See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☒ Amended return
- ☐ Applica-tion pending

C Name of organization
GEORGETOWN HEALTHCARE SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2120 SCENIC DRIVE

City or town, state or country, and ZIP + 4
GEORGETOWN, TX 78626

F Name and address of principal officer: SCOTT ALARCON
SAME AS C ABOVE

D Employer identification number
74-2427148

E Telephone number
512-931-2221

G Gross receipts $ 2,888,288.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GTHF.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985 **M** State of legal domicile TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION, DEDICATED TO THE PROMOTION OF QUALITY,	
	2	Check this box ▶ ☐ 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)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	205
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

RECEIVED JUL 12 2012 IRS OSC OGDEN UT

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	986,138.	313,358.
	9	Program service revenue (Part VIII, line 2g)	2,874,654.	1,980,748.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-255,203.	410,595.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,025.	183,587.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,808,614.	2,888,288.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,590,188.	785,930.
	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)	1,491,829.	1,555,903.
	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-24f)	758,918.	601,641.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,840,935.	2,943,474.
	19	Revenue less expenses. Subtract line 18 from line 12	-32,321.	-55,186.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	36,386,527.	37,361,006.
	21	Total liabilities (Part X, line 26)	633,854.	1,699,839.
	22	Net assets or fund balances. Subtract line 21 from line 20	35,752,673.	35,661,167.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/3/2012

▶ SCOTT ALARCON, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SCOTT RINICKER	Preparer's signature: Scott Rinicker	Date: 6/8/12	Check ☐ if self-employed	PTIN
Firm's name ▶ DURBIN & COMPANY, L.L.P.			Firm's EIN ▶	
Firm's address ▶ 2950 50TH STREET LUBBOCK, TX 79413			Phone no 806-791-1591	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 18 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
TO PROMOTE AND FACILITATE THE ADVANCEMENT OF AFFORDABLE HEALTH CARE TO THE COMMUNITY OF GEORGETOWN AND THE SURROUNDING AREA.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 921,692. including grants of $) (Revenue $ 1,028,740.)
THE REPORTING ORGANIZATION OPERATES A HOME HEALTH AGENCY WHICH PROVIDED 5,530 PATIENT VISITS TO OVER 284 PATIENTS IN AND AROUND THE GEORGETOWN, TEXAS AREA IN THIS REPORTING PERIOD. THE PRIMARY PAYOR TYPE FOR THE AGENCY IS MEDICAID.

4b (Code:) (Expenses $ 877,365. including grants of $ 785,930.) (Revenue $)
THE REPORTING ORGANIZATION PROVIDES GRANTS TO COMMUNITY ORGANIZATIONS THAT PROMOTE IMPROVED ACCESS TO, OR DIRECTLY PROVIDE HEALTHCARE TO THE CITIZENS OF THE GEORGETOWN, TEXAS AREA REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES.

4c (Code:) (Expenses $ including grants of $) (Revenue $ 952,008.)
THE REPORTING ORGANIZATION IS A PARTNER IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP. THE PARTNERSHIP OPERATES SIX ACUTE CARE HOSPITALS AND ONE REHABILITATION HOSPITAL SERVING THE CENTRAL TEXAS AREA. IN 2010, 56,546 PATIENTS WERE ADMITTED AND THERE WERE 253,871 EMERGENCY ROOM VISITS. THE PARTNERSHIP IS COMMITTED TO SERVING THE CENTRAL TEXAS AREA UNDER THE COMMUNITY BENEFIT STANDARD.

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

4e **Total program service expenses** ▶ 1,799,057.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - 512-931-2221
2120 SCENIC DRIVE, GEORGETOWN, TX 78626

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN SHAEFER CHAIR	2.00	X						0.	0.	0.
BARBARA BRIGHTWELL VICE CHAIR	1.50	X						0.	0.	0.
DOUGLAS BENOLD SECRETARY	1.50	X						0.	0.	0.
DOAK FLING EXECUTIVE COMMITTEE	1.50	X						0.	0.	0.
LARRY HEMENES EXECUTIVE COMMITTEE	1.50	X						0.	0.	0.
ALMA GUZMAN BOARD MEMBER	1.00	X						0.	0.	0.
JACK HUNNICUTT BOARD MEMBER	1.00	X						0.	0.	0.
JOANNE ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
DALE ILLIG BOARD MEMBER	1.00	X						0.	0.	0.
DARRICK MCGILL BOARD MEMBER	1.00	X						0.	0.	0.
JACK SCHRUM BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT ALARCON CEO	40.00			X				212,034.	0.	22,387.
RICHARD G SCHULTZ CFO	40.00			X				142,415.	0.	20,377.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								354,449.	0.	42,764.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								354,449.	0.	42,764.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED EMPLOYER GROUP 4400 BUFFALO GAP ROAD, ABILENE, TX 79606	PROFESSIONAL EMPLOYER ORGANIZATIO	1,314,466.
IE2 CONSTRUCTION 11002 B METRIC ROAD, AUSTIN, TX 78758	CONSTRUCTION	405,463.

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 313,358.				
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f ▶	313,358.			
Program Service Revenue		Business Code			
	2a HEALTHCARE AND HOSPITA	621610	1,028,740.	1,028,740.	
	b HEALTHCARE AND HOSPITA	621990	952,008.	952,008.	
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶		1,980,748.		
	3 Investment income (including dividends, interest, and other similar amounts) ▶		350,578.	53.	350,525.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	60,017.			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)	60,017.			
	d Net gain or (loss) ▶		60,017.	60,017.	
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	130,525.	130,525.	
	b LEASE	900099	53,062.	53,062.	
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶		183,587.		
	12 **Total revenue.** See instructions ▶		2,888,288.	2,224,405.	0. 350,525.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	785,930.	785,930.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	354,449.		354,449.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	893,041.	587,360.	305,681.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	110,622.	44,348.	66,274.	
9 Other employee benefits	98,229.	70,263.	27,966.	
10 Payroll taxes	99,562.	49,039.	50,523.	
11 Fees for services (non-employees):				
a Management				
b Legal	45,970.		45,970.	
c Accounting	10,171.		10,171.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	79,462.		79,462.	
g Other	18,687.	18,687.		
12 Advertising and promotion	8,510.	4,612.	3,898.	
13 Office expenses	3,833.		3,833.	
14 Information technology	29,807.	3,398.	26,409.	
15 Royalties				
16 Occupancy	75,925.	31,200.	44,725.	
17 Travel	64,272.	53,112.	11,160.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,775.	1,775.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,325.	42,325.		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ADMINISTATIVE EXPENSES	73,556.		73,556.	
b OTHER PAYROLL FEES	27,177.	12,820.	14,357.	
c PROPERTY TAXES	25,725.	25,725.		
d TELEPHONE	17,245.	17,245.		
e SUPPLIES	15,152.	12,375.	2,777.	
f All other expenses	62,049.	38,843.	23,206.	
25 **Total functional expenses.** Add lines 1 through 24f	2,943,474.	1,799,057.	1,144,417.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		-1.	1	1.
	2	Savings and temporary cash investments		289,280.	2	153,606.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		177,810.	4	111,268.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,605.	8	19,352.
	9	Prepaid expenses and deferred charges		17,502.	9	16,481.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,106,494.			
	b	Less: accumulated depreciation	10b 612,547.	2,099,116.	10c	2,493,947.
	11	Investments - publicly traded securities		9,459,285.	11	10,362,853.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13,923,847.	13	13,781,332.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,400,083.	15	10,422,166.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,386,527.	16	37,361,006.
Liabilities	17	Accounts payable and accrued expenses		63,724.	17	64,670.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	1,153,169.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		570,130.	25	482,000.
	26	**Total liabilities.** Add lines 17 through 25		633,854.	26	1,699,839.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,752,673.	27	35,661,167.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,752,673.	33	35,661,167.
	34	Total liabilities and net assets/fund balances		36,386,527.	34	37,361,006.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,888,288.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,943,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	-55,186.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,752,673.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-36,320.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,661,167.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

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

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GEORGETOWN HEALTHCARE SYSTEM

Employer identification number

74-2427148

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ▶ ☐

SCHEDULE C (Form 990 or 990-EZ)

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.**
▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
GEORGETOWN HEALTHCARE SYSTEM	74-2427148

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 expenditures ▶ $ _____
3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

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

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

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.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		651.
j	Total. Add lines 1c through 1i			651.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information

PART I-A, LINE 1:

INDIRECT FROM PASS THROUGH ORGANIZATION

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE SCHEDULE K-1 FROM ST DAVIDS HEALTHCARE PARTNERSHIP LP INCLUDED $651 OF LOBBYING EXPENDITURES WHICH CONSTITUTED THE PORTION OF THE

Part IV **Supplemental Information** *(continued)*

ORGANIZATIONS ANNUAL ASSOCIATION DUES DEDICATED TO LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GEORGETOWN HEALTHCARE SYSTEM

Employer identification number

74-2427148

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,662,191.		1,662,191.
b Buildings		1,388,458.	571,414.	817,044.
c Leasehold improvements				
d Equipment		55,845.	41,133.	14,712.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	2,493,947.

Schedule D (Form 990) 2010

032052
12-20-10

Part VII Investments - Other Securities. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ST DAVIDS PARTNERSHIP LP	13,781,332.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶	13,781,332.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED EMPLOYEE BENEFIT - FROM FROZEN 403B PLAN	268,256.
(2) RELATED PARTY RECEIVABLE - GEORGETOWN HEALTHCARE	
(3) COMMUNITY SERVICES	10,151,401.
(4) OTHER RECEIVABLE	2,509.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	10,422,166.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) WAGES PAYABLE	146,443.
(3) OTHER CURRENT LIABILITIES	67,301.
(4) DEFERRED EMPLOYEE BENEFIT - FOR	
(5) FROZEN 403 B PLAN	268,256.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	482,000.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GEORGETOWN HEALTHCARE SYSTEM

Employer identification number

74-2427148

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500 %	3b	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheets 1 and 2)			494,674.	18,050.	476,624.	5.08%
b Unreimbursed Medicaid (from Worksheet 3, column a)			825,434.	1556673.	-731,239.	.00%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1320108.	1574723.	-254,615.	5.08%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			216,961.		216,961.	2.00%
f Health professions education (from Worksheet 5)			42,266.		42,266.	.45%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			794,758.		794,758.	8.47%
j **Total.** Other Benefits			1053985.		1053985.	10.92%
k **Total.** Add lines 7d and 7j			2374093.	1574723.	799,370.	16.00%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			3,236.		3,236.	.01%
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			109,254.	6,481.	102,773.	3.49%
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			112,490.	6,481.	106,009.	3.50%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2	Enter the amount of the organization's bad debt expense (at cost)	2	120,672.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	2,869,108.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,802,299.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	66,809.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?		9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	X	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST DAVID'S HEALTHCARE	THE ORGANIZATION OWNS A	1.00%		
2 PARTNERSHIP	1% PARTNERSHIP			
3 L.P., LLP	INTEREST IN ST DAVID'S			
	HEALTHCARE PARTNERSHIP			
4	WHICH			
5	OPERATES SIX ACUTE CARE			
	HOSPITALS IN CENTRAL			
6	TEXAS.			

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 9

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 ST DAVID'S MEDICAL CENTER 919 E 32ND STREET AUSTIN, TX 78705	X	X					X		
2 GEORGETOWN HOSPITAL 2000 SCENIC DRIVE AUSTIN, TX 78626	X	X					X		
3 SOUTH AUSTIN HOSPITAL 901 W BEN WHITE BLVD AUSTIN, TX 78704	X	X					X		
4 NORTH AUSTIN MEDICAL CENTER 12221 N MOPAC EXPWY AUSTIN, TX 78758	X	X					X		
5 ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE ROUND ROCK, TX 78681	X	X					X		
6 ST. DAVID'S REHABILITATION HOSPITAL 1005 E 32ND ST AUSTIN, TX 78705	X								
7 BAILEY SQUARE SURGERY CENTER 1111 W. 34TH ST #400 AUSTIN, TX 78705									AMBULATORY SURGERY CENTER
8 SOUTH AUSTIN SURGERY CENTER 4207 JAMES CASEY ST #203 AUSTIN, TX 78745									AMBULATORY SURGERY CENTER
9 HEART HOSPITAL OF AUSTIN 3801 NORTH LAMAR BLVD AUSTIN, TX 78756	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: N/A FOR 2010

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		X
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %			

Part V Facility Information *(continued)* N/A FOR 2010

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
11 Explained the basis for calculating amounts charged to patients?	11		X
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		X
13 Included measures to publicize the policy within the community served by the hospital facility?	13		X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available on request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		X
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		X
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a ☐ Notified patients of the financial assistance policy on admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)* N/A FOR 2010

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	X

If "No," indicate the reasons why (check all that apply):

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility did not have a policy relating to emergency medical care
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d ☐ Other (describe in Part VI)

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
	a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
	b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
	c ☐ The hospital facility used the Medicare rate for those services		
	d ☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.	20	X
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21	X

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 GEORGETOWN HOME HEALTH 2120 SCENIC DRIVE GEORGETOWN, TX 78626	HOME HEALTH CARE AGENCY

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: THE HOSPITALS PROVIDE 100% FINANCIAL ASSISTANCE (CHARITY CARE) FOR ELIGIBLE PATIENTS WITH INCOME EQUAL TO OR LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES (FPG). FOR ELIGIBLE PATIENTS WITH INCOME OVER 200% FPG AND EQUAL TO 500% OR LESS THAN FPG, DISCOUNTS ARE PROVIDED ON A SLIDING SCALE. ELIGIBILITY IS DETERMINED USING VARIOUS SOURCES OF DOCUMENTATION AND INCOME VERIFICATION. THE ACCOUNTS FOR INDIVIDUALS WITHOUT ANY HEALTH INSURANCE WHO LIVE IN LOW INCOME ZIP CODES AND WHO FAIL TO RESPOND TO COLLECTION EFFORTS ARE REMOVED FROM ACCOUNTS RECEIVABLE AND TREATED AS CHARITY CARE. ALL COLLECTIONS EFFORTS CEASE ON THESE ACCOUNTS ONCE THEY ARE CLASSIFIED AS CHARITY CARE.

PART I, LINE 7: THE INFORMATION CONTAINED IN THIS SECTION IS THE AGGREGATE OF THE REPORTING ORGANIZATION'S PROPORTIONATE SHARE OF ITS OWNERSHIP INTEREST IN ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP. AND ITS DIRECT COMMUNITY BENEFIT ACTIVITIES. THE INFORMATION UTILIZES THE COST TO CHARGE RATIO FROM THE AUDITED FINANCIAL STATEMENTS OF BOTH ENTITIES.

PART I, LINE 7 COLUMN (F)

Part VI Supplemental Information

BAD DEBTS ARE EXCLUDED FROM THE CALCULATION OF TOTAL EXPENSES.

PART 1, LINE 7F: IN ADDITION TO ITS PROPORTIONATE SHARE OF THE ACTIVITIES OF THE ST. DAVID'S HEALTHCARE PARTNERSHIP, THE REPORTING ORGANIZATION PROVIDED DIRECT FINANCIAL SUPPORT OF $22,500 TOWARD HEALTH PROFESSIONS EDUCATION BY WAY OF SCHOLARSHIPS TO MEMBERS OF THE COMMUNITY SEEKING A DEGREE IN A HEALTH RELATED FIELD.

PART I, LINE 7I:

IN ADDITION TO THE ACTIVITIES UNDERTAKEN BY ST. DAVID'S HEALTHCARE PARTNERSHIP, THE REPORTING ORGANIZATION ACTIVELY COLLABORATES WITH AND PROVIDES FINANCIAL SUPPORT FOR OTHER TAX EXEMPT ORGANIZATIONS WHOSE MISSION EXPANDS THE ACCESS TO HEALTH AND HUMAN SERVICES PROGRAMS TO THE CITIZENS OF GEORGETOWN, TX AND THE SURROUNDING AREA. IN THE REPORTING YEAR, THE ORGANIZATION PROVIDED IN EXCESS OF $785,930 IN GRANTS AND FINANCIAL ASSISTANCE TO AREA PROVIDERS.

PART II: ALL OF THE HOSPITALS IN THE PARTHERSHIP ACTIVELY PROMOTE AND SPONSOR HEALTH EDUCATION AND HEALTH CHOICES TO THE CITIZENS OF CENTRAL TEXAS. THE REPORTING ORGANIZATION ALSO WORKS WITH AREA SCHOOLS TO DEVELOP AND PROMOTE PROGRAMS FOCUSED ON HEALTHY CHOICES AND INDIVIDUAL HEALTH AWARENESS INITIATIVES.

PART III, LINE 4: THE ORGANIZATION'S PROPORTIONATE SHARE OF BAD DEBT EXPENSE FROM ITS OWNERSHIP INTEREST IN ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP (THE "PARTNERSHIP) IS REPORTED ON SCHEDULE H, PART III, LINE 2.

THE FOLLOWING IS THE FOOTNOTE TO THE PARTNERSHIP'S AUDITED FINANCIAL

Part VI Supplemental Information

STATEMENTS WHICH DESCRIBES BAD DEBT EXPENSE:

"ESTIMATED PROVISIONS FOR DOUBTFUL ACCOUNTS ARE RECORDED TO THE EXTENT IT IS PROBABLE THAT A PORTION OR ALL OF A PARTICULAR ACCOUNT WILL NOT BE COLLECTED. THE PARTNERSHIP CONSIDERS A NUMBER OF FACTORS IN EVALUATING THE COLLECTIBLITY OF ACCOUNTS RECEIVABLE INCLUDING THE AGE OF THE ACCOUNTS, CHANGES IN COLLECTION PATTERNS AND OTHER CURRENT CONDITIONS, AND THE COMPOSITION OF PATIENT ACCOUNTS BY PAYOR TYPE.

THE PARTNERSHIP MULTIPLIES GROSS CHARGES BY THE COST-TO-CHARGE RATIO TO DETERMINE BAD DEBT. THE PORTION ATTRIBUTABLE TO CHARITY CARE IS 0%."

PART III, LINE 8: THE INFORMATION REPORTED ON LINES 5 AND 6 REPRESENT THE REPORTING ORGANIZATION'S PROPORTIONATE SHARE OF ITS OWNERSHIP INTEREST IN ST. DAVID'S HEALTHCARE PARTNERSHIP,LP,LLP. THE DATA ALSO INCLUDES INFORMATION FROM THE REPORTING ORGANIZATIONS HOME HEALTH OPERATIONS. THE SHORTFALL OF MEDICARE FUNDS IS BASED ON THE AGGREGATE INFORMATION OF ALL MEDICARE COST REPORTS.

PART III, LINE 9B: THE ORGANIZATION HAS USED THE HOSPITALS' PROPORTIONATE SHARE OF THE CHARITY CARE WRITE OFF AND FOLLOWS THE HOSPITALS' GUIDELINES OF NOT PURSUING COLLECTION ON THOSE THAT QUALIFY FOR CHARITY CARE.

PART VI, LINE 2: THE PARTNERSHIP STRATEGIC PLANNING PROCESS CONTINUALLY ASSESSES AND ADDRESSES THE NEEDS OF THE COMMUNITY. THE ORGANIZATION RECENTLY PARTICIPATED IN A CAPACITY STUDY FOR THE SURROUNDING SERVICE AREA TO ASSESS THE OVERALL COMMUNITY NEEDS. THE ORGANIZATION

Part VI Supplemental Information

ITSELF ASSESSES THE NEEDS OF THE COMMUNITY OF GEORGETOWN AND THE SURROUNDING COMMUNITY MORE SPECFICALLY THROUGH ITS GRANT MAKING PROCESS.

PART VI, LINE 3: EACH HOSPITAL POSTS A SUMMARY OF ITS CHARITY CARE POLICY IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. THE HOSPITALS CONDITION OF ADMISSION CONSENT INFORMS THE PATIENTS THAT THEY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE OR CHARITY CARE AND THEY MAY REQUEST INFORMATION ABOUT THESE PROGRAMS. A SUMMARY OF THE FINANCIALS ASSISTANCE PROGRAM IS PROVIDED TO THE PATIENT DURING THE INTAKE AND DISCHARGE PROCESSES. PATIENTS ARE INFORMED, WHERE APPLICABLE, OF AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID, AND ASSISTS THE PATIENTS WITH THE QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE.

PART VI, LINE 4: THE HOSPITALS ARE LOCATED IN THE TRAVIS AND WILLIAMSON COUNTIES. THE PATIENTS ARE PREDOMINATELY FROM TRAVIS, WILLIAMSON AND HAYS COUNTIES. THE ORGANIZATION'S GRANT RECIPIENTS ALIGN WITH DEMOGRAPHICS SERVED AT THE HOSPITALS.

PART VI, LINE 5: THE HOSPITAL'S IN ST. DAVID'S HEALTHCARE PARTNERSHIP OPERATE AS EXEMPT HOSPITALS. THEY EACH HAVE OPEN EMERGENCY ROOMS AND AN OPEN MEDICAL STAFF. THE REPORTING ORGANIZATION USES ITS SHARE OF EARNINGS FROM THE HOSPITALS FOR PROGRAMS IN THE LOCAL COMMUNITY THAT INCREASE ACESS TO HEALTHCARE.

PART VI, LINE 6: THE REPORTING ORGANIZATION IS A PARTNER IN ST. DAVIDS HEALTHCARE PARTNERSHIP, LP, LLP; A HOSPITAL SYSTEM THAT MEETS THE COMMUNITY BENEFIT STANDARD IN DELIVERING HOSPITAL CARE TO CENTRAL TEXAS.

Part VI Supplemental Information

IN ADDITION, THE REPORTING ORGANIZATION HAS ASSESSED THE UNMET HEALTHCARE NEEDS OF GEORGETOWN TEXAS AND THE SURROUNDING COMMUNITIES AND USES ITS FUNDS TO COLLABORATE WITH SEVERAL TAX EXEMPT ORGANIZATIONS TO INCREASE ACCESS TO CARE FOR THE INDIGENT POPULATION.

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

TX

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONE STAR CIRCLE OF CARE 1500 W UNIVERSITY GEORGETOWN, TX 78628	74-3001674	501 C (3)	524,000.	0.			PROVIDE FUNDING FOR INDIGENT CARE AND INCREASING HEALTHCARE ACCESS.
BOYS & GIRLS CLUB OF GEORGETOWN 210 W 18TH STREET BLDG B GEORGETOWN, TX 78626	26-2916822	501 C (3)	48,000.	0.			TO BENEFIT THE CHILDREN OF GEORGETOWN.
RIDE ON CENTER FOR KIDS BOX 2422 GEORGETOWN, TX 78627	74-2917659	501 C (3)	25,000.	0.			TO BENEFIT THE CHILDREN OF GEORGETOWN.
WILLIAMSON COUNTY CHILDRENS ADVOCACY CENTER - 406 W UNIVERSITY - GEORGETOWN, TX 78626	74-2834639	501 C (3)	29,000.	0.			TO BENEFIT THE CHILDREN OF GEORGETOWN.
THE GEORGETOWN PROJECT PO BOX 957 GEORGETOWN, TX 78628	74-2807713	501 C (3)	20,360.	0.			HEALTH INITIATIVES GRANT.
GEORGETOWN COMMUNITY RESOURCE CENTER - 805 W UNIVERSITY - GEORGETOWN, TX 78626	01-0717158	509 A (1)	0.	109,254.			SUPPORT FOR HEALTH AND HUMAN SERVICES ACCESS.

2 Enter total number of section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN CHAMBER OF COMMERCE PO BOX 346 GEORGETOWN, TX 78627	74-0642691	501 C (6)	5,360.	0.			SUPPORT FOR COMMUNITY HEALTH AWARENESS.
THE CARING PLACE PO BOX 1215 GEORGETOWN, TX 78627	74-2386902	501 C (3)	30,000.	0.			EXPAND HEALTH SERVICES.
CHISHOLM TRAIL COMMUNITIES FOUND D/B/A THE GEORGETOWN AREA COMMUNITY FOUND - 116 WEST 8TH STREET - GEORGETOWN, TX 78626	74-2786718	170 (B) (1) (A)	5,600.	0.			EXPAND HEALTH SERVICES.
LUTHERAN SOCIAL SERVICES OF THE SOUTH INC - PO BOX 140767 - AUSTIN, TX 78714-0767	74-1109745	170 (B) (1) (A)	5,000.	0.			SCHOLARSHIPS FOR HEALTHCARE PROFESSIONALS.
TEXAS DENTAL ASSOCIATION SMILES FOUNDATION - 1946 SOUTH IH-35 SUITE 300 - AUSTIN, TX 78704	74-2897487	TYPE II	5,000.	0.			SUPPORT FOR COMMUNITY HEALTH AWARENESS.
GREATER ROUND ROCK COMMUNITY FOUNDATION - 206 EAST MAIN - ROUND ROCK, TX 78664	43-2043188	509 A (2)	5,000.	0.			COORDINATION OF MENTAL HEALTH SERVICES
GEORGETOWN PARTNERS IN EDUCATION FOUNDATION - 2211 NORTH AUSTIN AVE - GEORGETOWN, TX 78626	74-2843114	509 A (1)	20,000.	0.			SUPPORT FOR COMMUNITY HEALTH AWARENESS SUPPORT FOR COMMUNITY HEALTH AWARENESS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE SYSTEM MONITORS THE USE OF GRANT FUNDS BY REQUIRING ANY GRANTEES RECEIVING IN EXCESS OF $10,000 TO PROVIDE QUARTERLY REPORTS WITHIN 30 DAYS OF THE CLOSE OF THE CALENDAR QUARTER WHICH IDENTIFY PROGRAM GOALS AND OUTCOME MEASUREMENTS, AND CLIENT SATISFACTION SURVEYS. GRANTEES RECEIVING IN EXCESS OF $10,000 ARE FURTHER REQUIRED TO SUBMIT ANNUAL REPORTS WITHIN 90 DAYS OF THE CLOSE OF THEIR FISCAL YEARS WHICH PROVIDE AGGREGATED RESULTS OF THE MOST RECENT 4 QUARTERS OF DATA ALONG WITH THE ENTITY FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GEORGETOWN HEALTHCARE SYSTEM

Employer identification number

74-2427148

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e.g., 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 **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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 from the organization or a related organization? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	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) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in 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? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT ALARCON	(i)	212,034.	0.	0.	8,481.	13,906.	234,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD G SCHULTZ	(i)	142,415.	0.	0.	5,611.	14,766.	162,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM

Employer identification number: 74-2427148

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

ACCESSIBLE HEALTH CARE FOR ALL PERSONS IN THE GEORGETOWN AND THE SURROUNDING AREA. AS A PARTNER IN ST. DAVID'S HEALTH CARE PARTNERSHIP, WE PROVIDE HEALTHCARE TO THE PUBLIC THROUGH THE OPERATION OF SIX HOSPITALS IN THE CENTRAL TEXAS AREA. ADDITIONALLY, IN THE GEORGETOWN AREA, WE SERVE AS A CATALYST TO FACILITATE THE EXPANSION AND ENHANCEMENT OF HEALTH AND WELLNESS TO A DIVERSE AND GROWING POPULATION THROUGH EFFECTIVE COLLABORATION AND APPROPRIATE FINANCIAL SUPPORT FOR COMMUNITY PARTNERS WHO EXIST TO MEET THESE NEEDS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S TAX RETURN WAS REVIEWED AND DISCUSSED IN DRAFT FORM BY THE BOARD OF DIRECTORS. AFTER PREPARATION BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEW BY LEGAL COUNSEL, MANAGEMENT REVIEWED FINAL CHANGES TO COMPLY WITH THE BOARDS DISCUSSION BEFORE THE RETURNS WERE SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATIONS BOARD MEMBERS AND KEY EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY. EACH INDIVIDUAL IS REQUIRED TO COMPLETE AND SIGN A DOCUMENT PROVIDED BY THE ORGANIZATION DISCLOSING ANY INTEREST THEY MAY HAVE WHICH COULD GIVE RISE TO A CONFLICT OF INTEREST. THE ORGANIZATION COMPILES A LIST OF ALL DISCLOSURES AND REPORTS IT TO ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: IN 2010, THE COMPENSATION COMMITTEE OF THE BOARD DRAFTED AN EXECUTIVE COMPENSATION PHILOSOPHY TO BE USED WHEN DETERMINING EXECUTIVE COMPENSATION FOR THE ORGANIZATION. THIS PHILOSOPHY

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM
Employer identification number: 74-2427148

WILL BE UTILIZED TO DETERMINE THE ANNUAL COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF FINANCIAL OFFICER (CFO). AS PART OF THIS PROCESS, THE COMPENSATION COMMITTEE CONTRACTED WITH RODEGHERO AND ASSOCIATES TO ASSIST IN THE DEVELOPMENT OF FAIR MARKET VALUE EXECUTIVE COMPENSATION. DR. JAMES RODEGHERO, A COMPENSATION AND BENEFIT EXPERT, CREATED AN EXECUTIVE COMPENSATION GUIDELINE FOR THE CEO AND CFO USING COMPARISON DATA FROM MULTIPLE PULBIC INFORMATION SECTORS. THOSE SOURCES INCLUDED: ERI: FOUNDATIONS (ASSETS) BASE, ERI: COMMUNITY FOUNDATIONS (FTES) BASE, ERI: COMMUNITY FOUNDATIONS (BUDGET) BASE, CHRONICLE OF PHILANTHROPY (REGRESSED TO THE ORGANIZATION ASSETS) BASE, CHRONICLE OF PHILANTHROPY (NORMS; ALL) (ASSETS) BASE; ERI PROPERTY MANAGEMENT (REVENUE) BASE, AS WELL AS PUBLICLY AVAILABLE 990'S FOR NONPROFIT ORGANIZATIONS OF A SIMILAR SIZE AND TYPE. MARKET SALARY AVERAGES FOR BOTH THE CEO AND CFO WERE ESTABLISHED USING THIS DATA. THE COMPENSATION COMMITTEE'S RECOMMENDATIONS FOR THE CEO WERE RATIFIED BY THE FULL BOARD. THE SALARY RANGE RECOMMENDED FOR THE CFO WAS ALSO ADOPTED BY THE ORGANIZATION. THE EXECUTIVE COMMITTEES RECOMMENDATION WAS RATIFIED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE REPORTING ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS: -36,320.

FORM 990 PART XII, LINE 2C:

THE REPORTING ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AS PART OF CONSOLIDATED FINANCIAL STATEMENTS. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDED GEORGETOWN

HEALTHCARE SYSTEM, GEORGETOWN HEALTHCARE COMMUNITY SERVICES, GEORGETOWN HEALTHCARE FOUNDATION, AND GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION.

FORM 990 PAGE 1 PART I, LINE 5

NUMBER OF EMPLOYEES - USE OF PEO

THE ORGANIZATION'S EMPLOYEES ARE CONTRACTED THROUGH A PROFESSIONAL EMPLOYMENT ORGANIZATION, ALLIED EMPLOYER GROUP. THERE ARE APPROXIMATELY 30 EMPLOYEES FOR WHICH ALLIED EMPLOYER GROUP HANDLES THE PAYROLL DUTIES, INCLUDING THE REQUIRED FEDERAL AND STATE REPORTING AND WITHHOLDING OBLIGATIONS, INCLUDING OFFICERS LISTED IN PART VII, SECTION A AND SCHEDULE J.

FORM 990 PAGE 1 B

AMENDED RETURN

THE ORGANIZATION IS AMENDING ITS RETURN TO REFLECT AN AMENDED K-1 IT RECEIVED FROM ST. DAVID'S HEALTHCARE PARTNERSHIP, L.P., LLP. THIS K-1 WAS AMENDED TO TAKE INTO CONSIDERATION A CHANGE IN ACCOUNTING METHOD WITH RESPECT TO THE RECOGNITION OF REVENUE RELATED TO CHARITY AND UNINSURED PATIENTS. AS A RESULT, PROGRAM SERVICE REVENUE DECREASED BY $551,588 ON THIS RETURN.

COMMUNITY BENEFIT REPORT 2010

GEORGETOWN HEALTHCARE SYSTEM, THROUGH ITS GOVERNANCE AND PARTNERSHIP IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, WILL ENSURE THAT HOSPITAL AND HEALTHCARE SERVICES ARE AVAILABLE IN THE GEORGETOWN AREA, REGARDLESS OF THE ABILITY OF THE PATIENT TO PAY FOR SUCH SERVICES. ADDITIONALLY,

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM

Employer identification number: 74-2427148

GEORGETOWN HEALTHCARE SYSTEM'S CURRENT ACTIVITIES INCLUDE INVOLVEMENT WITH OTHER COMMUNITY NON-PROFIT ORGANIZATIONS THAT OPERATE COMMUNITY HEALTH CENTERS AND OTHER FACILITIES THAT BENEFIT THE PUBLIC, AND MEET THE HEALTH RELATED NEEDS OF THE GEORGETOWN TEXAS COMMUNITY AND THE RESIDENTS OF CENTRAL TEXAS.

HOSPITAL SERVICES

THE ST. DAVID'S HEALTHCARE PARTNERSHIP PROVIDES A SUBSTANTIAL AMOUNT OF CHARITY CARE TO THE ELDERLY, INDIGENT, AND ECONOMICALLY DISADVANTAGED IN CENTRAL TEXAS. ALL PATIENTS ARE ADMITTED TO EMERGENCY ROOMS REGARDLESS OF THEIR ABILITY TO PAY. IF FURTHER ACUTE INPATIENT CARE IS REQUIRED, PATIENTS FROM THE EMERGENCY DEPARTMENT ARE ADMITTED TO THE HOSPITAL, ALSO WITHOUT REGARD TO THEIR ABILITY TO PAY.

THE PARTNERSHIP PROVIDED FOR THE CARE OF THOUSANDS OF CENTRAL TEXANS IN 2010 IN MANY DIFFERENT WAYS. SOME OF THOSE WERE IN THE FORM OF:

HOSPITAL ADMISSIONS -56,546

EMERGENCY ROOM VISITS - 253,871

THE COMBINED COMMUNITY BENEFIT PROVIDED BY THIS PARTNERSHIP IS AS FOLLOWS:

HOSPITAL CHARITY CARE AT COST -$30,020,150

THE REPORTING ORGANIZATION ALSO PROVIDES THE FOLLOWING DIRECT HEALTHCARE SERVICES:

HOME HEALTH SERVICES

GEORGETOWN HEALTHCARE SYSTEM (GHS) OPERATES GEORGETOWN HOME HEALTH

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM
Employer identification number: 74-2427148

(GHH), A LOCAL HOME HEALTH AGENCY. GEORGETOWN HOME HEALTH ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. DURING 2010, GHH PROVIDED 5,530 HOME HEALTH VISITS TO 284 PATIENTS IN AND AROUND THE GEORGETOWN, TX AREA. THE PRIMARY PATIENT TYPE FOR THE AGENCY IS MEDICARE.

ALCOHOL AND DRUG REHABILITATION

GHS THROUGH ITS AFFILIATE GEORGETOWN HEALTHCARE COMMUNITY SERVICES (GHCS), OPERATES AN INPATIENT SUBSTANCE ABUSE FACILITY IN COORDINATION WITH THE RUSK COUNTY TEXAS DEPARTMENT OF CRIMINAL JUSTICE. THE PROGRAM IS A DIVERSION PROGRAM FOR NON-VIOLENT SUBSTANCE ABUSERS REFERRED THROUGH THE CRIMINAL JUSTICE SYSTEM. IN THIS REPORTING PERIOD, THE CENTER PROVIDED IN EXCESS OF 23,822 PATIENT DAYS OF CARE. IT'S AVERAGE DAILY CENSUS WAS JUST OVER 65 PATIENTS PER DAY.

COMMUNITY COLLABORATIONS

GEORGETOWN HEALTHCARE SYSTEM (GHS) INVESTS ITS SHARE OF THE EARNINGS FROM THE ST. DAVID'S HEALTHCARE PARTNERSHIP INTO PROGRAMS AND SERVICES THAT PROVIDE A BENEFIT TO THE LOCAL COMMUNITY. DURING 2010, GHS PROVIDED DIRECT FINANCIAL SUPPORT OR IN-KIND DONATIONS TO THE FOLLOWING NOT-FOR-PROFIT ORGANIZATIONS AND/OR FUNCTIONS :

LONE STAR CIRCLE OF CARE

LONE STAR CIRCLE OF CARE (LSCC) IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) BASED IN GEORGETOWN, TX THAT PROVIDES HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN 2010, LSCC PROVIDED OVER 202,588 PATIENT VISITS TO 53,860 PATIENTS. IT PROVIDED OVER $12,500,000 IN UNCOMPENSATED CARE (STATED AT COST). GHS PROVIDED BOTH

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM
Employer identification number: 74-2427148

DIRECT AND INDIRECT FINANCIAL SUPPORT TO LSCC DURING THIS REPORTING PERIOD. DURING THIS REPORTING PERIOD, GHS CONTRIBUTED $524,000 TO HELP OFFSET LONE STAR'S UNCOMPENSATED CARE. GHS STAFF ALSO DONATED MANAGEMENT SERVICES ASSISTANCE TO LSCC TO FURTHER DEVELOP AND IMPLEMENT THEIR KEY INITIATIVES IN 2010. BOTH ORGANIZATIONS SHARE THE PURSUIT OF PROVIDING QUALITY, ACCESSIBLE AND SUSTAINABLE PRIMARY HEALTHCARE FOR WILLIAMSON COUNTY RESIDENTS, FOCUSING ON THE UNINSURED AND UNDERSERVED.

RIDE ON CENTER FOR KIDS

RIDE ON CENTER FOR KIDS (ROCK) IS THE LARGEST PROVIDER OF EQUINE ASSISTED ACTIVITIES AND THERAPY IN CENTRAL TEXAS. THEY ARE A PREMIER ACCREDITED NARHA CENTER THAT PROVIDES PHYSICAL THERAPY AND OCCUPATIONAL THERAPY. THE REPORTING ORGANIZATIONS SUPPORT ENABLED ROCK TO CONTINUE TO DEVELOP AND EXPAND PROGRAMS ASSOCIATED WITH THEIR STRATEGIC PLAN.

GEORGETOWN PARTNERS IN EDUCATION (PIE)

PIE IS A NON-PROFIT ORGANIZATION THAT SEEKS TO ENCOURAGE AND PREPARE GEORGETOWN'S STUDENTS FOR SUCCESS IN SCHOOL, IN THE WORKPLACE, IN THE COMMUNITY, AND IN THEIR PERSONAL LIVES. PIE IS A PARTNERSHIP BETWEEN GEORGETOWN INDEPENDENT SCHOOL DISTRICT, THE GEORGETOWN CHAMBER OF COMMERCE, SOUTHWESTERN UNIVERSITY, AND MOST IMPORTANTLY, THE GEORGETOWN COMMUNITY. SOME OF THE PROGRAMS AND SERVICES PROVIDED BY PIE ARE : PROJECT MENTOR, HELPING HAND TUTOR, BUSINESS LINK, SUN CITY PARTNERS IN EDUCATION, EDUCATION FOUNDATION, PARTNERSHIP CONTRIBUTIONS, AND TEACHER GRANTS.

GHS PROVIDES FINANCIAL SUPPORT TO THIS ORGANIZATION AS WELL AS STAFF TIME TO SERVE THE GEORGETOWN EDUCATION FOUNDATION COMMITTEE OF GISD.

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM
Employer identification number: 74-2427148

GHS ALSO SUPPORTS GEORGETOWN INDEPENDENT SCHOOL DISTRICT'S HEALTH SCIENCE TECHNOLOGY PROGRAM. FOR MORE THAN 10 YEARS GHS HAS PROVIDED IN-KIND DONATIONS (BASIC MEDICAL SUPPLIES, TB SKIN TESTS, ETC.) FOR STUDENTS PARTICIPATING IN THE HEALTH SCIENCE TECHNOLOGY PROGRAM AT GEORGETOWN HIGH SCHOOL. ADDITIONALLY, GHS WORKS CLOSELY WITH ST. DAVID'S GEORGETOWN HOSPITAL TO PROVIDE A PRIMARY CLINICAL ROTATION SITE FOR APPROXIMATELY 30 STUDENTS EACH YEAR.

WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER

THE WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER EXISTS AS A CHILD-FRIENDLY PLACE TO INTERVIEW ABUSED OR NEGLECTED CHILDREN AND TEENS, OR YOUTH WHO HAVE WITNESSED A VIOLENT CRIME. THE CENTER CONTAINS BOTH MEDICAL FORENSIC EXAMINATION ROOMS AND ROOMS FOR COUNSELING SERVICES. THE REPORTING ORGANIZATIONS SUPPORT ENABLED THE CENTER TO EXPAND THE COUNSELING SERVICES OFFERED AND TO PURCHASE EQUIPMENT ESSENTIAL TO ITS MISSION.

THE GEORGETOWN PROJECT

GHS PROVIDED DIRECT FINANCIAL SUPPORT AND ACTIVELY PARTICIPATED IN THE GEORGETOWN PROJECT (TGP) ACTIVITIES. TGP IS A LOCAL NON-PROFIT ORGANIZATION THAT DEVELOPS INITIATIVES DESIGNED TO IMPROVE THE LIVES OF GEORGETOWN'S CHILDREN, YOUTH, AND FAMILIES. THE ORGANIZATION SPEARHEADS OTHER PROGRAMS SUCH AS BRIDGES TO GROWTH, THE AFTER SCHOOL ACTION PROGRAM, STARS (A DRUG AND ALCOHOL PREVENTION PROGRAM FOR MIDDLE SCHOOL STUDENTS AND THEIR FAMILIES), KID CITY, AND THE COMMUNITY INTERACTION PARTNERSHIP.

Name of the organization: GEORGETOWN HEALTHCARE SYSTEM

Employer identification number: 74-2427148

GEORGETOWN COMMUNITY RESOURCE CENTER

THE GEORGETOWN COMMUNITY RESOURCE CENTER WORKS WITH COMMUNITY MEMBERS TO IDENTIFY GAPS IN COMMUNITY PROGRAMS AND SERVICES AND ATTEMPTS TO RECRUIT NON-PROFIT AGENCIES INTO THE COMMUNITY TO FILL THIS VOID. THE SUPPORTING ORGANIZATION PROVIDES A BUILDING WITH OFFICE SPACE TO THE COMMUNITY RESOURCE CENTER WHICH IN TURN IS PROVIDED TO AGENCIES SERVING THE COMMUNITY. THE NON-CASH ASSISTANCE REPRESENTS THE DIFFERENCE BETWEEN THE MARKET VALUE OF THE SPACE PROVIDED AND THE ACTUAL RENT CHARGED.

VOLUNTEER SERVICES

GHS MAINTAINS AN ACTIVE VOLUNTEER SERVICES PROGRAM AT ST. DAVID'S GEORGETOWN HOSPITAL. THE PROGRAM IS COMPRISED OF APPROXIMATELY 205 COMMUNITY MEMBERS THAT SERVE IN VARIOUS VOLUNTEER ROLES THROUGHOUT THE HOSPITAL. IN 2010, THE VOLUNTEER SERVICES PROGRAM PROVIDED 18,233 HOURS OF VOLUNTEER SUPPORT TO THE HOSPITAL IN CAPACITIES RANGING FROM PATIENT AND FAMILY ASSISTANCE TO ADMINISTRATIVE / CLERICAL SUPPORT IN VARIOUS DEPARTMENTS OF THE HOSPITAL. A CONSERVATIVE ESTIMATED VALUE OF THIS SERVICE IS APPROXIMATELY $218,796.

VOLUNTEER CHAPLAINS

GHS ALSO MAINTAINS AN ACTIVE VOLUNTEER CHAPLAINS PROGRAM AT ST. DAVID'S GEORGETOWN HOSPITAL. THE PROGRAM CONSISTED OF APPROXIMATELY 37 CHAPLAINS AND STEPHEN MINISTERS WHO ARE AVAILABLE 24 HOURS / DAY - 365 DAYS / YEAR. THESE VOLUNTEERS CONTRIBUTED MORE THAN 100 HOURS / MONTH BY VISITING PATIENTS AND FAMILIES DURING THEIR SCHEDULE "ON CALL" SHIFTS, ATTENDING ADMINISTRATIVE MEETINGS, AND SPENDING OTHER HOURS IN SERVICE DURING TIMES OF CRISIS.

Name of the organization GEORGETOWN HEALTHCARE SYSTEM

Employer identification number 74-2427148

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

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

(a) Name, address, and EIN 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" to 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	(g) No
GEORGETOWN HEALTHCARE COMMUNITY SERVICES - 74-2865171	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TEXAS	501 (C) 3	509 (A)(2)	GEORGETOWN HEALTHCARE SYSTEM		X
GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION - 74-3023706	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TEXAS	501 (C) 3	509 (A)(3)	GEORGETOWN HEALTHCARE SYSTEM		X
GEORGETOWN HEALTHCARE FOUNDATION - 74-2626552	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TEXAS	501 (C) 3	170 (B) (1)(A)(VI)			X

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGETOWN HEALTHCARE COMMUNITY SERVICES	C	312,953.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
ST DAVIDS PARTNERSHIP, L.P. LLP - 74-2781812 98 SAN JACINTO STE 1800 AUSTIN, TX 78701	HEALTHCARE	TEXAS		X	9,417,330.		X	N/A		X

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
GEORGETOWN HEALTHCARE SYSTEM	FORM 990 PAGE 10	74-2427148

Part I **Election To Expense Certain Property Under Section 179 Note** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	