY GUIDELINES"), ARE CLASSIFIED AS FINANCIALLY INDIGENT, AND THE ACCOUNT IS WRITTEN OFF TO CHARITY CARE. A LETTER IS SENT TO THE PATIENT NOTIFYING THAT THE ACCOUNT HAS QUALIFIED FOR THE CHARITY CARE DISCOUNT AND NO PAYMENTS ARE DUE. IN ADDITION, A SLIDING SCALE DISCOUNT IS APPLIED TO ACCOUNTS FOR PATIENTS WHOSE INCOME IS BETWEEN 200% AND 500% OF THE FEDERAL POVERTY GUIDELINES, AND WHOSE REMAINING ACCOUNT BALANCE, AFTER ANY THIRD-PARTY PAYMENTS, EXCEEDS 10% OF THEIR INCOME ("MEDICALLY INDIGENT").

CATASTROPHIC MEDICAL INDIGENCE: PATIENTS WITH ABNORMALLY LARGE ACCOUNTS MAY QUALIFY AS CATASTROPHIC ELIGIBLE WHEN THEIR REMAINING BALANCE EXCEEDS A SPECIFIED PERCENTAGE OF THEIR INCOME. IN SUCH CASES, THE PARTNERSHIP WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE BY CALCULATING THE

**Part VI** Supplemental Information (Continuation)

AMOUNT NECESSARY TO REDUCE THE REMAINING BALANCE TO A REASONABLE PERCENTAGE OF THE PATIENT'S INCOME WHICH RANGES FROM 10-40%. THE PATIENT MAY OBTAIN MORE INFORMATION REGARDING THIS CALCULATION BY SUBMITTING A REQUEST TO THE PATIENT ACCOUNT SERVICES AT:  
PO BOX 292369, NASHVILLE, TN 37229-2369.

IF A PATIENT DOES NOT QUALIFY FOR A CHARITY DISCOUNT, AN UNINSURED DISCOUNT IS APPLIED TO TOTAL CHARGES.

IN THE EVENT THAT THERE IS A PATIENT BALANCE DUE AFTER APPLICATION OF THE FAP AND/OR OTHER POLICY DISCOUNTS, THEN THIS BALANCE IS PURSUED UNDER THE PARTNERSHIP'S NORMAL COLLECTION PROCESS. THE NORMAL PATIENT COLLECTION PROCESS IS GOVERNED BY A VARIETY OF BALANCE RESOLUTION PROCESSES/POLICIES THAT ARE CONSISTENTLY APPLIED TO ALL PATIENTS. THESE ACTIVITIES INCLUDE REGULAR STATEMENTS, LETTERS, PHONE CALLS TO DISCUSS BALANCES DUE, OFFERING REASONABLE PAYMENT PLANS, AND THE AVAILABILITY OF SETTLEMENT DISCOUNTS ON AGED UNPAID BALANCES. PARTNERSHIP STAFF ARE TRAINED WHEN HIRED AND ANNUALLY ON COMPLIANCE WITH SECTION 501(R) IN COLLECTION ACTIVITIES.

## PART V, SECTION B, LINE 20A

ST. DAVID'S DOES NOT ENGAGE IN ECAS BUT DOES PROVIDE A PLAIN LANGUAGE SUMMARY ALONG WITH THE FULL FAP POLICY WHEREVER THE POLICY IS AVAILABLE, ONLINE OR AT THE FACILITIES UPON REQUEST.

## PART VI, LINE 2:

THE PARTNERSHIP STRATEGIC PLANNING PROCESS CONTINUALLY ASSESSES AND ADDRESSES THE NEEDS OF THE COMMUNITY. THE FOUNDATION RECENTLY PARTICIPATED IN A CAPACITY STUDY FOR THE SURROUNDING SERVICE AREA TO ASSESS THE OVERALL COMMUNITY NEEDS. THE FOUNDATION'S GRANTS PROGRAM ADDRESSES THE NEEDS OF THE SERVICE AREA.

## PART VI, LINE 3:

EACH HOSPITAL POSTS A SUMMARY OF ITS FINANCIAL ASSISTANCE AND CHARITY CARE IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. THE HOSPITALS' CONDITION OF ADMISSION CONSENT INFORMS THE PATIENTS THAT THEY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE OR CHARITY CARE AND THEY MAY REQUEST INFORMATION ABOUT THESE PROGRAMS. A SUMMARY OF THE FINANCIAL ASSISTANCE PROGRAM IS PROVIDED TO THE PATIENT DURING THE INTAKE AND DISCHARGE PROCESSES, OR UPON REQUEST. PATIENTS ARE INFORMED OF AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID, AND RECEIVE ASSISTANCE WITH THE QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE. STAFF ARE TRAINED ANNUALLY ON SECTION 501(R) REQUIREMENTS AND COMPLIANCE.

## PART VI, LINE 4:

THE FOUNDATION'S FOCUS IS ON ACHIEVING HEALTH EQUITY FOR CENTRAL TEXANS IN BASTROP, CALDWELL, HAYS, TRAVIS, AND WILLIAMSON COUNTIES. THE FOUNDATION'S GRANT PROGRAM TARGETS ORGANIZATIONS SERVING COMMUNITY MEMBERS LIVING IN CENTRAL TEXAS HEALTH EQUITY ZONES THE ZIP CODES WITH THE GREATEST HEALTH NEEDS. SEE ADDITIONAL INFORMATION ABOUT THE FOUNDATION'S CENTRAL TEXAS HEALTH EQUITY OVERVIEW AT [HTTPS://DASHBOARDS.MYSIDEWALK.COM/CTX-HEALTH-EQUITY-OVERVIEW](https://dashboards.mysidewalk.com/ctx-health-equity-overview). THE HOSPITALS ARE LOCATED IN TRAVIS AND WILLIAMSON COUNTIES. THE PATIENTS ARE PREDOMINATELY FROM TRAVIS, WILLIAMSON, AND HAYS COUNTIES.

## PART VI, LINE 5:

**Part VI** Supplemental Information (Continuation)

THE HOSPITALS OPERATE AS EXEMPT HOSPITALS, AND OPERATE OPEN EMERGENCY ROOMS, HAVE AN OPEN MEDICAL STAFF POLICY, PROVIDE HOSPITAL ADMISSION FOR ANYONE ABLE TO PAY INCLUDING MEDICAID AND MEDICARE PATIENTS, INVEST SURPLUS FUNDS IN FACILITIES, EQUIPMENT AND PATIENT CARE IMPROVEMENTS, USE SURPLUS FUNDS TO ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH. THE FOUNDATION DISTRIBUTES ITS SHARE OF DISTRIBUTIONS FROM THE HOSPITAL PARTNERSHIP INTO GRANTS AND PROGRAMS IN CENTRAL TEXAS THAT INCREASE ACCESS TO HEALTHCARE FOR THE COMMUNITY MEMBERS WITH THE GREATEST HEALTH NEEDS.

## PART VI, LINE 6:

THE FOUNDATION IS A GENERAL AND LIMITED PARTNER IN THE PARTNERSHIP, A HOSPITAL SYSTEM THAT MEETS THE COMMUNITY BENEFIT STANDARD AND THE REQUIREMENTS OF THE AFFORDABLE CARE ACT IN DELIVERING HOSPITAL CARE TO CENTRAL TEXAS. IN ADDITION, THE FOUNDATION REGULARLY ASSESSES THE UNMET HEALTHCARE NEEDS OF CENTRAL TEXAS AND USES THE PARTNERSHIP DISTRIBUTIONS FROM THE HOSPITALS TO MEET THOSE NEEDS. THE FOUNDATION MAKES GRANTS TO CHARITIES IN CENTRAL TEXAS MEETING THE HEALTHCARE NEEDS OF THE INDIGENT, INCLUDING GRANTS FOR ACCESS TO MEDICAL CARE. THE FOUNDATION ALSO MAKES GRANTS TO EDUCATIONAL INSTITUTIONS TO SUPPORT MEDICAL EDUCATION. THE FOUNDATION'S RELATED ENTITY GIVES NEEDS-BASED SCHOLARSHIPS TO STUDENTS PURSUING HEALTHCARE CAREERS. IN ADDITION, THE FOUNDATION PROVIDES FREE DENTAL CARE TO THE CHILDREN IN TITLE 1 SCHOOLS AND TO THE ADULT PATIENTS OF SAFETY NET CLINICS IN CENTRAL TEXAS, AND IT PAYS FOR DISCOUNTED EYE EXAMS AND EYEGLASSES FOR LOW-INCOME CENTRAL TEXANS.

## PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

TX

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ST. DAVID'S FOUNDATION

**Employer identification number**

74-1356589

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
212 CATALYSTS 6633 EAST HIGHWAY 290 AUSTIN, TX 78723	83-2143716	501(C)(3)	462,000.	0.			HEALTH ACCESS GRANT
AFRICAN AMERICAN YOUTH HARVEST FOUNDATION - 6633 EAST HIGHWAY 290 - AUSTIN, TX 78723	20-8592001	501(C)(3)	554,000.	0.			HEALTH ACCESS GRANT
AGE OF CENTRAL TEXAS 3710 CEDAR ST. AUSTIN, TX 78705	74-2431028	501(C)(3)	357,210.	0.			HEALTH ACCESS GRANT
ANY BABY CAN OF AUSTIN, INC. 6207 SHERIDAN AVE. AUSTIN, TX 78723	74-2684335	501(C)(3)	884,520.	0.			HEALTH ACCESS GRANT
AUSTIN 2030 NETWORK - SOCIAL GOOD FUND - 12651 SAN PABLO AVE. - RICHMOND, CA 94805	46-1323531	501(C)(3)	70,000.	0.			HEALTH ACCESS GRANT
AUSTIN AFFORDABLE HOUSING CORPORATION - 1124 S I-35 FRONTAGE RD, - AUSTIN, TX 78704	41-2121187	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 145.

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

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

**Schedule I (Form 990) (Rev. 12-2024)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN AREA URBAN LEAGUE INC 8011A CAMERON ROAD SUITE A00 AUSTIN, TX 78754-0000	74-1890518	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
AUSTIN BLACK PHYSICIANS ASSOCIATION - 3305 STECK AVE. - AUSTIN, TX 78757	81-2627234	501(C)(3)	13,500.	0.			HEALTH ACCESS GRANT
AUSTIN CHILD GUIDANCE CENTER 7821 JOURNEYVILL DR. AUSTIN, TX 78735	74-1166783	501(C)(3)	633,641.	0.			HEALTH ACCESS GRANT
AUSTIN CHILDREN'S MUSEUM 1830 SIMOND AVE. AUSTIN, TX 78723	74-2288789	501(C)(3)	125,000.	0.			HEALTH ACCESS GRANT
AUSTIN CLUBHOUSE INC. 610 EAST 45TH STREET AUSTIN, TX 78751	90-0505527	501(C)(3)	628,304.	0.			HEALTH ACCESS GRANT
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE 300 AUSTIN, TX 78751-0000	74-1934031	501(C)(3)	1,986,000.	0.			HEALTH ACCESS GRANT
AUSTIN HABITAT FOR HUMANITY, INC. 500 WEST BEN WHITE BOULEVARD AUSTIN, TX 78704	74-2373217	501(C)(3)	880,000.	0.			HEALTH ACCESS GRANT
AUSTIN HOUSING FINANCE CORPORATION 1000 EAST 11TH STREET AUSTIN, TX 78702	52-1418169	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT
AUSTIN INTERFAITH SPONSORING COMMITTEE INCORPORATED - 1301 S. IH 35, SUITE 201 - AUSTIN, TX 78741	74-2389210	501(C)(3)	635,000.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PALLIATIVE CARE 4107 SPICEWOOD SPRINGS RD. AUSTIN, TX 78759	74-3000910	501(C)(3)	405,000.	0.			HEALTH ACCESS GRANT
AUSTIN PATHWAYS PO BOX 41119 AUSTIN, TX 78704-0019	27-2133452	501(C)(3)	743,000.	0.			HEALTH ACCESS GRANT
AUSTIN PUBLIC EDUCATION FOUNDATION 4000 S I-35 FRONTAGE RD. AUSTIN, TX 78704	74-2654168	501(C)(3)	377,889.	0.			HEALTH ACCESS GRANT
AUSTIN TOGETHER 1901 ROMERIA AUSTIN, TX 78757	92-1954721	501(C)(3)	104,625.	0.			HEALTH ACCESS GRANT
AUSTIN VOICES FOR EDUCATION AND YOUTH - 5221 LEDESMA ROAD - AUSTIN, TX 78721-2647	74-3017284	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
AVANCE-AUSTIN INC. 745 MANSELL AVENUE AUSTIN, TX 78702	91-1916705	501(C)(3)	1,027,686.	0.			HEALTH ACCESS GRANT
BASTROP COUNTY 804 PECAN STREET BASTROP, TX 78602	74-6000226	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT
BASTROP COUNTY CARES 806 WATER ST BASTROP, TX 78602-3832	47-3250104	501(C)(3)	1,689,679.	0.			HEALTH ACCESS GRANT
BASTROP COUNTY EMERGENCY FOOD PANTRY INC - 1201 PINE ST. - BASTROP, TX 78602	74-2485884	501(C)(3)	3,075,600.	0.			HEALTH ACCESS GRANT

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BASTROP COUNTY WOMENS SHELTER INC PO BOX 736 BASTROP, TX 78602	74-2304542	501(C)(3)	71,734.	0.			HEALTH ACCESS GRANT
BLACK MAMAS ATX 13359 N HIGHWAY 183 STE 406-706 AUSTIN, TX 78750-7154	83-1457295	501(C)(3)	708,000.	0.			HEALTH ACCESS GRANT
BLACK MAMAS VILLAGE 8401 N IH 35 AUSTIN, TX 78753	88-1025060	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
BLACKLAND COMMUNITY DEVELOPMENT CORPORATION - 1902 EAST 22ND STREET - AUSTIN, TX 78722	74-2279246	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
BLUEBONNET TRAILS COMMUNITY MHMR CENTER - 1009 N GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	109,321.	0.			HEALTH ACCESS GRANT
BOYS & GIRLS CLUB OF EAST WILLIAMSON COUNTY - 2500 NORTH DR. - TAYLOR, TX 76574	83-2330323	501(C)(3)	102,060.	0.			HEALTH ACCESS GRANT
BOYS & GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED. BLUESTEIN BLVD - AUSTIN, TX 78723	74-6087356	501(C)(3)	202,500.	0.			HEALTH ACCESS GRANT
BREAKTHROUGH CENTRAL TEXAS 3100 E. 5TH STREET, SUITE 375 AUSTIN, TX 78702-1958	74-2991346	501(C)(3)	300,000.	0.			HEALTH ACCESS GRANT
BUILDING PROMISE USA 6633 E HIGHWAY 290 AUSTIN, TX 78723-1157	83-3588856	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT

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CALDWELL COUNTY COMMUNITY SERVICES FOUNDATION - PO BOX 1177 - LOCKHART, TX 78644	84-4844532	501(C)(3)	198,000.	0.			HEALTH ACCESS GRANT
CAPACITY CATALYST 2028 E BEN WHITE BLVD AUSTIN, TX 78741	82-5417593	501(C)(3)	80,190.	0.			HEALTH ACCESS GRANT
CAPITAL AREA INITIATIVES FOUNDATION - 6800 BURLESON RD. - AUSTIN, TX 78744	74-2934978	501(C)(3)	337,812.	0.			HEALTH ACCESS GRANT
CAPITAL IDEA 835 N. PLEASANT VALLEY RD. AUSTIN, TX 78702	74-2893041	501(C)(3)	641,520.	0.			HEALTH ACCESS GRANT
CASA MARIANELLA 821 GUNTER STREET AUSTIN, TX 78702	74-2377341	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
CENTER FOR CHILD PROTECTION 8509 FM 969 AUSTIN, TX 78724	74-2562585	501(C)(3)	313,178.	0.			HEALTH ACCESS GRANT
CENTER FOR EVALUATION INNOVATION 1660 L ST. NW WASHINGTON, DC 20010	52-1807655	501(C)(3)	94,500.	0.			HEALTH ACCESS GRANT
CENTRAL TEXAS COMMUNITY FOUNDATION 302 N LAMPASAS ST ROUND ROCK, TX 78664	43-2043188	501(C)(3)	1,255,287.	0.			HEALTH ACCESS GRANT
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR. AUSTIN, TX 78744	74-2217350	501(C)(3)	174,420.	0.			HEALTH ACCESS GRANT

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CITY OF SMITHVILLE 317 MAIN ST. SMITHVILLE, TX 78957	74-6002322	501(C)(3)	108,000.	0.			HEALTH ACCESS GRANT
CITY OF TAYLOR 400 PORTER ST. TAYLOR, TX 76574	74-6002355	501(C)(3)	125,000.	0.			HEALTH ACCESS GRANT
COALITION OF TEXANS WITH DISABILITIES - 1716 SAN ANTONIO ST. - AUSTIN, TX 78701	74-2071160	501(C)(3)	129,095.	0.			HEALTH ACCESS GRANT
COMBINED COMMUNITY ACTION INCORPORATED - 165 W. AUSTIN. ST. - GIDDINGS, TX 78942	74-1548511	501(C)(3)	48,600.	0.			HEALTH ACCESS GRANT
COMMUNICARE HEALTH CENTERS 3066 E. COMMERCE ST. SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	671,966.	0.			HEALTH ACCESS GRANT
COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS - 3000 S IH 35 FRONTAGE RD. - AUSTIN, TX 78704	74-2369020	501(C)(3)	2,074,640.	0.			HEALTH ACCESS GRANT
COMMUNITIES IN SCHOOLS OF SOUTH CENTRAL TEXAS - 161 S. CASTELL AVE - NEW BRAUNFELS, TX 78130	74-2653402	501(C)(3)	27,000.	0.			HEALTH ACCESS GRANT
COMMUNITY ACTION INC OF CENTRAL TEXAS - 215 S. REIMER - SAN MARCOS, TX 78667	74-1541726	501(C)(3)	1,628,327.	0.			HEALTH ACCESS GRANT
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS, INC. - 228 SAINT GEORGE STREET - GONZALES, TX 78629	74-1548089	501(C)(3)	1,678,840.	0.			HEALTH ACCESS GRANT

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CON MI MADRE 1825 FORTVIEW RD. AUSTIN, TX 78704	26-2034766	501(C)(3)	54,000.	0.			HEALTH ACCESS GRANT
CONFERMED 635 MAIN ST. MIDDLETOWN, CT 06457	81-0690892	501(C)(3)	956,322.	0.			HEALTH ACCESS GRANT
COUNCIL ON AT-RISK YOUTH (CARY) 3710 CEDAR ST. AUSTIN, TX 78705	74-2921243	501(C)(3)	192,456.	0.			HEALTH ACCESS GRANT
DAWA - DIVERSITY AWARENESS AND WELLNESS IN ACTION - 1801 E 51 ST BLDG C 365-151 - AUSTIN, TX 78723-3434	83-3366932	501(C)(3)	525,000.	0.			HEALTH ACCESS GRANT
DELIVERING UNTO YOU 8401 N IH 35 AUSTIN, TX 78753	83-2654009	501(C)(3)	240,000.	0.			HEALTH ACCESS GRANT
E3 ALLIANCE (EDUCATION EQUALS ECONOMICS) - 5930 MIDDLE FISKVILLE ROAD - AUSTIN, TX 78752	64-0963235	501(C)(3)	291,600.	0.			HEALTH ACCESS GRANT
E4 YOUTH, INC. 5930 MIDDLE FISKVILLE ROAD AUSTIN, TX 78752	46-2878544	501(C)(3)	54,000.	0.			HEALTH ACCESS GRANT
EL BUEN SAMARITANO EPISCOPAL MISSION - 7000 WOODHUE DR - AUSTIN, TX 78745-5454	74-2488682	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT
ENDING COMMUNITY HOMELESSNESS COALITION (ECHO) - 210 BARTON SPRINGS RD., STE. 400 - AUSTIN, TX 78704	27-4449243	501(C)(3)	1,000,000.	0.			HEALTH ACCESS GRANT

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EPISCOPAL HEALTH FOUNDATION 500 FANNIN HOUSTON, TX 77002	46-2599162	501(C)(3)	1,000,000.	0.			HEALTH ACCESS GRANT
EQUIDAD ATX 1023 SPRINGDALE RD AUSTIN, TX 78721	83-1120340	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
EVERY BODY TEXAS 314 E. HIGHLAND MALL BLVD AUSTIN, TX 78752	74-1936078	501(C)(3)	198,000.	0.			HEALTH ACCESS GRANT
EVERY TEXAN 7020 EASY WIND DRIVE, SUITE 200 AUSTIN, TX 78752	74-2898197	501(C)(3)	337,480.	0.			HEALTH ACCESS GRANT
EXCELLENCE AND ADVANCEMENT FOUNDATION - 900 CHICON - AUSTIN, TX 78702	47-2738914	501(C)(3)	54,000.	0.			HEALTH ACCESS GRANT
FAMILY ELDERCARE 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	576,094.	0.			HEALTH ACCESS GRANT
FAYETTE COMMUNITY FOUNDATION PO BOX 664 LA GRANGE, TX 78945	74-2997477	501(C)(3)	400,000.	0.			HEALTH ACCESS GRANT
FOUNDATION COMMUNITIES 3000 S IH 35 FRONTAGE RD. #300 AUSTIN, TX 78704	74-2563260	501(C)(3)	5,836,916.	0.			HEALTH ACCESS GRANT
GEORGETOWN UNIVERSITY P.O. BOX 825738 PHILADELPHIA, PA 19182	53-0196603	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT

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GET UP PROJECT 8101 CAMERON RD. AUSTIN, TX 78754	45-4931906	501(C)(3)	59,486.	0.			HEALTH ACCESS GRANT
GIRLS EMPOWERMENT NETWORK PO BOX 3122 AUSTIN, TX 78764	74-2837732	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
GIVING AUSTIN LABOR SUPPORT PO BOX 41074 AUSTIN, TX 78704	27-3448123	501(C)(3)	135,000.	0.			HEALTH ACCESS GRANT
GO AUSTIN VAMOS AUSTIN 3710 CEDAR ST SUITE 230 AUSTIN, TX 78705-1450	83-0915321	501(C)(3)	905,000.	0.			HEALTH ACCESS GRANT
GREATER AUSTIN YMCA 55 NORTH IH 35 AUSTIN, TX 78702	74-1193464	501(C)(3)	750,000.	0.			HEALTH ACCESS GRANT
GREATER TAYLOR FOUNDATION 1519 N. MAIN STREET TAYLOR, TX 76574	87-3682838	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
GUADALUPE NEIGHBORHOOD DEVELOPMENT CORPORATION - 813 E. 8TH ST - AUSTIN, TX 78702	74-2247265	501(C)(3)	950,000.	0.			HEALTH ACCESS GRANT
HALF HELEN FOUNDATION 7801 N LAMAR BLVD AUSTIN, TX 78752	46-2808051	501(C)(3)	174,960.	0.			HEALTH ACCESS GRANT
HAND TO HOLD 12325 HYMEADOW DR. STE 4-102 AUSTIN, TX 78750	27-3802900	501(C)(3)	94,500.	0.			HEALTH ACCESS GRANT

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HAYS-CALDWELL WOMENS CENTER PO BOX 234 SAN MARCOS, TX 78667	74-2020505	501(C)(3)	358,602.	0.			HEALTH ACCESS GRANT
HEALTH ALLIANCE FOR AUSTIN MUSICIANS (HAAM) - 3036 S 1ST STREET - AUSTIN, TX 78704-0000	80-0147620	501(C)(3)	727,740.	0.			HEALTH ACCESS GRANT
HEALTHY FUTURES OF TEXAS (HFTX) 2300 W. COMMERCE ST. STE 212 SAN ANTONIO, TX 78720	20-5793076	501(C)(3)	848,880.	0.			HEALTH ACCESS GRANT
HOPE ALLIANCE 1011 GATTIS SCHOOL RD, STE #110 ROUND ROCK, TX 78664	74-2277114	501(C)(3)	660,380.	0.			HEALTH ACCESS GRANT
HOSPICE AUSTIN 4107 SPICEWOOD SPRINGS RD. AUSTIN, TX 78759	74-2200596	501(C)(3)	294,736.	0.			HEALTH ACCESS GRANT
HOUSINGWORKS AUSTIN 1023 SPRINGDALE RD, BUILDING 13 AUSTIN, TX 78721-2443	20-8249818	501(C)(3)	75,000.	0.			HEALTH ACCESS GRANT
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST. AUSTIN, TX 78702	74-1180151	501(C)(3)	227,200.	0.			HEALTH ACCESS GRANT
INTEGRAL CARE 1430 COLLIER ST. AUSTIN, TX 78704	74-1547909	501(C)(3)	1,074,550.	0.			HEALTH ACCESS GRANT
INTERAGENCY SUPPORT COUNCIL OF EASTERN WILLIAMSON COUNTY, INC. - PO BOX 5 - TAYLOR, TX 76574	84-1636308	501(C)(3)	233,280.	0.			HEALTH ACCESS GRANT

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JUST COMMUNITY 1000 RIO GRANDE AUSTIN, TX 78701	81-1447315	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
LEADERSHIP AUSTIN 1609 SHOAL CREEK BLVD STE 202 AUSTIN, TX 78701	74-2967463	501(C)(3)	178,200.	0.			HEALTH ACCESS GRANT
LIFEWORCS 3700 S 1ST ST AUSTIN, TX 78704-7046	74-2137189	501(C)(3)	3,501,180.	0.			HEALTH ACCESS GRANT
LOCKHART INDEPENDENT SCHOOL DISTRICT - 419 BOIS D'ARC ST. - LOCKHART, TX 78644	74-6001635	501(C)(3)	183,000.	0.			HEALTH ACCESS GRANT
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVE. STE. 200 GEORGETOWN, TX 78626	74-3001674	501(C)(3)	3,865,840.	0.			HEALTH ACCESS GRANT
LUZ DE ATABEY MIDWIFERY PROJECT- COMMONSENSE CHILDBIRTH - 213 DILLARD ST. STE 340 - WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	189,000.	0.			HEALTH ACCESS GRANT
MAMA SANA VIBRANT WOMAN PO BOX 301018 AUSTIN, TX 78703	45-5638520	501(C)(3)	220,661.	0.			HEALTH ACCESS GRANT
MANO AMIGA 174 SOUTH GUADALUPE SAN MARCOS, TX 78666	83-2030465	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
MANOS DE CRISTO 4911 HARMON AVE. AUSTIN, TX 78751	74-2511974	501(C)(3)	156,352.	0.			HEALTH ACCESS GRANT

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MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - 2800 SWISS AVE. - DALLAS , TX 75204	46-3992618	501(C)(3)	116,640.	0.			HEALTH ACCESS GRANT
MEALS ON WHEELS AND MORE INC 3227 E 5TH ST AUSTIN, TX 78702-4907	23-7202594	501(C)(3)	1,000,512.	0.			HEALTH ACCESS GRANT
MEASURE AUSTIN 305 EAST HUNTLAND DR. STE 500 AUSTIN, TX 78752	82-2372196	501(C)(3)	162,000.	0.			HEALTH ACCESS GRANT
MISSION CAPITAL 2028 E BEN WHITE BLVD #240-7723 AUSTIN, TX 78741	74-2992877	501(C)(3)	315,000.	0.			HEALTH ACCESS GRANT
ONE VOICE CENTRAL TEXAS PO BOX 300152 AUSTIN, TX 78703	74-2314772	501(C)(3)	101,250.	0.			HEALTH ACCESS GRANT
OUTSIDERS ANONYMOUS 324 RIVERWALK DR SAN MARCOS, TX 78666	83-2915512	501(C)(3)	90,000.	0.			HEALTH ACCESS GRANT
PARTNERS IN PARENTING PO BOX 49877 AUSTIN, TX 78765-0877	30-0809437	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN, TX 78752	23-7087608	501(C)(3)	3,717,536.	0.			HEALTH ACCESS GRANT
PLANNED PARENTHOOD OF GREATER TEXAS - 7424 GREENVILLE AVE. STE 206 - DALLAS, TX 75231	52-1243220	501(C)(3)	506,801.	0.			HEALTH ACCESS GRANT

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PRESERVATION TEXAS, INC. 1343 LCR 667 KOSSE, TX 78667	75-2129913	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
PROMOSALUD 6601 FELIX AVE. AUSTIN, TX 78741-2408	46-1170748	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
PUEBLO ORGANIZADO EN DEFENSA DE LA TIERRA Y SUS RECURSOS - 4926 E CESAR CHAVEZ BLDG C - AUSTIN, TX 78702-5138	74-2682311	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
RAISE TEXAS PO BOX 303111 AUSTIN, TX 78703	26-2087882	501(C)(3)	600,000.	0.			HEALTH ACCESS GRANT
ROC USA LLC 6 LOUDON RD STE 501 CONCORD, NH 03301-5321	35-2319441	501(C)(3)	380,000.	0.			HEALTH ACCESS GRANT
ROUND ROCK AREA SERVING CENTER INCORPORATED - 1099 E. MAIN ST. - ROUND ROCK, TX 78664	74-2454410	501(C)(3)	1,186,840.	0.			HEALTH ACCESS GRANT
SACRED HEART COMMUNITY CLINIC INC 620 ROUND ROCK WEST DR. BLDG #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	16,038.	0.			HEALTH ACCESS GRANT
SAINT LOUISE HOUSE PO BOX 150637 AUSTIN, TX 78715-0637	74-2968167	501(C)(3)	200,000.	0.			HEALTH ACCESS GRANT
SAMARITAN HEALTH MINISTRIES 904 CRYSTAL FALLS PKWY LEANDER, TX 78641	74-2570190	501(C)(3)	209,851.	0.			HEALTH ACCESS GRANT

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SANTA MARIA HOSTEL INC. 2605 PARKER RD. HOUSTON, TX 77093	74-1669131	501(C)(3)	300,000.	0.			HEALTH ACCESS GRANT
SMITHVILLE COMMUNITY CLINIC 300 LYNCH ST. SMITHVILLE, TX 78957	20-4515999	501(C)(3)	104,976.	0.			HEALTH ACCESS GRANT
SWAN SONGS 706 WEST BEN WHITE BLVD #236A AUSTIN, TX 78704	20-3174875	501(C)(3)	5,400.	0.			HEALTH ACCESS GRANT
TEXANS CARE FOR CHILDREN INC 1016 LA POSADA DR. STE 240 AUSTIN, TX 78752	75-2687008	501(C)(3)	324,000.	0.			HEALTH ACCESS GRANT
TEXAS 2036 210 W 7TH ST #1100 AUSTIN, TX 78701	81-3063099	501(C)(3)	58,320.	0.			HEALTH ACCESS GRANT
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC. - 5900 SOUTHWEST PARKWAY, BUILDING 3 - AUSTIN, TX 78735	74-2308695	501(C)(3)	867,500.	0.			HEALTH ACCESS GRANT
TEXAS CENTER FOR CHILD AND FAMILY STUDIES - 409 W 13TH ST - AUSTIN, TX 78701-0000	74-2949902	501(C)(3)	185,000.	0.			HEALTH ACCESS GRANT
TEXAS CENTER FOR LOCAL FOOD 201 NORTH MAIN STREET ELGIN, TX 78621	83-4492979	501(C)(3)	22,000.	0.			HEALTH ACCESS GRANT
TEXAS DEPARTMENT OF AGRICULTURE 1700 N. CONGRESS AVE. 11TH FLOOR AUSTIN, TX 78701	74-6027560	GOV	1,918,724.	0.			HEALTH ACCESS GRANT

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TEXAS HEALTH ACTION 101 W KOENIG LN UNIT 300 AUSTIN, TX 78751-1273	47-3809253	501(C)(3)	250,000.	0.			HEALTH ACCESS GRANT
TEXAS INSTITUTE FOR CHILD AND FAMILY WELLBEING - 1823 RED RIVER ST - AUSTIN, TX 78701	74-6000203	501(C)(3)	35,000.	0.			HEALTH ACCESS GRANT
TEXAS PEDIATRIC SOCIETY 401 WEST 15TH STREET, SUITE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	111,863.	0.			HEALTH ACCESS GRANT
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	58,320.	0.			HEALTH ACCESS GRANT
TEXAS RIOGRANDE LEGAL AID, INC. 4920 NORTH INTERSTATE 35 AUSTIN, TX 78751	74-1675230	501(C)(3)	100,000.	0.			HEALTH ACCESS GRANT
TEXAS RURAL FUNDERS PO BOX 650011 AUSTIN, TX 78765	86-1401662	501(C)(3)	54,000.	0.			HEALTH ACCESS GRANT
TEXAS TECH FOUNDATION INC 3601 4TH ST. MS 6238 LUBBOCK, TX 79430	75-6043842	501(C)(3)	58,320.	0.			HEALTH ACCESS GRANT
TEXPROTECTS-THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN - 3000 PEGASUS PARK DRIVE, SUITE 708 - DALLAS, TX 75247-6206	46-1332547	501(C)(3)	80,000.	0.			HEALTH ACCESS GRANT
THE CARING PLACE 2000 RAILROAD AVE. GEORGETOWN, TX 78626	74-2386902	501(C)(3)	233,280.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW PHILANTHROPISTS PO BOX 302528 AUSTIN, TX 78703	82-1819025	501(C)(3)	87,750.	0.			HEALTH ACCESS GRANT
THE SAFE ALLIANCE 4800 MANOR ROAD BLDG K AUSTIN, TX 78723-5522	74-2320657	501(C)(3)	3,485,289.	0.			HEALTH ACCESS GRANT
THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF NURSING - 1710 RED RIVER ST. - AUSTIN, TX 78712	74-6000203	GOV	183,265.	0.			HEALTH ACCESS GRANT
TODOS JUNTOS LEARNING CENTER 409 W BEN WHITE BLVD AUSTIN, CA 78704-7027	46-3028927	501(C)(3)	500,000.	0.			HEALTH ACCESS GRANT
TRAVIS COUNTY, TEXAS 700 LAVACA STREET AUSTIN, TX 78701	74-6000192	501(C)(3)	50,000.	0.			HEALTH ACCESS GRANT
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD FL 5 AUSTIN, TX 78752-4341	74-1193439	501(C)(3)	2,798,470.	0.			HEALTH ACCESS GRANT
UNIVERSITY OF TX - RGK CENTER FOR PHILANTHROPY AND COMMUNITY SERVICE - 2315 RED RIVER ST. - AUSTIN, TX 78712	74-6000203	GOV	47,412.	0.			HEALTH ACCESS GRANT
UPTOGETHER 663 13TH ST. STE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	1,117,800.	0.			HEALTH ACCESS GRANT
VIA HOPE 4301 W. WILLIAM CANNON BLVD. AUSTIN, TX 78749	46-4931600	501(C)(3)	850,191.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIVENT HEALTH TEXAS, INC 104 E. HIGHLAND MALL BLVD, STE 100 AUSTIN, TX 78752	74-2440845	501(C)(3)	464,738.	0.			HEALTH ACCESS GRANT
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PKWY AUSTIN, TX 78756	74-6082464	501(C)(3)	131,512.	0.			HEALTH ACCESS GRANT
WILLIAMSON-BURNET COUNTY OPPORTUNITIES, INC. - 604 HIGH TECH DR. - GEORGETOWN, TX 78626	74-6075213	501(C)(3)	128,808.	0.			HEALTH ACCESS GRANT
YOUNG INVINCIBLES 401 BRANARD STREET HOUSTON, TX 77006	46-2214021	501(C)(3)	395,800.	0.			HEALTH ACCESS GRANT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISCOUNTED EYE EXAMS AND EYEGLASSES FOR NEEDY CENTRAL TEXANS.	11759	1,310,306.	0.		

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

PART I, LINE 2:

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS THROUGH THE FOLLOWING PROCEDURES:

-GRANTEES SUBMIT ANNUAL REPORTS CONTAINING THE FOLLOWING INFORMATION:

A) METRIC DATA FOR GOAL AND OUTCOME MEASURES

B) DEMOGRAPHIC DATA INCLUDING HOUSEHOLD INCOME AND COUNTY OF RESIDENCE

C) SIGNIFICANT PROGRAM ACTIVITIES, ACCOMPLISHMENTS AND/OR CHANGES

D) ANNUAL BUDGET VERSUS ACTUAL AND UPDATES ON GRANTEE'S FINANCIAL STABILITY

-GRANTEE SUMMARY REPORTS ARE PROVIDED TO SENIOR MANAGEMENT AND AT TIMES TO BOARD MEMBERS.

-STAFF CONDUCT PERIODIC SITE VISITS THROUGHOUT FUNDING YEAR(S).

-SCHOLARSHIPS ARE PROVIDED TO STUDENTS PURSUING CAREERS IN HEALTHCARE, WHO PROVIDE PROOF OF ENROLLMENT AND PROGRESS TOWARDS DEGREE REQUIREMENTS.

**Part IV** Supplemental Information

PART III

THE FOUNDATION PAID FOR DISCOUNTED EYE EXAMS AND EYEGLASSES FOR CENTRAL  
TEXANS. VOUCHERS ARE PROVIDED TO FINANCIALLY INDIGENT INDIVIDUALS WHOSE  
INCOME DOES NOT EXCEED 200% OF FEDERAL POVERTY GUIDELINES. EYE-CARE  
PROVIDERS SUBMITTED INVOICES FOR SERVICES PROVIDED TO PATIENTS WHO  
SUBMIT VOUCHERS FOR CARE.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD B. BURGER PRESIDENT & CEO	(i)	537,731.	1,500.	90,638.	20,700.	13,317.	663,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FERNANDO X. PENA EVP & GENERAL COUNSEL	(i)	471,679.	3,000.	65,076.	20,700.	14,067.	574,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY VAUGHAN VICE PRESIDENT OF FINANCE	(i)	378,926.	3,000.	70,622.	20,700.	13,317.	486,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REGAN GRUBER MOFFITT VP OF COMMUNITY INVESTMENTS	(i)	322,811.	3,000.	17,461.	20,554.	35,758.	399,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIAN HUERTA VP OF COMMUNITY PROGRAMS	(i)	282,941.	3,000.	16,877.	18,050.	34,283.	355,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHAILEE GUPTA DIRECTOR OF DENTAL PROGRAM	(i)	277,355.	1,500.	17,121.	13,784.	34,063.	343,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARA MUELLER DIRECTOR OF HUMAN RESOURCES	(i)	241,306.	1,500.	11,511.	15,239.	39,782.	309,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CATHY IBERG VICE PRESIDENT OF INVESTMENTS	(i)	289,083.	375.	0.	0.	0.	289,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTINA THOMPSON DIRECTOR OF COMMUNICATIONS	(i)	218,923.	3,500.	8,423.	13,830.	37,098.	281,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RABECCA CROSS ASSISTANT GENERAL COUNSEL	(i)	230,407.	1,800.	470.	9,515.	25,673.	267,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ABBY MENKE LEAD DENTIST	(i)	210,635.	1,500.	465.	12,730.	35,283.	260,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KIMBERLY MCPHERSON SENIOR PROGRAM OFFICER	(i)	184,596.	1,500.	22,587.	12,487.	23,340.	244,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

[illegible]

SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
THE FOUNDATION IS ONE OF THE LARGEST HEALTH FOUNDATIONS IN THE UNITED STATES, FUNDING MORE THAN \$80 MILLION ANNUALLY IN A FIVE-COUNTY AREA SURROUNDING AUSTIN, TEXAS, INCLUDING BASTROP, CALDWELL, HAYS, TRAVIS, AND WILLIAMSON COUNTIES. THROUGH A UNIQUE PARTNERSHIP WITH THE ST. DAVID'S HEALTHCARE PARTNERSHIP, LP (THE "PARTNERSHIP"), THE FOUNDATION STRATEGICALLY DISTRIBUTES PROCEEDS FROM THE HOSPITAL SYSTEM BACK INTO THE COMMUNITY, WITH THE GOAL OF IMPROVING THE HEALTH AND WELL-BEING OF THE FOUNDATION'S MOST UNDERSERVED CENTRAL TEXAS NEIGHBORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN 2024, THE FOUNDATION DISTRIBUTED GRANTS IN RESPONSE TO FOUR OPEN CALLS, INCLUDING:  
-WE ALL BENEFIT: INCREASING ACCESS TO QUALITY, RESPONSIVE CARE, FOCUSED ON INCREASING ACCESS TO QUALITY, RESPONSIVE CARE BY SUPPORTING ORGANIZATIONS OR COLLABORATIVES CURRENTLY ENROLLING ELIGIBLE CENTRAL TEXANS IN HEALTH INSURANCE BENEFITS (E.G. MEDICAID, CHIP, ACA) AND SUPPORTING INDIVIDUALS, THE COMMUNITY, OR ORGANIZATIONS IN THE ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESS THROUGH OUTREACH, EDUCATION, OR TRAINING.

-COMMUNITY DRIVEN CHANGE: EQUIPPING COMMUNITIES TO ACHIEVE THEIR HEALTH PRIORITIES, FOCUSED ON ELEVATING ORGANIZATIONS ENGAGING COMMUNITY MEMBERS IN DECISION MAKING AND LEADERSHIP TO FOSTER HEALTHIER COMMUNITIES IN BASTROP, CALDWELL, HAYS, TRAVIS, AND WILLIAMSON COUNTIES.

-HOUSING + HEALTH: FUNDING FOR PLANNING AND PREDEVELOPMENT, FOCUSED ON SUPPORTING NONPROFIT ORGANIZATIONS, LOCAL GOVERNMENT, OR COLLABORATIVES WORKING TO IMPROVE AFFORDABLE HOUSING FOR LOW- TO MODERATE-INCOME HOUSEHOLDS IN CENTRAL TEXAS.

-INVESTING IN IMPACT: COMMUNITY DIRECTED GIVING THROUGH INTERMEDIARIES, FOCUSED ON SUPPORTING THE CAPACITY OF COMMUNITY-ROOTED INTERMEDIARIES WITH THE POTENTIAL TO RE-GRANT ST. DAVID'S FOUNDATION FUNDING TO SERVE LOW-RESOURCED ENTITIES, EMERGING NONPROFITS, GRASSROOTS ORGANIZATIONS WITH LIMITED INFRASTRUCTURE, NEIGHBORHOOD ASSOCIATIONS, INFORMAL COMMUNITY NETWORKS, COMMUNITY-BASED INITIATIVES, AND COMMUNITY CONSTITUENTS TOWARD THE FOUNDATION'S MISSION OF ADVANCING HEALTH EQUITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
THIS PROGRAM ALSO EDUCATES STUDENTS AND FAMILIES ABOUT DENTAL HYGIENE HABITS.

SINCE THE DENTAL PROGRAM BEGAN IN 2000, THE FOUNDATION HAS CONDUCTED APPROXIMATELY 250,000 DENTAL VISITS AND TREATED MORE THAN 100,000 PATIENTS, TOTALING MORE THAN \$100 MILLION IN FREE DENTAL TREATMENT FOR THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1A:  
THE BOARD OF TRUSTEES ESTABLISHED AN EXECUTIVE COMMITTEE (THE "COMMITTEE")

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

TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITY FOR THE OPERATIONS OF THE FOUNDATION AND ITS RELATED ENTITIES. THE COMMITTEE HAS THE POWER TO CONDUCT THE BUSINESS OF THE FOUNDATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, IN ACCORDANCE WITH THE POLICIES AND EXPRESSED WISHES OF THE BOARD AND ESTABLISHED PROTOCOL. THE BOARD OF TRUSTEES HAS ADOPTED A SET OF CENTRAL GOVERNANCE PRINCIPLES TO PROVIDE A SPECIFIC FRAMEWORK FOR THE DECISION-MAKING AND GOVERNANCE ACTIVITIES OF THE COMMITTEE. THE COMMITTEE IS AUTHORIZED TO SECURE SUCH RESOURCES AS IT REASONABLY NEEDS TO FULFILL ITS RESPONSIBILITIES, INCLUDING OUTSIDE CONSULTANTS, AS APPROPRIATE. THE CHIEF EXECUTIVE OFFICER OF THE FOUNDATION, OR AN APPOINTED REPRESENTATIVE, SERVES AS THE COMMITTEE'S STAFF LIAISON. THE COMMITTEE ALSO CONSISTS OF THE BOARD CHAIR, BOARD VICE CHAIR, BOARD SECRETARY, THE PAST CHAIR, THE CHAIR OF THE BOARD OF GOVERNORS OF THE PARTNERSHIP, AND UP TO THREE AT-LARGE MEMBERS FROM THE BOARD OF THE FOUNDATION. ALL COMMITTEE MEMBERS ARE GOVERNING BOARD MEMBERS, MUST BE INDEPENDENT OF MANAGEMENT, AND RECEIVE NO COMPENSATION FROM THE FOUNDATION. THE EXECUTIVE COMMITTEE MEETS ON AN AD HOC BASIS AND DID NOT MEET IN 2024.

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

THE FOUNDATION'S BOARD OF TRUSTEES HAS ADOPTED CENTRAL GOVERNANCE PRINCIPLES THAT OUTLINE CERTAIN DELEGATIONS OF AUTHORITY AS FOLLOWS: DECISIONS ON BUDGET TRANSFERS OF AMOUNTS OF LESS THAN \$1 MILLION OF BUDGETED EXPENDITURES IS DELEGATED TO THE CHIEF EXECUTIVE OFFICER (CEO), UPON A RECOMMENDATION PROVIDED BY THE APPROPRIATE VICE PRESIDENT OVERSEEING SUCH EXPENDITURE. THE CEO ALSO HAS AUTHORITY TO APPROVE DIRECT COMMUNITY BENEFIT EXPENSES UNDER \$1 MILLION, AFTER NOTICE TO THE BOARD OF THE PROPOSED EXPENDITURE. DECISIONS ON CONTRACTS AND EXPENDITURES OF AMOUNTS OF \$250,000 OR LESS ARE DELEGATED TO THE CEO, WITH BOARD CHAIR APPROVAL.

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

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

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

THE FOUNDATION ANNUALLY VERIFIES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY. THE FOUNDATION'S OFFICERS AND TRUSTEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY ACTIVITIES OR RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FOR EACH DISCLOSURE, A DETERMINATION IS MADE WHETHER THE POTENTIAL CONFLICT REQUIRES EITHER RECUSAL FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS, OR RESIGNATION OR REMOVAL FROM THE FOUNDATION OR ITS BOARD OF TRUSTEES.

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

THE FOUNDATION USES THE BENCHMARK REPORT OF AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH THE COMPENSATION OF THE FOUNDATION'S TOP MANAGEMENT OFFICIALS, OTHER OFFICERS, AND KEY EMPLOYEES. THE LATEST COMPENSATION REPORT WAS COMPLETED IN 2022 WITHOUT PARTICIPATION OF ANY OFFICER, DIRECTOR, OR OTHER TOP MANAGEMENT OFFICIAL UNDER CONSIDERATION. THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THE FOUNDATION'S OFFICERS AND/OR KEY EMPLOYEES.

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

THIS PROCESS WAS UNDERTAKEN FOR THE FOLLOWING OFFICERS AND/OR KEY EMPLOYEES  
FOR 2024 COMPENSATION ON DECEMBER 4, 2023:

EDWARD BURGER, CEO  
FERNANDO X. PENA, EVP AND GENERAL COUNSEL  
AMY VAUGHAN, VP OF FINANCE  
CATHY IBERG, VP OF INVESTMENTS  
REGAN GRUBER MOFFITT, VP OF COMMUNITY INVESTMENTS  
SHAILEE GUPTA, DIRECTOR OF DENTAL PROGRAMS  
JULIAN HUERTA, VP OF COMMUNITY PROGRAMS

FORM 990, PART VI, SECTION C, LINE 19:  
THE ST. DAVID'S FOUNDATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

OFFICER COMPENSATION OF RELATED ORGANIZATIONS:  
THE FOUNDATION OWNS A GENERAL PARTNER INTEREST IN ST. DAVID'S  
HEALTHCARE PARTNERSHIP, LP, LLP ("PARTNERSHIP"). IN THE INTERESTS OF  
FULL TRANSPARENCY, THE FOUNDATION NOTES THAT IT PAYS A PORTION OF THE  
PARTNERSHIP'S CEO AND CFO COMPENSATION AS FOLLOWS:

SHARI COLLIER, CFO  
SALARY \$170,792  
EMPLOYEE BENEFITS \$15,263

DAVID HUFFSTUTLER, CEO  
SALARY \$347,207  
EMPLOYEE BENEFITS \$34,426

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ST. DAVID'S FOUNDATION

Employer identification number

74-1356589

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ST. DAVID'S COMMUNITY HEALTH FOUNDATION HOLDINGS - 74-2206098, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	HOLDING COMPANY	TEXAS	501(C)(3)	LINE 7	ST. DAVID'S FOUNDATION	X	
ST. DAVID'S FOUNDATION COMMUNITY FUND - 74-2898888, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	PROVIDES NEEDS-BASED SCHOLARSHIPS AND CONTROLS MEDICAL FACILITIES	TEXAS	501(C)(3)	LINE 7	ST. DAVID'S FOUNDATION	X	
ST. DAVID'S COMMUNITY HEALTH FOUNDATION INITIATIVES - 27-0112979, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	SUPPORT SERVICES TO RELATED ORGANIZATIONS	TEXAS	501(C)(3)	LINE 12A, I	ST. DAVID'S FOUNDATION COMMUNITY FUND	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP - 74-2781812, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	OWNS & OPERATES FOUR HOSPITALS IN CENTRAL TX	TX	N/A	RELATED	212,881,662.	701,254,364.		X	N/A	X		40.59%
BAILEY SQUARE AMBULATORY SURGICAL CENTER, LTD. - 75-2467365, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SOUTH AUSTIN SURGERY CENTER, LTD. - 62-1775267, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LEADERSHIP HEALTHCARE HOLDINGS II LP, LLP - 34-1996283, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	OWNS AN INTEREST IN A RADIOLOGY CENTER	TX	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST. DAVID'S FOUNDATION IMPACT FUND, L.P. - 34-1996279, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	OWNS INDIRECT INTEREST IN A RADIOLOGY CENTER	TX	N/A	C CORP	N/A	N/A	N/A		X
ST. DAVID'S FOUNDATION IMPACT FUND GP, LLC - 34-1996272, 1303 SAN ANTONIO ST. #500, AUSTIN, TX 78701	OWNS INDIRECT INTEREST IN A RADIOLOGY CENTER	TX	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LEADERSHIP HEALTHCARE HOLDINGS LP, LLP - 20-3151012, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	OWNS MAJORITY INTERESTS IN AMBULATORY SURGERY CENTERS	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
OAKWOOD SURGERY CENTER, LTD. - 62-1641024, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NORTH AUSTIN SURGERY CENTER, LP - 20-0648730, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CP SURGERY CENTER, LLC - 80-0776412, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MCA-CTMC HOLDINGS, LLC - 80-0899140, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. DAVID'S AUSTIN AREA ASC, LLC - 61-1760247, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
AUSTIN GI SURGICENTER, LLC - 30-1073754, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CAREOS SURGICENTER, LLC - 84-4484446, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	AMBULATORY SURGERY CENTER	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HEALTH AT HOME HOLDINGS - AUSTIN, LLC - 86-3865064, 98 SAN JACINTO, STE 1800, AUSTIN, TX 78701	HOME HEALTH AND HOSPICE SERVICES	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A



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

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b> X	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b> X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b> X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b> X	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. DAVID'S COMMUNITY HEALTH FOUNDATION INITIATIVES	Q	565,383.	BOOK
(2) ST. DAVID'S COMMUNITY HEALTH FOUNDATION INITIATIVES	K	1,249,411.	BOOK
(3) ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP	A	2,950,183.	BOOK
(4) ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP	F	2,388,623.	BOOK
(5) ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP	S	164,330,500.	BOOK
(6) ST. DAVID'S FOUNDATION COMMUNITY FUND	A	5,410,051.	CASH

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

[illegible]

**Part VII** Supplemental Information

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

## PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

BAILEY SQUARE AMBULATORY SURGICAL CENTER, LTD.

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

NAME OF RELATED ORGANIZATION:

SOUTH AUSTIN SURGERY CENTER, LTD.

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

NAME OF RELATED ORGANIZATION:

LEADERSHIP HEALTHCARE HOLDINGS II LP, LLP

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

NAME OF RELATED ORGANIZATION:

LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

DIRECT CONTROLLING ENTITY: ST. DAVID'S FOUNDATION COMMUNITY FUND

NAME OF RELATED ORGANIZATION:

OAKWOOD SURGERY CENTER, LTD.

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

NORTH AUSTIN SURGERY CENTER, LP

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

CP SURGERY CENTER, LLC

**Part VII** Supplemental Information

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

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

MCA-CTMC HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

ST. DAVID'S AUSTIN AREA ASC, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

AUSTIN GI SURGICENTER, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

CAREOS SURGICENTER, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

HEALTH AT HOME HOLDINGS - AUSTIN, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP

NAME OF RELATED ORGANIZATION:

SOLIS MAMMOGRAPHY SERVICES, LLC

DIRECT CONTROLLING ENTITY: LEADERSHIP HEALTHCARE HOLDINGS LP, LLP