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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application 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

D Employer identification number
74-2427148

E Telephone number
(512) 931-2221

G Gross receipts $ 3,311,905

F Name and address of principal officer
SCOTT ALARCON
2120 SCENIC DRIVE
GEORGETOWN, TX 78626

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

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, 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	207
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	313,358	0
9	Program service revenue (Part VIII, line 2g)	1,980,748	2,849,608
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	410,595	351,750
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,587	110,547
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,888,288	3,311,905
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	785,930	823,450
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)	1,555,903	1,387,220
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	601,641	733,910
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,943,474	2,944,580
19	Revenue less expenses Subtract line 18 from line 12	-55,186	367,325

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,361,006	34,829,409
21	Total liabilities (Part X, line 26)	1,699,839	503,347
22	Net assets or fund balances Subtract line 21 from line 20	35,661,167	34,326,062

Net Assets or Fund Balances

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 — 2012-11-15 Date

▶ SCOTT ALARCON CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JONATHAN PHILLIPS	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01605460
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DURBIN & COMPANY LLP 2950 50TH STREET LUBBOCK, TX 79413			EIN ▶ 75-2570395 Phone no ▶ (806) 791-1591

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,073,953 including grants of $) (Revenue $ 1,111,062)

THE REPORTING ORGANIZATION OPERATES A HOME HEALTH AGENCY WHICH PROVIDED 5,581 PATIENT VISITS TO OVER 287 PATIENTS IN AND AROUND THE GEORGETOWN, TEXAS AREA IN THIS REPORTING PERIOD THE PRIMARY PAYOR TYPE FOR THE AGENCY IS MEDICARE

4b (Code) (Expenses $ 1,017,789 including grants of $ 823,450) (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 $ 1,738,546)

THE REPORTING ORGANIZATION IS A PARTNER IN THE ST DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP WHICH IS DEDICATED TO SERVING CENTRAL TEXAS UNDER THE COMMUNITY BENEFIT STANDARD THE PARTNERSHIP INCLUDES SIX ACUTE CARE HOSPITALS AND ONE REHABILITATION HOSPITAL IN 2011, 61,920 PATIENTS WERE ADMITTED AND THERE WERE 271,826 EMERGENCY ROOM VISITS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 2,091,742

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**		No
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**		No
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**	Yes	

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	55		
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		No
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 or securities account)?		4a		No
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
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 lines 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 . . . . . ☑

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	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BRIGHTWELL CHAIR	2 00	X						0	0	0
(2) DOAK FLING CHAIR-ELECT	1 50	X						0	0	0
(3) STEPHEN SCHAEFER OD PAST CHAIR	1 50	X						0	0	0
(4) DOUGLAS BENOLD MD SECRETARY	1 50	X						0	0	0
(5) AUSTIN BRYAN BOARD MEMBER	1 00	X						0	0	0
(6) KAREN COLE BOARD MEMBER	1 00	X						0	0	0
(7) ALMA GUZMAN BOARD MEMBER	1 00	X						0	0	0
(8) LARRY HEMENES EXECUTIVE COMMITTEE	1 50	X						0	0	0
(9) DALE ILLIG EXECUTIVE COMMITTEE	1 50	X						0	0	0
(10) DARRICK MCGILL BOARD MEMBER	1 00	X						0	0	0
(11) LINDA MEIGS BOARD MEMBER	1 00	X						0	0	0
(12) RICHARD PEARCE MD BOARD MEMBER	1 00	X						0	0	0
(13) JAKE SCHRUM BOARD MEMBER	1 00	X						0	0	0
(14) SCOTT ALARCON CEO	40 00			X				214,938	0	24,891
(15) RICHARD G SCHULTZ CFO	40 00			X				149,280	0	22,112

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								364,218	0	47,003

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED EMPLOYER GROUP 4400 BUFFALO GAP ROAD ABILENE, TX 79606	PROFESSIONAL EMPLOYER ORGANIZATION	1,218,873

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

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				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	ST DAVID'S HEALTHCARE	621990	1,738,546	1,738,546	
	b	GEORGETOWN HOME HEALTH	621610	1,111,062	1,111,062	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,849,608		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		137,487		137,487
	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: 214,263				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss): 214,263				
	d	Net gain or (loss) . . . . . ▶	214,263	214,263		
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	AUXILIARY 900099	64,321	64,321		
	b	OTHER INCOME 900099	25,304	25,304		
	c	LEASE 900099	20,922	20,922		
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	110,547			
	12	**Total revenue.** See Instructions . . . ▶	3,311,905	3,174,418	0	137,487

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	823,450	823,450		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,217		364,217	
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	776,545	617,016	159,529	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,919	20,966	17,953	
9 Other employee benefits	121,985	56,904	65,081	
10 Payroll taxes	85,554	34,254	51,300	
11 Fees for services (non-employees)				
a Management				
b Legal	26,106		26,106	
c Accounting	28,333		28,333	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	81,253		81,253	
g Other	22,119	22,119		
12 Advertising and promotion	5,305	5,305		
13 Office expenses	5,373	2,298	3,075	
14 Information technology	21,081	21,081		
15 Royalties				
16 Occupancy				
17 Travel	77,261	75,100	2,161	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,232	13,232		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,743	63,743		
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 THERAPY SERVICES	73,759	73,759		
b BUILDING LEASE	72,090	72,090		
c PROGRAM SUPPLIES	58,600	58,600		
d UTILITIES	29,047	29,047		
e				
f All other expenses	156,608	102,778	53,830	
25 **Total functional expenses.** Add lines 1 through 24f	2,944,580	2,091,742	852,838	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	
	2	Savings and temporary cash investments		153,606	2	722,672
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		111,268	4	89,321
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,352	8	23,946
	9	Prepaid expenses and deferred charges		16,481	9	10,632
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,101,815			
	b	Less accumulated depreciation	10b 662,712	2,493,947	10c	2,439,103
	11	Investments—publicly traded securities		10,362,853	11	8,782,631
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		13,781,332	13	12,571,850
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,422,166	15	10,189,254
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,361,006	16	34,829,409
Liabilities	17	Accounts payable and accrued expenses		64,670	17	48,530
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,153,169	20	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		482,000	25	454,817
	26	**Total liabilities.** Add lines 17 through 25		1,699,839	26	503,347
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,661,167	27	34,326,062
	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		35,661,167	33	34,326,062
	34	Total liabilities and net assets/fund balances		37,361,006	34	34,829,409

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	3,311,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,944,580
3	Revenue less expenses Subtract line 2 from line 1	3	367,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	35,661,167
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,702,430
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	34,326,062

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 ☑ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

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 **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 331/3% 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 331/3% 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 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									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (Proxy Tax), then

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

Name of the 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 on behalf of or in opposition to candidates for public office 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 funtion 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		1,309
j	Total lines 1c through 1i			1,309
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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) non-deductible 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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE SCHEDULE K-1 FROM ST DAVIDS HEALTHCARE PARTNERSHIP LP INCLUDED $1,309 OF LOBBYING EXPENDITURES WHICH CONSTITUTED THE PORTION OF THE ORGANIZATIONS ANNUAL ASSOCIATION DUES DEDICATED TO LOBBYING ACTIVITIES

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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 Investment earnings or 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
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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 property	(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		1,374,879	618,210	756,669
c Leasehold improvements				
d Equipment		64,745	44,502	20,243
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,439,103

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		
Other		
Total. *(Column (b) should 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	12,571,850	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	12,571,850	

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

(a) Description	(b) Book value
(1) DEFERRED EMPLOYEE BENEFIT - FROM FROZEN 403B PLAN	264,453
(2) RELATED PARTY RECEIVABLE - GEORGETOWN HEALTHCARE COMMUNITY SERVICES	9,923,502
(3) OTHER RECEIVABLE	1,299
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	10,189,254

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
WAGES PAYABLE	151,681
OTHER CURRENT LIABILITIES	38,683
DEFERRED EMPLOYEE BENEFIT - FOR FROZEN 403 B PLAN	264,453
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	454,817

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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to 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 - 8	9	
10	Excess or (deficit) for the year per 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 should 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 should 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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SYSTEM IS A PUBLIC, NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE SYSTEM EVALUATES AND ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASSCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (FORMERLY FASB INTERPRETATION 48 (FIN 48) ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS STANDARD REQUIRES CERTAIN DISCLOSURES ABOUT UNCERTAIN INCOME TAX POSITIONS THE SYSTEM EVALUATES ANY UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF ASC 450, CONTINGENCIES AS A RESULT, MANAGEMENT DOES NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS CURRENTLY EXIST AND NO LOSS CONTINGENCY HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SYSTEM HAS FILED ALL APPLICABLE TAX RETURNS

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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

2011

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies 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? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500.000000000000 %	3b	Yes	
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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)			501,154	13,146	488,008	4 720 %
b Medicaid (from Worksheet 3, column a)			876,373	1,398,784	-522,411	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			1,377,527	1,411,930	-34,403	4 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			169,782		169,782	2 000 %
f Health professions education (from Worksheet 5)			30,609		30,609	0 300 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			831,705		831,705	8 040 %
j **Total** Other Benefits			1,032,096		1,032,096	10 340 %
k **Total.** Add lines 7d and 7j			2,409,623	1,411,930	997,693	15 060 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			154,270	15,258	139,012	4 720 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			154,270	15,258	139,012	4 720 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	96,333		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care 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	3,231,941
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,129,998
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	101,943
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	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	1 ST DAVID'S HEALTHCARE	THE ORGANIZATION OWNS A	1 000 %		
2	2 PARTNERSHIP	1% PARTNERSHIP			
3	3 LP LLP	INTEREST IN ST DAVID'S			
4	4	HEALTHCARE PARTNERSHIP WHICH			
5	5	OPERATED SIX ACUTE CARE			
6	6	HOSPITALS IN CENTRAL TEXAS			
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	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	ST DAVID'S GEORGETOWN HOSPITAL 2000 SCENIC DRIVE GEORGETOWN,TX 78626	X	X					X		
3	ST DAVID'S SOUTH AUSTIN MEDICAL CENTER 901 W BEN WHITE BLVD AUSTIN,TX 78704	X	X					X		
4	ST DAVID'S NORTH AUSTIN MEDICAL CENTER 12221 N MOPAC EXPWY AUSTIN,TX 78758	X	X					X		
5	ST DAVID'S 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	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)

ST DAVID'S MEDICAL CENTER

Name of Hospital Facility:

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 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

ST DAVID'S GEORGETOWN HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

ST DAVID'S SOUTH AUSTIN MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

ST DAVID'S NORTH AUSTIN MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

ST DAVID'S ROUND ROCK MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

ST DAVID'S REHABILITATION HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**		No
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

HEART HOSPITAL OF AUSTIN

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 question 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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all 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 upon admission to the hospital facility			
	f ☑ The policy was available upon 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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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 from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

	Name and address	Type of Facility (Describe)
1	GEORGETOWN HOME HEALTH 2120 SCENIC DRIVE GEORGETOWN,TX 78626	HOME HEALTH CARE AGENCY
2	BAILEY SQUARE SURGERY CENTER 1111 W 34TH ST 400 AUSTIN,TX 78705	AMBULATORY SURGERY CENTER
3	SOUTH AUSTIN SURGERY CENTER 4207 JAMES CASEY ST 203 AUSTIN,TX 78745	AMBULATORY SURGERY CENTER
4		
5		
6		
7		
8		
9		
10		

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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART I, LINE 7 PART I, LINE 7 THE HOSPITALS UTILIZE THE COST TO CHARGE RATIO FROM THE AUDITED FINANCIAL STATEMENTS PART I, LINE 7 COLUMN (F)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 $17,500 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 $823,000 IN GRANTS AND FINANCIAL ASSISTANCE TO AREA PROVIDERS

Identifier	ReturnReference	Explanation
		PART II ALL OF THE HOSPITALS ARE ACTIVE IN THE COMMUNITY PROMOTING HEALTH OF CENTRAL TEXANS THE REPORTING ORGANIZATION ALSO WORKS WITH AREA SCHOOLS TO DEVELOP AND PROMOTE PROGRAMS FOCUSED ON HEALTHY CHOICES AND INDIVIDUAL HEALTH AWARENESS INITIATIVES

Identifier	ReturnReference	Explanation
		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 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 "

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE ORGANIZATION HAS USED THE AGGREGATE OF THE HOSPITALS' PROPORTIONATE SHARE OF THE SHORTFALL ON MEDICARE USING THE MEDICARE COST REPORTS AND ANY SHORTFALL FROM MEDICARE USING THE MEDICARE COST REPORT OF ITS FREE STANDING HOME HEALTH AGENCY

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE ORGANIZATION WRITES OFF ALL CHARITY CARE AND DOES NOT PURSUE COLLECTION ON THOSE THAT QUALIFY FOR CHARITY CARE

Identifier	ReturnReference	Explanation
ST DAVID'S MEDICAL CENTER		PART V, SECTION B, LINE 9 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) 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 CLASSIFIED AS CHARITY CARE

Identifier	ReturnReference	Explanation
ST DAVID'S MEDICAL CENTER		PART V, SECTION B, LINE 10 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

Identifier	ReturnReference	Explanation
ST DAVID'S MEDICAL CENTER		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S MEDICAL CENTER ST DAVID'S MEDICAL CENTER ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVID'S MEDICAL CENTER IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S GEORGETOWN HOSPITAL		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVIDS GEORGETOWN HOSPITAL ST DAVIDS GEORGETOWN HOSPITAL ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVIDS GEORGETOWN HOSPITAL IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S SOUTH AUSTIN MEDICAL CENTER		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S SOUTH AUSTIN MEDICAL CENTER ST DAVID'S SOUTH AUSTIN MEDICAL CENTER ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVID'S SOUTH AUSTIN MEDICAL CENTER IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S NORTH AUSTIN MEDICAL CENTER		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S NORTH AUSTIN MEDICAL CENTER ST DAVID'S NORTH AUSTIN MEDICAL CENTER ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVID'S NORTH AUSTIN MEDICAL CENTER IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S ROUND ROCK MEDICAL CENTER		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S ROUND ROCK MEDICAL CENTER ST DAVID'S ROUND ROCK MEDICAL CENTER ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVID'S ROUND ROCK MEDICAL CENTER IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S REHABILITATION HOSPITAL		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S REHABILITATION HOSPITAL ST DAVID'S REHABILITAION HOSPITAL ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY ST DAVID'S REHABILITAION HOSPITAL IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
HEART HOSPITAL OF AUSTIN		PART V, SECTION B, LINE 11H THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY HEART HOSPITAL OF AUSTIN HEART HOSPITAL OF AUSTIN ACTIVELY SEEKS COMPLETION OF AN APPLICATION, WHICH FACILITATES COLLECTION OF APPROPRIATE INFORMATION, INCLUDING *VERIFICATION OF FAMILY MEMBERS IN THE HOUSEHOLD - FOR ADULT PATIENTS, PATIENT SPOUSE AND ANY DEPENDENTS, FOR MINORS, MOTHER AND FATHER, AND DEPENDENTS OF BOTH *INCOME CALCULATION - FOR ADULTS, SUM OF THE TOTAL YEARLY GROSS INCOME OF THE PATIENT AND THE PATIENT'S SPOUSE, FOR MINORS, TOTAL YEARLY GROSS INCOME OF THE PATIENT, AND THE PATIENT'S MOTHER AND FATHER *DOCUMENTATION - VARIOUS OFFICIAL INCOME REPORTING DOCUMENTATION IS SOUGHT (E G W-2, WAGE AND TAX STATEMENT, PAY CHECK REMITTANCE AND OTHERS) DOCUMENTATION ASSOCIATED WITH THE PARTICIPATION IN A PUBLIC BENEFIT PROGRAM CAN BE PROVIDED IN LIEU OF INCOME DOCUMENTATION (PROOF OF PARTICIPATION INDICATES THE PATIENT HAS BEEN DEEMED FINANCIALLY INDIGENT AND THEREFORE IS NOT REQUIRED TO PROVIDE INCOME INFORMATION) THERE IS ALSO A VERIFICATION PROCESS IN PLACE FOR PATIENTS THAT DO NOT HAVE APPROPRIATE DOCUMENTATION *CHARITY ELIGIBILITY CLASSIFICATIONS - FOR FINANCIALLY INDIGENT PATIENTS, THE AMOUNT OWED BY THE PATIENT AFTER PAYMENT BY ALL THIRD-PARTY PAYORS MUST EXCEED TEN PERCENT OF THE PATIENT'S YEARLY INCOME AND THE PATIENT MUST BE UNABLE TO PAY THE REMAINING BILL ACCEPTANCE BY HEART HOSPITAL OF AUSTIN IS BASED ON MEETING ONE OF TWO CRITERIA YEARLY INCOME MUST BE GREATER THAN 200%, BUT LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
ST DAVID'S REHABILITATION HOSPITAL		PART V, SECTION B, LINE 18D ST DAVID'S REHABILITATION HOSPITAL DOES NOT HAVE AN EMERGENCY ROOM FACILITY

Identifier	ReturnReference	Explanation
ST DAVID'S MEDICAL CENTER		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
ST DAVID'S GEORGETOWN HOSPITAL		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
ST DAVID'S SOUTH AUSTIN MEDICAL CENTER		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
ST DAVID'S NORTH AUSTIN MEDICAL CENTER		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
ST DAVID'S ROUND ROCK MEDICAL CENTER		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
ST DAVID'S REHABILITATION HOSPITAL		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Identifier	ReturnReference	Explanation
HEART HOSPITAL OF AUSTIN		PART V, SECTION B, LINE 19D THE HOSPITAL UTILIZED A SLIDING FEE SCALE FOR PATIENTS BETWEEN 200% AND 500% OF FEDERAL POVERTY GUIDELINES THAT IS LOWER THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE HOSPITALS 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 ACCESS TO HEALTHCARE

Identifier	ReturnReference	Explanation
		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 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

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	TX

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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

2011

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? . . . ☑ 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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

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

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. Use Schedule I-1 (Form 990) 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-2427148
Name: GEORGETOWN HEALTHCARE SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 CARE1500 W UNIVERSITY GEORGETOWN,TX 78628	74-3001674	501 C (3)	524,000				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)	53,500				TO BENEFIT THE CHILDREN OF GEORGETOWN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RIDE ON CENTER FOR KIDSBOX 2422 GEORGETOWN,TX 78627	74-2917659	501 C (3)	22,500				TO BENEFIT THE CHILDREN OF GEORGETOWN
WILLIAMSON COUNTY CHILDRENS ADVOCACY CENTER406 W UNIVERSITY GEORGETOWN,TX 78626	74-2834639	501 C (3)	25,000				TO BENEFIT THE CHILDREN OF GEORGETOWN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE GEORGETOWN PROJECTPO BOX 957 GEORGETOWN,TX 78628	74-2807713	501 C (3)	20,200				HEALTH INITIATIVES GRANT
GEORGETOWN CHAMBER OF COMMERCEPO BOX 346 GEORGETOWN,TX 78627	74-0642691	501 C (6)	6,000				SUPPORT FOR COMMUNITY HEALTH AWARENESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE CARING PLACE PO BOX 1215 GEORGETOWN,TX 78627	74-2386902	501 C (3)	25,000				EXPAND HEALTH SERVICES
CHISHOLM TRAIL COMMUNITIES FOUND DBA THE GEORGETOWN AREA COMMUNITY FOUND 116 WEST 8TH STREET GEORGETOWN,TX 78626	74-2786718	170 (B) (1) (A) (VI)	22,500				EXPAND HEALTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 PARTNERS IN EDUCATION FOUNDATION2211 NORTH AUSTIN AVE GEORGETOWN,TX 78626	74-2843114	509 A (1)	15,000				SUPPORT FOR COMMUNITY HEALTH AWARENESSSUPPORT FOR COMMUNITY HEALTH AWARENESS
CAPITAL INVESTING IN DEVELOPMENT AND EMPLOYMENT OF ADULTS INCPO BOX 1784 AUSTIN,TX 78767	74-2893041	501 C (3)	50,000				EXPAND HEALTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GISD COUNCIL OF PTAS PTA TX CONGRESS603 LAKEWAY DR GEORGETOWN,TX 78928	74-6086087	501 C (3)	7,500				EXPAND HEALTH SERVICES
ST DAVID'S COMMUNITY HEALTH FOUNDATION LEADERSHIP811 BARTON SPRINGS RD STE 600 AUSTIN,TX 78704	74-2898888	501 C (3)	5,000				EXPAND HEALTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 COMMUNITY RESOURCE CENTER 805 W UNIVERSITY GEORGETOWN, TX 78626	01-0717158	509 A (1)		154,270			EXPAND HEALTH SERVICES

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	214,938	0	0	8,598	16,293	239,829	0
	(ii)	0	0	0	0	0	0	0
(2) RICHARD G SCHULTZ	(i)	149,280	0	0	5,971	16,141	171,392	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AN INITIAL DRAFT OF THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS, MANAGEMENT, AND A THIRD PARTY TAX CONSULTANT PRIOR TO FINALIZATION AFTER ANY CHANGES RESULTING FROM REVIEW BY THE BOARD HAVE BEEN MADE, A FINAL VERSION OF FORM 990 IS SENT TO THE BOARD FOR FINAL REVIEW PRIOR TO FILING
	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 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 PUBLIC 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 AND CFO WERE 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR YEAR 990 VALUED PARTNERSHIP USING EQUITY BASIS NOT COST BASIS -1,209,482 UNREALIZED GAIN/LOSS ARE NOT RECORDED IN NET ASSETS FOR NON-PROFITS -492,948 TOTAL TO FORM 990, PART XI, LINE 5 -1,702,430
		FORM 990, PART XII, LINE 2B 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
NUMBER OF EMPLOYEES - USE OF PEO	FORM 990 PAGE 1 PART I, LINE 5	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
COMMUNITY BENEFIT REPORT 2011		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, 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 2011 IN MANY DIFFERENT WAYS SOME OF THOSE WERE IN THE FORM OF HOSPITAL ADMISSIONS -61,920 EMERGENCY ROOM VISITS - 271,826 THE REPORTING ORGANIZATION ALSO PROVIDES THE FOLLOWING DIRECT HEALTHCARE SERVICES HOME HEALTH SERVICES GEORGETOWN HEALTHCARE SYSTEM (GHS) OPERATES GEORGETOWN HOME HEALTH (GHH), A LOCAL HOME HEALTH AGENCY GEORGETOWN HOME HEALTH ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY DURING 2011, GHH PROVIDED 5,581 HOME HEALTH VISITS TO 287 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 THE CENTER PROVIDED 24,719 PATIENT DAYS OF CARE ITS AVERAGE DAILY CENSUS WAS JUST OVER 67 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 2011, 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 2011, LSCC PROVIDED OVER 289,000 VISITS TO 73,275 PATIENTS IT PROVIDED OVER $14,000,000 IN UNCOMPENSATED CARE (STATED AT COST) GHS PROVIDED BOTH 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 2011 BOTH ORGANIZATIONS SHARE THE PURSUIT OF PROVIDING QUALITY, ACCESSIBLE AND SUSTAINABLE PRIMARY HEALTHCARE FOR WILLIAMSON COUNTY RESIDENTS, FOCUSING ON THE UNINSURED AND UNDERSERVED BOYS & GIRLS CLUB OF GEORGETOWN BOYS & GIRLS CLUB OF GEORGETOWN THE BOYS AND GIRLS CLUB OF GEORGETOWN PROVIDES AFTER SCHOOL AND SUMMER PROGRAMS TO THE YOUTH OF THE COMMUNITY NO CHILD IS EXCLUDED FROM MEMBERSHIP REGARDLESS OF THEIR ABILITY TO PAY MEMBERSHIP FEES THEY OFFER CHILDREN AGES 6 18 PROGRAMS RANGING FROM CHARACTER & LEADERSHIP TRAINING, CAREER & EDUCATION COUNSELING, HEALTH & LIFE SKILLS, THE ARTS, AND SPORTS FITNESS & RECREATION IN THE CALENDAR YEAR, THE ORGANIZATION ALSO CONTRIBUTED FUNDS TOWARD THE CLUBS BUILDING EXPANSION 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 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 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 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 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 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 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 207 COMMUNITY MEMBERS THAT SERVE IN VARIOUS VOLUNTEER ROLES THROUGHOUT THE HOSPITAL IN 2011, THE VOLUNTEER SERVICES PROGRAM PROVIDED 18,898 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 $226,776

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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

2011

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GEORGETOWN HEALTHCARE COMMUNITY SERVICES 74-2865171	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501 (C) 3	509 (A)(2)	GEORGETOWN HEALTHCARE SYSTEM		No
(2) GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION 74-3023706	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501 (C) 3	509 (A)(3)	GEORGETOWN HEALTHCARE SYSTEM		No
(3) GEORGETOWN HEALTHCARE FOUNDATION 74-2626552	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501 (C) 3	170 (B) (1)(A)(VI)			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related organization(s)	**1r**	**No**

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2011

Attachment Sequence No **179**

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 (see instructions)	**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 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**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 2012 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 **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**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 2011	**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 2011 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 2011 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 instructions	**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 (see instructions)						**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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
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 (see instructions)

	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? (See instructions)		
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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 74-2427148
Name: GEORGETOWN HEALTHCARE SYSTEM

Form 990, Special Condition Description:

Special Condition Description

GEORGETOWN HEALTHCARE SYSTEM, INC.
GEORGETOWN HEALTHCARE COMMUNITY SERVICES, INC.
GEORGETOWN HEALTHCARE FOUNDATION, INC.
GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION, INC.
GEORGETOWN, TEXAS

For the Years Ended
December 31, 2011 and 2010

DURBIN & COMPANY, L. L. P.

Certified Public Accountants

2950 - 50th Street
Lubbock, Texas 79413
(806) 791 - 1591
Fax (806) 791 - 3974

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Management
Georgetown Healthcare System, Inc.,
Georgetown Healthcare Community Services, Inc.,
Georgetown Healthcare Foundation, Inc., and
Georgetown Healthcare Special Asset Foundation, Inc.
Georgetown, Texas

We have audited the accompanying combined statements of financial position of Georgetown Healthcare System, Inc., Georgetown Healthcare Community Services, Inc., Georgetown Healthcare Foundation, Inc., and Georgetown Healthcare Special Asset Foundation, Inc. (collectively referred to as the System) as of December 31, 2011 and 2010, and the related statements of activities and changes in net assets, and changes in cash flows for the years then ended. These financial statements are the responsibility of the System's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the System as of December 31, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Durbin & Company, L. L. P.
May 15, 2012

GEORGETOWN HEALTHCARE SYSTEM, INC.
GEORGETOWN HEALTHCARE COMMUNITY SERVICES, INC.
GEORGETOWN HEALTHCARE FOUNDATION, INC.
GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION, INC.
GEORGETOWN, TEXAS

Financial Statements

For the Years Ended
December 31, 2011 and 2010

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

COMBINED STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011 AND 2010

ASSETS:	2011	2010
CURRENT ASSETS		
Cash and Cash Equivalents	$ 1,935,959	$ 1,224,421
Short-Term Investments	8,859,932	10,183,168
Patients Accounts Receivable, Less Allowance for Doubtful Accounts	89,321	111,268
Other Receivables	142,468	76,376
Inventory of Supplies	23,946	19,352
Prepaid and Other Current Assets	104,359	34,749
Total Current Assets	11,155,985	11,649,334
ASSETS WHOSE USE IS LIMITED, Net of Current	420,092	437,820
PROPERTY, PLANT, AND EQUIPMENT, Net of Accumulated Depreciation	20,898,318	21,625,300
OTHER ASSETS		
Investment in Partnership	12,571,850	12,571,850
Other Assets	377,675	349,026
Total Other Assets	12,949,525	12,920,876
Total Assets	$ 45,423,920	$ 46,633,330

The accompanying notes are an integral part of these financial statements.

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

COMBINED STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011 AND 2010

LIABILITIES AND NET ASSETS:	2011	2010
CURRENT LIABILITIES		
Accounts Payable	$ 336,253	$ 388,571
Accrued Payroll, Benefits, and Payroll Liabilities	224,638	215,175
Other Accrued Liabilities	217,954	248,716
Note Payable	-	1,153,169
Current Portion of Long-Term Debt	311,794	299,678
Total Current Liabilities	1,090,639	2,305,309
LONG-TERM LIABILITIES		
Long-Term Portion of Deferred Employee Benefits	264,453	268,256
Long-Term Debt, Less Current Portion	5,361,999	5,675,881
Total Long-Term Liabilities	5,626,452	5,944,137
Total Liabilities	6,717,091	8,249,446
NET ASSETS		
Unrestricted	38,706,829	38,383,884
Total Liabilities and Net Assets	$ 45,423,920	$ 46,633,330

The accompanying notes are an integral part of these financial statements.

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

COMBINED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT		
Net Patient Service Revenue	$ 2,472,320	$ 2,344,159
Lease Income	2,381,255	1,954,122
Investment Income - St. David's Partnership	1,738,546	1,159,184
Investment Income (Loss) - Other	405,533	436,369
Unrestricted Contributions	-	14,756
Other Revenue	87,833	191,561
Total Revenues, Gains and Other Support	7,085,487	6,100,151
EXPENSES		
Salaries and Employee Benefits	2,323,522	2,425,318
Supplies, Utilities, and Other Services	975,719	1,071,953
Professional Fees and Purchased Services	464,962	466,760
Rental, Repairs, and Maintenance	202,752	211,946
Charitable Contributions	823,450	785,930
Depreciation and Amortization	1,134,253	901,249
Bad Debts	20	-
Interest	245,048	227,197
Total Expenses	6,169,726	6,090,353
Excess (Deficit) of Revenues, Gains, and Other Support over Expenses	915,761	9,798
Loss on Disposal of Capital Assets	(77,236)	(131,077)
Change in Net Unrealized Gains and Losses on other than Trading Securities	(515,580)	530,950
Increase in Unrestricted Net Assets	322,945	409,671
Net Assets at Beginning of Year	38,383,884	37,974,213
Net Assets at End of Year	$ 38,706,829	$ 38,383,884

The accompanying notes are an integral part of these financial statements.

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

COMBINED STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in Net Assets	$ 322,945	$ 409,671
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation and Amortization	1,134,253	901,249
Loss on Disposal of Equipment	78,251	131,077
(Increase) Decrease in Current Assets:		
Patient Accounts Receivable	21,947	66,542
Other Receivables	15,667	(5,915)
Inventory of Supplies	(4,594)	253
Prepaid and Other Current Assets	(69,610)	(3,625)
Increase (Decrease) in Current Liabilities		
Accounts Payable	(29,463)	225,701
Accrued Payroll, Benefits, and Payroll Liabilities	9,463	(10,673)
Other Accrued Liabilities	(30,762)	(124,652)
Deferred Employee Benefits	(3,803)	26,413
Net Cash Provided by Operating Activites	1,444,294	1,616,041
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from Long-Term Debt	-	2,378,139
Payments on Long Term Debt	(301,766)	(33,854)
Proceeds from Long-Term Debt to Extinguish Existing Debt	-	6,000,000
Existing Debt Extinguished from Proceeds	-	(6,000,000)
Payments on Notes Payable	(1,345,271)	-
Proceeds from Notes Payable	192,102	1,153,169
Net Cash (Used) Provided by Financing Activities	(1,454,935)	3,497,454

The accompanying notes are an integral part of these financial statements.

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

COMBINED STATEMENTS OF CASH FLOWS (CONTINUED)

YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
CASH FLOWS FROM INVESTING ACTIVITIES:		
(Increase) Decrease in Short-Term Investments	$ 1,323,236	$ (1,622,553)
Cash invested in Partnership	-	(540,000)
(Increase) Decrease in Other Assets	(32,444)	(46,508)
Acquisition of Property and Equipment	(586,341)	(3,811,685)
Proceeds from Sale of Capital Assets	-	112,367
(Increase) Decrease in Assets Whose Use is Limited	17,728	(120,938)
Net Cash (Used) Provded by Investing Activites	722,179	(6,029,317)
Net Increase (Decrease) in Cash and Cash Equivalents	$ 711,538	$ (915,822)
Cash and Cash Equivalents at Beginning of Year	1,224,421	2,140,243
Cash and Cash Equivalents at End of Year	$ 1,935,959	$ 1,224,421

Supplemental Disclosures of Noncash Information

	2011	2010
Note receivable for a construction buildout	$ 81,759	$ -

Supplemental Disclosures of Cash Flow Information

	2011	2010
Interest Paid	$ 245,048	$ 351,832

The accompanying notes are an integral part of these financial statements.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization - The Georgetown Healthcare System, Inc. (System) is a Texas nonprofit corporation located in Georgetown, Texas, created to operate Georgetown Hospital and its related facilities. It is exempt from Federal income tax under section 501(C)(3) of the Internal Revenue Code; therefore, no provision for Federal income taxes has been made in the accompanying financial statements. The business and affairs of the System are currently conducted by an eleven member Board of Directors. The System has an operating affiliate; Georgetown Healthcare Community Services, Inc. (Services), which is wholly owned and operated under a group not-for-profit exemption. In 1994, the System created a Georgetown Healthcare Foundation, Inc. (Foundation). The Foundation was created to raise funds for the benefit of the System. These funds are for endowment, expansion, scholarship, and other System support purposes. In 2001, the System created the Georgetown Healthcare Special Asset Foundation. The Special Asset Foundation was created to solicit donations of real estate and other capital assets whose production of income would provide a benefit to Georgetown Healthcare System, Inc. operations. These affiliates operate under the System and these financial statements reflect the combined financial activities of the System, Services, Foundation, and Special Asset Foundation.

In 2006, the System entered into a joint venture relationship with St. David's Healthcare Partnership, LP, LLP (Partnership) based in Austin, TX. The System contributed its hospital (Georgetown Hospital) to the Partnership in exchange for cash plus an ownership interest in the Partnership. The Partnership is a regional healthcare provider made up of seven hospitals, four ambulatory surgery centers, and various other outpatient sites. The System is also actively engaged in providing collaboration, charity care, and support to local community organizations whose mission include health, wellness, and education.

The combined financial statements of the System include the accounts of the System operations, and related operations of Services, Foundation, and the Special Asset Foundation. All material inter-company transfers have been eliminated.

Related Parties - The Georgetown Hospital Authority (Authority) is a political subdivision of the City of Georgetown, Texas, created to acquire, improve, construct, enlarge, furnish and equip hospitals and other medical care facilities and to operate, maintain and lease such facilities. The Authority is exempt from Federal income tax under section 115(a) of the Internal Revenue Code. The Authority has been used as a financing conduit in the past.

Additionally, the System formed the Georgetown Healthcare Community Services, Inc. in 1998, to appropriately separate the operations of the hospital from the non-hospital healthcare related operations of Northeast Texas Treatment Center, Central Texas Treatment Center, and certain other properties and healthcare related enterprises.

Investment in Partnership – Investment in partnership is carried at cost.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the end of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents - The System considers highly liquid investments with a maturity of twelve months or less to be cash equivalents, excluding amounts whose use is limited by board designation or other arrangements under trust agreements or with third-party payers.

Investments – Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the Statement of Financial Position. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses unless the investments are trading securities.

Patient Accounts Receivable - The allowance for estimated uncollectible patient accounts receivable is maintained at a level which, in management's judgment, is adequate to absorb patient account balance write-offs inherent in the billing process. The amount of the allowance is based on management's evaluation of the collectability of patient accounts receivable, including the nature of the accounts, credit concentrations, trends in historical write-off experience, specific impaired accounts, and economic conditions. Allowances for uncollectibles and contractuals are generally determined by applying historical percentages to financial classes within accounts receivable. The allowances are increased by a provision for bad debt expenses and contractual adjustments, and reduced by write-offs, net of recoveries.

Promises Receivable and Contributions – Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements. The System uses the allowance method to determine uncollectible promises receivable. The allowance is based on management's analysis of specific promises made.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Inventory of Supplies - Inventories are stated at the lower of cost or market using the first-in, first-out (FIFO) method.

Assets Whose Use is Limited - Assets whose use is limited include designated assets set aside by the Board of Directors, over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the System have been reclassified in the Statement of Financial Position.

Property, Plant and Equipment - Property, plant and equipment are carried at cost and include expenditures for improvements and betterments, which substantially increase the useful lives of existing plant and equipment. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Maintenance repairs and minor renewals are expensed as incurred. Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the donated assets must be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations regarding how long those donated assets must be maintained, the System reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Following is a schedule of the estimated useful life of each class of depreciable assets:

Land Improvements	15 to 20 years
Building (Components)	5 to 50 years
Fixed Equipment	7 to 25 years
Major Moveable Equipment	3 to 20 years

Temporarily and Permanently Restricted Net Assets – Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity.

Excess of Revenues over Expenses – The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Charity Care – The System provides care to patients who meet certain criteria under its charity care policy without charge at amounts less than its established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are excluded from net patient service revenue.

Federal Income Taxes - The System, Services, Foundation, and Special Asset Foundation are tax exempt under section 501(C)(3) of the Internal Revenue Code. No expense has been provided for income taxes in the accompanying financial statements; however, there may be immaterial taxes due to debt financed private purpose activities, that management has elected not to record as a liability.

Reclassifications – Certain reclassifications have been made to the 2010 financial statements to confirm to the 2011 presentation. The reclassification had no effect on the results of operations.

NOTE 2 - NET PATIENT REVENUE

The System has agreements with third-party payers that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

Medicare and Medicaid - Outpatient services are reported in income from operations for the fiscal years ended December 31, 2011 and 2010. These services rendered to Medicare program beneficiaries are paid a predetermined base payment. The payment is adjusted for the health condition and care needs of the beneficiary.

Other - The System has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment under these agreements includes discounts from established charges and prospectively determined daily rates.

NOTE 3 - ACCOUNTS RECEIVABLE

Accounts receivable consist of the following at December 31:

	2011	2010
Patient Accounts Receivable	$ 142,384	$ 171,356
Less: Allowance for Contractual Adjustments and Bad Debts	(53,063)	(60,088)
Accounts Receivable, Net of Allowance	$ 89,321	$ 111,268

NOTE 4 – INVESTMENTS

Short-term investments, stated at fair value, at December 31:

	2010	2009
Mutual Funds	$ 8,859,932	$ 10,183,168

The composition of *assets whose use is limited* is set forth in the following table. Investments are stated at fair value.

	2011	2010
Internally Designated for:		
Deferred Compensation and Employee Benefits		
Stocks, Annuities, Mutual Funds		
Externally Designated by:	$ 264,453	$ 268,256
Donor Restrictions		
Cash	155,639	169,564
Total Assets Whose Use is Limited	$ 420,092	$ 437,820

Investment income and gains for assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ending December 31, 2011 and 2010:

	2011	2010
Income:		
Interest Income	$ 177,030	$ 371,979
Realized Gains (Loss) on Sales of Securities	226,389	64,263
	$ 403,418	$ 436,242
Other Changes in Unrestricted Net Assets:		
Unrealized Gains (Loss) on Other		
Than Trading Securities	$ (515,578)	$ 526,586

NOTE 5 - PROPERTY, PLANT AND EQUIPMENT

A summary of property, plant and equipment at December 31, 2011 and 2010 follows:

	2011	2010
Land	$ 4,029,568	$ 4,029,568
Buildings and Improvements	23,237,342	23,044,108
Major Moveable Equipment	104,119	95,219
Fixed Equipment	79,311	70,066
Construction in Progress	517,930	370,259
Capital Interest	269,753	269,753
Total Capital Assets	28,238,023	27,878,973
Less: Accumulated Depreciation	(7,339,705)	(6,253,673)
Capital Assets, Net	$ 20,898,318	$ 21,625,300

Depreciation and amortization expense for the year ended December 31, 2011 and 2010, was $1,134,253 and $901,249, respectively.

NOTE 6 – INVESTMENT IN PARTNERSHIP

The investment in partnership carried at cost is $12,571,850 for 2011 and 2010. Following is a summary of financial position and results of operations of St. David's Healthcare Partnership, L.P., LLP in thousands of dollars:

	2011 Unaudited	2010 Audited
Current assets	$ 248,236	$ 255,016
Property, plant, and equipment (net)	552,063	520,831
Other assets (net)	144,313	145,966
Total assets	$ 944,612	$ 921,813
Current liabilities	$ 96,802	$ 102,789
Other long-term liabilities	5,809	5,281
Total liabilities	102,611	108,070
Equity	842,001	813,743
Total liabilities and equity	$ 944,612	$ 921,813

NOTE 6 – INVESTMENT IN PARTNERSHIP (CONTINUED)

	2011 Unaudited	2010 Audited
Net Patient Service Revenue	$ 1,187,362	$ 1,133,150
Net Income	$ 201,080	$ 178,529

NOTE 7 – NOTE PAYABLE

The System has a line of credit in the amount of $-0- and $1,153,169 as of December 31, 2011 and 2010, respectively. Interest is a libor adjusted variable rate, or 2.01% as of December 31, 2010. The line of credit is secured by investments in the Merrill Lynch account, and there are no set prepayment terms. At December 31, 2011, the System has paid off all outstanding letters of credit.

NOTE 8 - LONG-TERM DEBT

Following is a schedule of long-term debt at December 31, 2011 and 2010:

	2011	2010
3.97% note payable to a bank payable in monthly principal and interest installments of $44,291, secured by LakeAire property. This note has an interest rate swap subject to a floating interest rate spread of 1.95% monthly; however, interest rate over the life of the note is a maximum 3.97%. Maturity date is November 12, 2020 at which time the entire amount of principal and interest is due.	5,673,793	5,975,559
Total long-term debt	5,673,793	5,975,559
Less: Current-portion of long-term debt	(311,794)	(299,678)
Long-term portion	$ 5,361,999	$ 5,675,881

NOTE 8 - LONG-TERM DEBT (CONTINUED)

Following are maturities of long-term debt for each of the next 5 years:

Year Ending December 31:	Amount
2012	311,794
2013	324,400
2014	337,515
2015	351,161
2016	365,359
Thereafter	3,983,564
Total	$ 5,673,793

The System follows the policy of capitalizing interest as a component of the cost of property, plant, and equipment constructed for its own use. In fiscal 2011, total interest cost incurred was $245,048, of which $245,048 was charged to operations. In fiscal 2010, total interest cost incurred was $351,832, of which $227,197 was charged to operations.

NOTE 9 - EMPLOYEE BENEFITS

Retirement Plan - The System has a 401K profit sharing plan covering substantially all employees meeting certain age and service requirements. The plan is funded in annual contributions. Retirement expense charged to operations for the years ended December 31, 2011 and 2010 was $55,648 and $55,856, respectively. In 2011 and 2010, the System continued its practice of contributing a discretionary contribution equal to 2% of gross wages. The System also matched employee contributions at the rate of ½% System contribution for every 1% employee contribution, up to a maximum System contribution of 2%. This retirement plan is under the trusteeship of the Texas Hospital Association Retirement Plan, a multi-employer plan and administrator.

The System has assumed the Authority's liability and assets of the Authority's governmental employee 457 retirement plan, which was previously funded by Authority employee contributions. The System, as part of the assumption, controls the plan assets and acts as an agent to the third party administrator. The employee selects the investment of their applicable share of the plan's assets within a pool of investments provided by the third party administrator. The plan became frozen when the System assumed responsibility. Recently adopted IRS regulations now enable employers to terminate frozen plans. When a plan is terminated, participants are given the option of transferring their balances to other IRS recognized individual tax deferred plans or to take a distribution. In 2004, the System initiated the process of termination of this plan. The remaining fair value of the plan assets and the related deferred liability has been recorded on the System's books. The plan assets are combined in Assets Whose Use is Limited and totaled $7,535 and $7,535 for 2011 and 2010, respectively. No retirement expense relating to this plan has been charged to the System's operations.

NOTE 9 - EMPLOYEE BENEFITS (CONTINUED)

In 2004, the System established qualified 457 (b) and 457 (f) plans. The System controls the plan assets and acts as the agent to the third party administrator. Eligible participants select the investment of their applicable share of the plan's assets within a pool of investments provided by the third party administrator. The fair value of the plan assets and the related liability has been recorded on the System's books. The plan assets are combined in Assets Whose Use is Limited and totaled $256,918 and $260,721 for 2011 and 2010, respectively. No retirement expense relating to this plan has been charged to the System's operations.

NOTE 10 – INCOME TAXES

The System is comprised of not-for-profit organizations that are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The System evaluates and accounts for uncertain tax positions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, Income Taxes (formerly FASB Interpretation 48 (FIN 48) Accounting for Uncertainty in Income Taxes. This standard requires certain disclosures about uncertain income tax positions. The System evaluates any uncertain tax positions using the provisions of ASC 450, Contingencies. As a result, management does not believe that any uncertain tax positions currently exist and no loss contingency has been recognized in the accompanying financial statements. The System has filed all applicable tax returns.

NOTE 11 – SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2011, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosures is May 15, 2012, which is the date on which the financial statements were available to be issued, and there are no significant events to report.

DURBIN & COMPANY, L. L. P.

Certified Public Accountants

2950 - 50th Street
Lubbock, Texas 79413
(806) 791 - 1591
Fax (806) 791 - 3974

ACCOUNTANTS' REPORT ON OTHER FINANCIAL INFORMATION

Board of Directors and Management
Georgetown Healthcare System, Inc.,
Georgetown Healthcare Community Services, Inc., and
Georgetown Healthcare Foundation, Inc.
Georgetown, Texas

Our report on our audit of the basic combined financial statements of Georgetown Healthcare System, Inc., Georgetown Healthcare Community Services, Inc., Georgetown Healthcare Foundation, Inc., and Georgetown Healthcare Special Asset Foundation, Inc. (collectively referred to as the System) as of December 31, 2011 and 2010, appears on page 1. The audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The financial information on pages 16 through 21 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the examination of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Durbin & Company, L.L.P.

Durbin & Company, L. L. P.
May 15, 2012

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

COMBINING STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011

ASSETS	Healthcare System, Inc.	Community Services, Inc.	Healthcare Foundation Inc.	Special Asset Foundation Inc.	Inter-Company Eliminations	Totals
CURRENT ASSETS						
Cash and Cash Equivalents	$ 1,140,196	$ 726,154	$ 69,609	$ -	$ -	$ 1,935,959
Short-Term Investments	8,365,106	-	494,826	-	-	8,859,932
Patients Accounts Receivable, Less Allowance for Doubtful Accounts	89,321	-	-	-	-	89,321
Other Receivables	1,299	141,169	-	-	-	142,468
Inventory of Supplies	23,946	-	-	-	-	23,946
Prepaid and Other Current Assets	10,632	93,727	-	-	-	104,359
Total Current Assets	9,630,500	961,050	564,435	-	-	11,155,985
ASSETS WHOSE USE IS LIMITED, Net of Current	264,453	-	-	155,639	-	420,092
PROPERTY, PLANT, AND EQUIPMENT, Net of Accumulated Depreciation	2,439,103	18,459,215	-	-	-	20,898,318
OTHER ASSETS						
Investment in Partnership	12,571,850	-	-	-	-	12,571,850
Other Assets	-	106,303	192,585	78,787	-	377,675
Total Other Assets	12,571,850	106,303	192,585	78,787	-	12,949,525
Total Assets	$ 24,905,906	$ 19,526,568	$ 757,020	$ 234,426	$ -	$ 45,423,920

See Accountants' Report on Other Financial Information.

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

COMBINING STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011

LIABILITIES AND NET ASSETS	Healthcare System, Inc.	Community Services, Inc	Healthcare Foundation Inc.	Special Asset Foundation Inc.	Inter-Company Eliminations	Totals
CURRENT LIABILITIES						
Accounts Payable	$ 48,530	$ 276,444	$ 6,425	$ 4,854	$ -	$ 336,253
Accrued Payroll, Benefits, and Payroll Liabilities	151,681	72,957	-	-	-	224,638
Other Accrued Liabilities	38,684	179,270	-	-	-	217,954
Note Payable	-	-	-	-	-	-
Current Portion of Long-Term Debt	-	311,794	-	-	-	311,794
Due (To) From Intercompany	(9,923,502)	13,886,412	(3,962,910)	-	-	-
Total Current Liabilities	(9,684,607)	14,726,877	(3,956,485)	4,854	-	1,090,639
LONG-TERM LIABILITIES						
Long-Term Portion of Deferred Employee Benefits	264,453	-	-	-	-	264,453
Long-Term Debt Less Current Portion	-	5,361,999	-	-	-	5,361,999
Total Long-Term Liabilities	264,453	5,361,999	-	-	-	5,626,452
Total Liabilities	(9,420,154)	20,088,876	(3,956,485)	4,854	-	6,717,091
NET ASSETS						
Unrestricted	34,326,060	(562,308)	4,713,505	229,572	-	38,706,829
Total Liabilities and Net Assets	$ 24,905,906	$ 19,526,568	$ 757,020	$ 234,426	$ -	$ 45,423,920

See Accountants' Report on Other Financial Information

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

COMBINING STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2010

ASSETS	Healthcare System, Inc.	Community Services, Inc.	Healthcare Foundation Inc.	Special Asset Foundation Inc.	Inter-Company Eliminations	Totals
CURRENT ASSETS						
Cash and Cash Equivalents	$ 832,190	$ 297,297	$ 94,934	$ -	$ -	$ 1,224,421
Short-Term Investments	9,684,270	-	498,898	-	-	10,183,168
Patients Accounts Receivable, Less Allowance for Doubtful Accounts	111,268	-	-	-	-	111,268
Other Receivables	2,511	73,865	-	-	-	76,376
Inventory of Supplies	19,352	-	-	-	-	19,352
Prepaid and Other Current Assets	16,482	18,267	-	-	-	34,749
Total Current Assets	10,666,073	389,429	593,832	-	-	11,649,334
ASSETS WHOSE USE IS LIMITED, Net of Current	268,256	-	-	169,564	-	437,820
PROPERTY, PLANT, AND EQUIPMENT, Net of Accumulated Depreciation	2,493,946	19,131,354	-	-	-	21,625,300
OTHER ASSETS						
Investment in Partnership	12,571,850	-	-	-	-	12,571,850
Other Assets	-	110,100	169,220	69,706	-	349,026
Total Other Assets	12,571,850	110,100	169,220	69,706	-	12,920,876
Total Assets	$ 26,000,125	$ 19,630,883	$ 763,052	$ 239,270	$ -	$ 46,633,330

See Accountants' Report on Other Financial Information

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

COMBINING STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2010

LIABILITIES AND NET ASSETS	Healthcare System, Inc.	Community Services, Inc.	Healthcare Foundation Inc.	Special Asset Foundation Inc.	Inter-Company Eliminations	Totals
CURRENT LIABILITIES						
Accounts Payable	$ 64,670	$ 315,776	$ 4,825	$ 3,300	$ -	$ 388,571
Accrued Payroll, Benefits, and Payroll Liabilities	146,443	68,732	-	-	-	215,175
Other Accrued Liabilities	67,299	181,417	-	-	-	248,716
Note Payable	1,153,169	-	-	-	-	1,153,169
Current Portion of Long-Term Debt	-	299,678	-	-	-	299,678
Due (To) From Intercompany	(10,151,398)	14,114,308	(3,962,910)	-	-	-
Total Current Liabilities	(8,719,817)	14,979,911	(3,958,085)	3,300	-	2,305,309
LONG-TERM LIABILITIES						
Long-Term Portion of Deferred Employee Benefits	268,256	-	-	-	-	268,256
Long-Term Debt Less Current Portion	-	5,675,881	-	-	-	5,675,881
Total Long-Term Liabilities	268,256	5,675,881	-	-	-	5,944,137
Total Liabilities	(8,451,561)	20,655,792	(3,958,085)	3,300	-	8,249,446
NET ASSETS						
Unrestricted	34,451,686	(1,024,909)	4,721,137	235,970	-	38,383,884
Total Liabilities and Net Assets	$ 26,000,125	$ 19,630,883	$ 763,052	$ 239,270	$ -	$ 46,633,330

See Accountants' Report on Other Financial Information

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

COMBINING STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2011

	Healthcare System, Inc.	Community Services, Inc.	Healthcare Foundation, Inc.	Special Asset Foundation, Inc	Inter-Company Eliminations	Totals
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT						
Net Patient Service Revenue	$ 1,111,062	$ 1,361,258	$ -	$ -	$ -	$ 2,472,320
Lease Income	19,458	2,361,797	-	-	-	2,381,255
Investment Income - St. David's Partnership	1,738,546	-	-	-	-	1,738,546
Investment Income (Loss) - Other	353,991	4,916	36,982	9,644	-	405,533
Unrestricted Contributions	-	-	-	-	-	-
Other Revenue	87,833	-	-	-	-	87,833
Total Revenues, Gains and Other Support	3,310,890	3,727,971	36,982	9,644	-	7,085,487
EXPENSES						
Salaries and Employee Benefits	1,384,915	938,607	-	-	-	2,323,522
Supplies, Utilities, and Other Services	350,820	599,587	13,312	12,000	-	975,719
Professional Fees and Purchased Services	285,396	166,851	8,673	4,042	-	464,962
Rental, Repairs, and Maintenance	23,004	179,748	-	-	-	202,752
Charitable Contributions	823,450	-	-	-	-	823,450
Depreciation and Amortization	63,743	1,070,510	-	-	-	1,134,253
Bad Debts	20	-	-	-	-	20
Interest	13,232	231,816	-	-	-	245,048
Total Expenses	2,944,580	3,187,119	21,985	16,042	-	6,169,726
Excess (Deficit) of Revenues, Gains, and Other Support over Expenses	366,310	540,852	14,997	(6,398)	-	915,761
Gain (Loss) on Disposal of Restricted Capital Assets	1,015	(78,251)	-	-	-	(77,236)
Change in Net Unrealized Gains and Losses on other than Trading Securities	(492,951)	-	(22,629)	-	-	(515,580)
Increase (Decrease) in Unrestricted Net Assets	$ (125,626)	$ 462,601	$ (7,632)	$ (6,398)	$ -	$ 322,945
Net Assets at Beginning of Year	34,451,686	(1,024,909)	4,721,137	235,970	-	38,383,884
Net Assets at End of Year	$ 34,326,060	$ (562,308)	$ 4,713,505	$ 229,572	$ -	$ 38,706,829

See Accountants' Report on Other Financial Information

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

COMBINING STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2010

	Healthcare System, Inc.	Community Services, Inc.	Healthcare Foundation, Inc.	Special Asset Foundation, Inc	Inter-Company Eliminations	Totals
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT						
Net Patient Service Revenue	$ 1,028,740	$ 1,315,419	$ -	$ -	$ -	$ 2,344,159
Lease Income	15,677	1,937,445	-	1,000	-	1,954,122
Investment Income - St. David's Partnership	1,159,184	-	-	-	-	1,159,184
Investment Income (Loss) - Other	382,303	3,352	50,320	394	-	436,369
Unrestricted Contributions	313,358	-	-	14,351	(312,953)	14,756
Other Revenue	191,561	-	-	-	-	191,561
Total Revenues, Gains and Other Support	3,090,823	3,256,216	50,320	15,745	(312,953)	6,100,151
EXPENSES						
Salaries and Employee Benefits	1,503,722	921,596	-	-	-	2,425,318
Supplies, Utilities, and Other Services	409,252	633,841	13,466	15,394	-	1,071,953
Professional Fees and Purchased Services	232,021	223,615	7,596	3,528	-	466,760
Rental, Repairs, and Maintenance	17,970	193,976	-	-	-	211,946
Charitable Contributions	785,930	312,953	-	-	(312,953)	785,930
Depreciation and Amortization	44,617	855,470	-	1,162	-	901,249
Interest	9,981	217,216	-	-	-	227,197
Total Expenses	3,003,493	3,358,667	21,062	20,084	(312,953)	6,090,353
Excess of Revenues, Gains, and Other Support over Expenses	87,330	(102,451)	29,258	(4,339)	-	9,798
Gain (Loss) on Disposal of Restricted Capital Assets	-	-	-	(131,077)	-	(131,077)
Change in Net Unrealized Gains and Losses on other than Trading Securities	503,679	-	27,271	-	-	530,950
Increase (Decrease) in Unrestricted Net Assets	$ 591,009	$ (102,451)	$ 56,529	$ (135,416)	$ -	$ 409,671
Net Assets at Beginning of Year	33,860,677	(922,458)	4,664,608	371,386	-	37,974,213
Net Assets at End of Year	$ 34,451,686	$ (1,024,909)	$ 4,721,137	$ 235,970	$ -	$ 38,383,884

See Accountants' Report on Other Financial Information.