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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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
2425 WILLIAMS DRIVE NO 101

City or town, state or province, country, and ZIP or foreign postal code
GEORGETOWN, TX 786283206

D Employer identification number
74-2427148

E Telephone number
(512)931-2221

G Gross receipts $ 4,536,216

F Name and address of principal officer
SCOTT ALARCON
2425 WILLIAMS DRIVE NO 101
GEORGETOWN,TX 786283206

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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: ▶ N/A

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 FOUR 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**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	33
6	Total number of volunteers (estimate if necessary)	**6**	134
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
Revenue			
8	Contributions and grants (Part VIII, line 1h)	196,677	200
9	Program service revenue (Part VIII, line 2g)	3,044,296	3,577,346
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	672,525	856,918
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,865	69,664
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,980,363	4,504,128
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	788,284	1,370,427
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)	1,459,688	1,595,479
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)	647,516	724,597
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,895,488	3,690,503
19	Revenue less expenses Subtract line 18 from line 12	1,084,875	813,625
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	36,185,439	37,865,551
21	Total liabilities (Part X, line 26)	528,177	580,942
22	Net assets or fund balances Subtract line 21 from line 20	35,657,262	37,284,609

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

****** | 2014-11-13
Signature of officer | Date

SCOTT ALARCON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SEAN HOLCOMB		2014-11-13		P01249221

Firm's name ▶ MAXWELL LOCKE & RITTER LLP | Firm's EIN ▶ 74-2900215

Firm's address ▶ 401 CONGRESS AVENUE SUITE 1100
AUSTIN, TX 787019682 | Phone no (512) 370-3200

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 or note to any line 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 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 $ 1,231,721 including grants of $) (Revenue $ 1,358,956)

THE REPORTING ORGANIZATION OPERATES A HOME HEALTH AGENCY WHICH PROVIDED 8,613 PATIENT VISITS TO OVER 314 PATIENTS IN AND AROUND THE GEORGETOWN, TEXAS AREA IN THIS REPORTING PERIOD THE PRIMARY PAYOR TYPE FOR THE AGENCY IS MEDICARE

4b (Code) (Expenses $ 1,370,427 including grants of $ 1,370,427) (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 $ 2,288,054)

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 FOUR ACUTE CARE HOSPITALS AND ONE REHABILITATION HOSPITAL IN 2013, 66,668 PATIENTS WERE ADMITTED AND THERE WERE 300,028 EMERGENCY ROOM VISITS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,602,148

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	54		
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	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line 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	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

▶RICHARD SCHULTZ CFO 2425 WILLIAMS DRIVE NO 101
GEORGETOWN,TX 786283206 (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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) DOAK FLING CHAIR	2 00	X						0	0	0
(2) KAREN COLE CHAIR-ELECT	1 50	X						0	0	0
(3) BARBARA H BRIGHTWELL PAST CHAIR	1 50	X						0	0	0
(4) DALE ILLIG SECRETARY	1 50	X						0	0	0
(5) ALMA GUZMAN EXECUTIVE COMMITTEE	1 50	X						0	0	0
(6) DARRICK MCGILL EXECUTIVE COMMITTEE	1 50	X						0	0	0
(7) AUSTIN BRYAN BOARD MEMBER	1 00	X						0	0	0
(8) KAREN CROSBY BOARD MEMBER	1 00	X						0	0	0
(9) LARRY J HEMENES BOARD MEMBER	1 00	X						0	0	0
(10) JOAN MAIER 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) M SCOTT ALARCON CEO	40 00			X				227,833	0	23,771
(14) RICHARD SCHULTZ CFO	40 00			X				168,510	0	25,580

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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)** . . . . . ▶								396,343	0	49,351

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

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 ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	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	200			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		200			
Program Service Revenue			Business Code				
	2a	ST DAVID'S HEALTHCARE	621990	2,288,054	2,288,054		
	b	GEORGETOWN HOME HEALTH	621610	1,127,222	1,127,222		
	c	FACILITY RENTALS	900099	162,070	162,070		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,577,346			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		264,840			264,840
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	5,400				
	b	Less rental expenses	0				
	c	Rental income or (loss)	5,400				
	d	Net rental income or (loss) . . . . . ▶		5,400	5,400		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	592,078				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	592,078				
	d	Net gain or (loss) . . . . . ▶		592,078			592,078
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	59,583				
	b	Less cost of goods sold . . b	32,088				
	c	Net income or (loss) from sales of inventory . . ▶		27,495	27,495		
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	28,209	28,209		
	b	AUXILIARY	900099	8,560	8,560		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		36,769			
	12	**Total revenue.** See Instructions . . . . . ▶		4,504,128	3,647,010	0	856,918

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,370,427	1,370,427		
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	445,694		445,694	
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	915,347	688,686	226,661	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,237	29,868	28,369	
9 Other employee benefits	78,222	66,780	11,442	
10 Payroll taxes	97,979	54,861	43,118	
11 Fees for services (non-employees)				
a Management				
b Legal	9,832		9,832	
c Accounting	19,347		19,347	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	93,925		93,925	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	134,569	109,759	24,810	
12 Advertising and promotion	4,576	4,576		
13 Office expenses	84,200	50,773	33,427	
14 Information technology	7,958	3,418	4,540	
15 Royalties . .				
16 Occupancy	136,006	85,253	50,753	
17 Travel	86,863	50,622	36,241	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,526	50,379	14,147	
23 Insurance	38,398	14,087	24,311	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	22,143	22,143		
b MISCELLANEOUS EXPENSES	15,120	466	14,654	
c DUES & SUBSCRIPTIONS	7,134	50	7,084	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,690,503	2,602,148	1,088,355	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		509,560	2	390,305
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		66,824	4	31,459
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		23,437	8	26,207
	9	Prepaid expenses and deferred charges		21,731	9	18,180
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,114,215			
	b	Less accumulated depreciation	10b 774,586	2,404,158	10c	2,339,629
	11	Investments—publicly traded securities		11,254,954	11	14,058,860
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		12,571,850	13	12,571,850
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,332,925	15	8,429,061
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,185,439	16	37,865,551
Liabilities	17	Accounts payable and accrued expenses		179,219	17	196,503
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		348,958	25	384,439
	26	**Total liabilities.** Add lines 17 through 25		528,177	26	580,942
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,657,262	27	37,284,609
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		35,657,262	33	37,284,609
	34	Total liabilities and net assets/fund balances		36,185,439	34	37,865,551

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,504,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,690,503
3	Revenue less expenses Subtract line 2 from line 1	3	813,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,657,262
5	Net unrealized gains (losses) on investments	5	813,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,284,609

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		28
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		712
j	Total Add lines 1c through 1i			740
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE SCHEDULE K-1 FROM ST DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP INCLUDED $712 OF LOBBYING EXPENDITURES WHICH CONSTITUTED THE PORTION OF THE ORGANIZATION'S ANNUAL ASSOCIATION DUES DEDICATED TO LOBBYING ACTIVITIES IN ADDITION TO AMOUNTS REPORTED ON THE ABOVE-MENTIONED SCHEDULE K-1, THE REPORTING ORGANIZATION PARTICIPATED IN DIRECT CONTACT WITH LOCAL LEGISLATORS DAVID HUFFSTUTLER, CEO OF THE PARTNERSHIP, SPENT 3 HOURS ON LOBBYING ACTIVITIES DURING 2013 THE AMOUNT REPORTED ON LINE 1G ABOVE REFLECTS THE COSTS OF THESE ACTIVITIES BASED UPON HOURLY RATES OF COMPENSATION AND ALLOCABLE OVERHEAD FOR THE OFFICER INVOLVED

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,662,191		1,662,191
b Buildings		1,374,880	715,062	659,818
c Leasehold improvements				
d Equipment		77,144	59,524	17,620
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,339,629

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ST DAVIDS PARTNERSHIP LP	12,571,850	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	12,571,850	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR DEFERRED EMPLOYEE BENEFITS	344,439
(2) DUE FROM AFFILIATED ENTITIES (NET)	7,761,336
(3) OTHER LONG TERM ASSETS - CSV	162,147
(4) GEORGETOWN HOME HEALTH	161,139
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,429,061

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED EMPLOYEE BENEFITS	344,439
GEORGETOWN HOME HEALTH	40,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	384,439

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR ANY UNRELATED BUSINESS ACTIVITIES NO EXPENSE HAS BEEN PROVIDED FOR INCOME TAX IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 50000 0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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 financial assistance 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 report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			650,390	13,036	637,354	4 130 %
b Medicaid (from Worksheet 3, column a)			1,074,178	1,224,853	-150,675	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,724,568	1,237,889	486,679	4 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			151,337		151,337	0 980 %
f Health professions education (from Worksheet 5)			52,321		52,321	0 340 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,200,729		1,200,729	7 790 %
j **Total.** Other Benefits			1,404,387		1,404,387	9 110 %
k **Total.** Add lines 7d and 7j			3,128,955	1,237,889	1,891,066	13 240 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			154,272	1,200	153,072	4 150 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			154,272	1,200	153,072	4 150 %

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 Explain in Part VI the methodology used by the organization to estimate this amount 2 148,363			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,929,825
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,696,144
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	233,681
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 ST DAVID'S	THE ORGANIZATION OWNS A	1 000 %	0 %	0 %
2	2 HEALTHCARE	1% PARTNERSHIP INTEREST			
3	3 PARTNERSHIP LP LLP	IN ST DAVID'S HEALTHCARE			
4	4	PARTNERSHIP WHICH			
5	5	OPERATES FOUR ACUTE			
6	6	CARE HOSPITALS			
7	7	IN CENTRAL TEXAS			
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) HTTP //WWW STDAVIDSFOUNDATION ORG/ABOUT/C			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	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			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☑ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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

Form and Line Reference	Explanation
PART I, LINE 3C	IN COMPLIANCE WITH IRC SECTION 501(R), THE HOSPITALS PROVIDE 100% FINANCIAL ASSISTANCE (CHARITY CARE) FOR ELIGIBLE PATIENTS WITH INCOME EQUAL TO OR LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) FOR ELIGIBLE PATIENTS WITH INCOME OVER 200% FPG AND EQUAL TO 500% OR LESS THAN FPG, DISCOUNTS ARE PROVIDED ON A SLIDING SCALE ELIGIBILITY IS DETERMINED USING VARIOUS SOURCES OF DOCUMENTATION AND INCOME VERIFICATION 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
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 I LINE 3C PART I, LINE 7B, COLUMN (D) OFFSETTING REVENUE IN COLUMN (D) REFLECTS THEDIFFERENCE BETWEEN MEDICARE AND MEDICAID REIMBURSEMENT RATES EVEN THEHIGHER MEDICARE REIMBURSEMENT RATE DOES NOT COVER THE COST OF SERVICES PART I, LINE 7B, COLUMN (F) IN ACCORDANCE WITH FORM 990 INSTRUCTIONS, THE PERCENT OF TOTAL EXPENSE FOR LINE 7B, UNREIMBURSED MEDICAID, IS REPORTED AS ZERO THE ACTUAL AMOUNT OF LINE 7B, COLUMN (F) IS -0 98% LINES 7D AND 7K, COLUMN (F), WOULD BE 3 15% AND 12 26%, RESPECTIVELY PARTS I AND II THE TOTAL COMMUNITY BENEFIT FOR THE REPORTING ORGANIZATION IS $2,044,138, AND THE COMBINED PERCENTAGE IS 16 41%, WHICH IS THE SUM OF PART I, LINE 7K, COLUMN (F) PERCENTAGE OF 12 26% (AS ADJUSTED FOR UNREIMBURSED MEDICAID AS FURTHER EXPLAINED ABOVE) AND THE PART II, LINE 10, COLUMN (F) PERCENTAGE OF 4 15% PART II, COMMUNITY BUILDING ACTIVITIES ALL OF THE HOSPITALS ARE ACTIVE IN THE COMMUNITY PROMOTING THE HEALTH CENTRAL TEXANS THE ORGANIZATION ALSO PROVIDES GRANTS TO LOCAL AGENCIES AND LOCAL SAFETY NET CLINICS ADDITIONALLY, THE ORGANIZATION PROVIDES A BUILDING WITH OFFICE SPACE TO MISSION ALIGNED LOCAL CHARITIES AT A SUBSTANTIALLY DISCOUNTS RATE THE GOAL IS TO PROMOTE COLLABORATION AMONG THE TENANT AGENCIES IN PROVIDING SERVICES TO THE LOCAL COMMUNITY PART III, LINE 1 EXPLANATION HOSPITALS CONTROLLED BY THE ORGANIZATION DETERMINE BAD DEBT AND CHARITY CARE IN ACCORDANCE WITH GAAP AND WITH IRC SECTION 501(R) WHETHER BAD DEBT IS DETERMINED IN ACCORDANCE WITH STATEMENT 15 REQUIREMENTS IS A MORE DIFFICULT ISSUE STATEMENT 15 REQUIRES HOSPITALS TO RECOGNIZE REVENUE ONLY WHEN COLLECTIONS ARE REASONABLY ASSURED AND FOR AN AMOUNT THAT IS DETERMINABLE MOST HOSPITALS, INCLUDING THOSE CONTROLLED BY THE ORGANIZATION, USE MATHEMATICAL MODELS BASED ON PRIOR HISTORY TO DETERMINE THE PERCENTAGE OF PATIENT BILLINGS THAT IS LIKELY TO RESULT IN BAD DEBT FOR THIS REASON, AND OUT OF AN ABUNDANCE OF CAUTION, THE ORGANIZATION HAS ANSWERED "NO" TO WHETHER STATEMENT 15 IS FOLLOWED DESPITE THE BEST EFFORTS OF HMFA TO ASSIST HOSPITALS IN DETERMINING THE DIFFERENCE BETWEEN PATIENTS WHO HAVE THE CAPACITY TO PAY FOR THEIR CARE BUT WON'T PAY AND PATIENTS WHO LACK THE CAPACITY TO PAY, THE DETERMINATION ALWAYS INVOLVES JUDGMENT HOWEVER, THE HOSPITALS CONTROLLED BY THE ORGANIZATION DETERMINE CHARITY CARE ON THE CORE PRINCIPLES SET FORTH IN STATEMENT 15, INCLUDING SPECIFIC CRITERIA FOR CHARITY CARE, A SPECIFIC TIME OF DETERMINATION, RECORD KEEPING, DISCLOSURE OF THE CHARITY CARE POLICY AND VALUATION OF CHARITY CARE AT COST

Form and Line Reference	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 FOLLOWING IS THE FOOTNOTE TO THE PARTNERSHIP'S AUDITED FINANCIAL STATEMENTS WHICH DESCRIBES BAD DEBT EXPENSE "THE SDHP [THE PARTNERSHIP] RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS (BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE) RELATED TO UNINSURED ACCOUNTS AT THE ESTIMATED NET SELF-PAY REVENUES THE PARTNERSHIP EXPECTS TO COLLECT ADVERSE CHANGES IN GENERAL ECONOMIC CONDITIONS, BUSINESS OFFICE OPERATIONS, PAYOR MIX, OR TRENDS IN FEDERAL OR STATE GOVERNMENTAL HEALTH COVERAGE COULD AFFECT THE PARTNERSHIP'S COLLECTION OF ACCOUNTS RECEIVABLE, CASH FLOWS, AND RESULTS OF OPERATIONS "
PART III, LINE 9B	THE HOSPITAL FACILITIES DO NOT TAKE ANY ACTIONS LISTED IN SCHEDULE H, PART V, SECTION B, LINES 15 AND 16 THE FACILITIES WRITE OFF ALL CHARITY CARE AND IN COMPLIANCE WITH IRC SECTION 501(R), DO NOT PURSUE COLLECTION ON PATIENTS WHO QUALIFY FOR CHARITY CARE

Form and Line Reference	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
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 FINANCIAL ASSISTANCE PROGRAM IS PROVIDED TO THE PATIENT DURING THE INTAKE AND DISCHARGE PROCESSES PATIENTS ARE INFORMED OF AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID, AND RECEIVE ASSISTANCE WITH THE QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE

Form and Line Reference	Explanation
PART VI, LINE 4	THE HOSPITALS ARE LOCATED IN TRAVIS AND WILLIAMSON COUNTIES THE PATIENTS ARE PREDOMINATELY FROM TRAVIS, WILLIAMSON AND HAYS COUNTIES
PART VI, LINE 5	THE HOSPITALS OPERATE AS EXEMPT HOSPITALS, THEY HAVE OPEN EMERGENCY ROOMS AND MEDICAL STAFF THE ORGANIZATION INVESTS ITS SHARE OF EARNINGS FROM THE HOSPITALS INTO PROGRAMS IN CENTRAL TEXAS THAT INCREASE ACCESS TO HEALTHCARE

Form and Line Reference	Explanation
PART VI, LINE 6	THE REPORTING ORGANIZATION IS A PARTNER IS ST DAVID'S HEALTHCARE, A HOSPITAL SYSTEM THAT MEETS THE COMMUNITY BENEFIT STANDARD AND THE REQUIREMENTS OF THE AFFORDABLE CARE ACT IN DELIVERING HOSPITAL CARE TO CENTRAL TEXAS IN ADDITION, THE REPORTING ORGANIZATION HAS ASSESSED THE UNMET HEALTHCARE NEEDS OF GEORGETOWN, TEXAS AND THE SURROUNDING COMMUNITIES AND USES ITS FUNDS TO AWARD GRANTS TO SAFETY NET PROVIDERS AS WELL AS COLLABORATE WITH SEVERAL TAX EXEMPT ORGANIZATIONS TO INCREASE ACCESS TO CARE FOR THE INDIGENT POPULATION
PART VI, LINE 7, REPORTS FILED WITH STATES	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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . . . ▶ 19

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION 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

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 CARE 205 E UNIVERSITY GEORGETOWN,TX 78626	74-3001674	501(C)(3)	524,000				PROVIDE FUNDING FOR INDIGENT CARE AND INCREASING HEALTHCARE ACCESS

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)	287,686				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
BOYS & GIRLS CLUB OF GEORGETOWN 210 W 18TH STREET BLDG B GEORGETOWN,TX 78626	26-2916822	501(C)(3)	50,000				SUPPORT AFTER SCHOOL AND SUMMER PROGRAMS

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
CAPITAL INVESTING IN DEVELOPMENT AND EMPLOYMENT OF ADULTS INC PO BOX 1784 AUSTIN,TX 78767	74-2893041	501(C)(3)	50,000				SCHOLARSHIPS FOR PEOPLE PURSING HEALTH RELATED SERVICE DEGREES

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
WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER 406 W UNIVERSITY GEORGETOWN,TX 78626	74-2834639	501(C)(3)	50,000				CRISIS COUNSELING FOR CHILDREN

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
HABITAT FOR HUMANITY 2108 N AUSTIN AVENUE GEORGETOWN,TX 78626	74-2907371	501(C)(3)	50,000				SUPPORT VOLUNTEER AND EDUCATIONAL PROGRAMS

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
WILLIAMSON COUNTY CRISIS CENTER DBA HOPE ALLIANCE 1011 GATTIS SCHOOL RD STE 106 ROUND ROCK,TX 78664	74-2277114	501(C)(3)	50,000				FUNDING FOR VICTIM ADVOCACY POSITIONS

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
GIRLSTART 1400 W ANDERSON LANE AUSTIN,TX 78757	31-1595414	501(C)(3)	17,500				AFTERSCHOOL STEM EDUCATION IN THE GEORGETOWN COMMUNITY

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
ANNUNCIATION MATERNITY HOME 3610 SHELL ROAD GEORGETOWN,TX 78628	74-2936497	501(C)(3)	15,300				SUPPORT WRAP AROUND SERVICES FOR MOTHERS AND BABIES

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 CHRISTI CENTER INC 2306 HANCOCK DR AUSTIN,TX 78756	74-2463672	501(C)(3)	10,000				EXPAND GRIEF / BEREAVEMENT SERVICES TO GEORGETOWN COMMUNITY

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
ST DAVID'S COMMUNITY HEALTH FOUNDATION LEADERSHIP 811 BARTON SPRINGS RD STE 600 AUSTIN,TX 78704	74-2898888	501(C)(3)	7,500				SCHOLARSHIPS FOR PEOPLE PURSING HEALTH RELATED SERVICE DEGREES

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
WILLIAMSON COUNCIL ON ALCOHOL AND DRUGS DBA LIFESTEPS 2105 N MAYS STREET ROUND ROCK,TX 78664	74-1997977	501(C)(3)	7,500				SUBSTANCE ABUSE PREVENTION SUPPORT

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 INDEPENDENT SCHOOL DISTRICT (GISD) 603 LAKEWAY DRIVE GEORGETOWN,TX 78628	74-6000975	170	6,821				COMMUNITY HEALTH AWARENESS PROMOTION

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 FOUNDATION 2211 NORTH AUSTIN AVE GEORGETOWN,TX 78626	74-2843114	501(C)(3)	5,000				ASSISTANCE FOR TRAINING VOLUNTEERS WHO WORK WITH CHILDREN

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
BRIARWOOD - BROOKWOOD INC DBA THE BROOKWOOD COMMUNITY - BROOKWOOD IN GEOR 1752 FM 1489 BROOKSHIRE,TX 77423	74-1587672	501(C)(3)	5,000				ASSIST IN DEVELOPING PROGRAMS FOR ADULTS WITH DISABILITIES

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
GENAUSTIN PO BOX 3122 AUSTIN,TX 78704	74-2837732	501(C)(3)	5,000				SUPPORT INTERVENTION PROGRAMS FOR GIRLS

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
FRIENDS OF PUBLIC HEALTH 100 W THIRD STREET GEORGETOWN,TX 78626	51-0526402	501(C)(3)	5,000				ASSIST IN DEVELOPMENT OF WEBSITE FOR LOCAL PUBLIC HEALTH ISSUES

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	501(C)(3)		154,270	FMV	LEASE ASSISTANCE	LEASE ASSISTANCE TO EXPAND HEALTH CARE SERVICE NETWORK IN COMMUNITY

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
ALCOHOLICS ANONYMOUS 1019 S COLLEGE STREET GEORGETOWN,TX 78626	99-9999999	501(C)(3)		7,800	FMV	LEASE ASSISTANCE	LEASE ASSISTANCE TO EXPAND HEALTH CARE SERVICE NETWORK IN COMMUNITY

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)M SCOTT ALARCON CEO	(i)	224,233	0	3,600	11,967	11,804	251,604	0
	(ii)	0	0	0	0	0	0	0
(2)RICHARD SCHULTZ CFO	(i)	168,510	0	0	9,197	16,383	194,090	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM

Employer identification number
74-2427148

Return Reference	Explanation
FORM 990, PART I, LINE 5, NUMBER OF EMPLOYEES - USE OF PEO	THE ORGANIZATION'S EMPLOYEES ARE CONTRACTED THROUGH A PROFESSIONAL EMPLOYMENT ORGANIZATION (PEO) THERE ARE APPROXIMATELY 33 EMPLOYEES, INCLUDING OFFICERS LISTED IN PART VII, SECTION A AND SCHEDULE J, FOR WHICH THE PEO HANDLES THE PAYROLL DUTIES, INCLUDING THE REQUIRED FEDERAL AND STATE REPORTING AND WITHHOLDING OBLIGATIONS

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, THE FINAL VERSION OF FORM 990 IS FILED AND A COPY OF THE FILED FORM IS DISTRIBUTED TO THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S BOARD OF DIRECTORS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 (FTE'S) 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 FILINGS 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

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

Return Reference	Explanation
FORM 990, PART IX, COLUMN (C) MANAGEMENT AND GENERAL EXPENSES	THE ORGANIZATION INCURS THE MAJORITY OF THE MANAGEMENT AND GENERAL EXPENSES FOR ITS RELATED ORGANIZATIONS LISTED ON SCHEDULE R, PART II OF THIS FORM AS A RESULT, ITS MANAGEMENT AND GENERAL EXPENSES, AS A PERCENTAGE OF TOTAL EXPENSES, ARE HIGHER THAN WOULD OTHERWISE BE THE CASE. THE REPORTING ORGANIZATIONS'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUTING 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

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S OVERSIGHT PROCESS AND ITS PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR

Return Reference	Explanation	
	COMMUNITY BENEFIT REPORT 2013	GEORGETOWN HEALTHCARE SYSTEM, THROUGH ITS GOVERNANCE AND PARTICIPATION 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 A DDITIONALLY, GEORGETOWN HEALTHCARE SYSTEM'S CURRENT ACTIVITIES INCLUDE INVOLVEMENT WITH OT HER COMMUNITY NON-PROFIT ORGANIZATIONS THAT OPERATE COMMUNITY HEALTH CENTERS AND OTHER FAC ILITIES 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 HEALTHCAR E 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 A BILITY TO PAY THE PARTNERSHIP PROVIDED FOR THE CARE OF THOUSANDS OF CENTRAL TEXANS IN 201 3 IN MANY DIFFERENT WAYS SOME OF THOSE WERE IN THE FORM OF HOSPITAL ADMISSIONS - 66,668 EMERGENCY ROOM VISITS - 300,028 THE REPORTING ORGANIZATION ALSO PROVIDES THE FOLLOWING DIR ECT HEALTHCARE SERVICES HOME HEALTH SERVICES GEORGETOWN HEALTHCARE SYSTEM (GHS) OPERATES GEORGETOWN HOME HEALTH (GHH), A LOCAL HOME HEALTH AGENCY GEORGETOWN HOME HEALTH ACCEPTS P ATIENTS REGARDLESS OF THEIR ABILITY TO PAY DURING 2013, GHH PROVIDED 8,613 HOME HEALTH VI SITS TO 314 PATIENTS IN AND AROUND THE GEORGETOWN, TX AREA THE PRIMARY PATIENT TYPE FOR T HE AGENCY IS MEDICARE ALCOHOL AND DRUG REHABILITATION GHS THROUGH ITS AFFILIATE GEORGETOW N 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 D IVERSION PROGRAM FOR NON-VIOLENT SUBSTANCE ABUSERS REFERRED THROUGH THE CRIMINAL JUSTICE S YSTEM THE CENTER PROVIDED 23,444 PATIENT DAYS OF CARE ITS AVERAGE DAILY CENSUS WAS JUST OVER 64 PATIENTS PER DAY COMMUNITY COLLABORATIONS GEORGETOWN HEALTHCARE SYSTEM (GHS) INVE STS ITS SHARE OF THE EARNINGS FROM THE ST DAVID'S HEALTHCARE PARTNERSHIP INTO PROGRAMS AN D SERVICES THAT PROVIDE A BENEFIT TO THE LOCAL COMMUNITY DURING 2013, 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 QUAL IFIED HEALTH CENTER (FQHC) BASED IN GEORGETOWN, TX THAT PROVIDES HEALTHCARE SERVICES TO PA TIENTS REGARDLESS OF THEIR ABILITY TO PAY IN 2013, LSCC PROVIDED OVER 341,386 VISITS TO 8 4,011 PATIENTS IT PROVIDED OVER $20,007,818 IN UNCOMPENSATED CARE (STATED AT COST) GHS P ROVIDED BOTH DIRECT AND INDIRECT FINANCIAL SUPPORT TO LSCC DURING THIS REPORTING PERIOD D URING THIS REPORTING PERIOD, GHS CONTRIBUTED $524,000 TO HELP OFFSET LONE STAR'S UNCOMPENS ATED CARE GHS STAFF ALSO DONATED MANAGEMENT SERVICES ASSISTANCE TO LSCC TO FURTHER DEVELO P AND IMPLEMENT THEIR KEY NITIATIVES IN 2013 BOTH ORGANIZATIONS SHARE THE PURSUIT OF PROV IDING QUALITY, ACCESSIBLE AND SUSTAINABLE PRIMARY HEALTHCARE FOR WILLIAMSON COUNTY RESIDEN TS, FOCUSING ON THE UNINSURED AND UNDERSERVED THE CARING PLACE THE CARING PLACE SERVES GE ORGETOWN AND NORTHERN WILLIAMSON COUNTY RESIDENTS IN FINANCIAL CRISIS IT IS THE COMMUNITY 'S CENTRAL HUB FOR MEETING RESIDENTS' MOST BASIC HUMAN NEEDS THE REPORTING ORGANIZATIONS' SUPPORT WAS DESIGNATED IN TWO KEY AREAS ONE, THE CARING PLACE'S MEDICAL PROGRAM, AIDING CLIENTS WITH IMMEDIATE HEALTHCARE EXPENSES, AND TWO, THE CONSTRUCTION AND RENOVATION OF TH E CARING PLACE ANNEX, A SPACE WHICH ALLOWS A FAMILY WORKING TOWARD SELF-SUFFICIENCY TO REC EIVE WRAPAROUND, COLLABORATIVE SUPPORT FROM MULTIPLE ORGANIZATIONS WITH COMPLEMENTARY MISS IONS, ALL AT THE SAME LOCATION 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 CH ILD IS EXCLUDED FROM MEMBERSHIP REGARDLESS OF THEIR ABILITY TO PAY MEMBERSHIP FEES THEY O FFER CHILDREN AGES 6-18 PROGRAMS RANGING FROM CHARACTER & LEADERSHIP TRAINING, CAREER & ED UCATION COUNSELING, HEALTH & LIFE SKILLS, THE ARTS, AND SPORTS FITNESS & RECREATION THE R EPORTING ORGANIZATIONS' SUPPORT PROVIDED ASSISTANCE TO OFFSET THE COST OF PROVIDING THESE PROGRAMS CAPITAL I D E A CAPITAL I D E A WORKS TO LIFT ADULTS OUT OF POVERTY AND INTO LIV ING WAGE CAREERS THROUGH EDUCATION THROUGH COMPREHENSIVE FUNDING OF EDUCATIONAL EXPENSES FROM TUITION AND FEES TO CHILDCARE AND TRANSPORTATION CAPITAL IDEA MOVES ADULTS THROUGH HI GHER EDUCATION CREDENTIALING AND INTO HIGH-DEMAND CAREERS IDENTIFIED BY LOCAL EMPLOYER PAR TNERS THE REPORTING ORGANIZATIONS' SUPPORT FUNDED SCHOLARSHIPS FOR QUALIFY ING GEORGETOWN RESIDENTS TO PURSUE A DEGREE IN HIGHER EDUCATION THROUGH CAPITAL IDEA'S PROGRAMS WILLIAMS ON COUNTY CHILDREN'S ADVOCACY CENTER THE WILLIAMSO

Return Reference	Explanation	
	COMMUNITY BENEFIT REPORT 2013	N COUNTY CHILDREN'S ADVOCACY CENTER EXISTS AS A CHILD-FRIENDLY PLACE TO INTERVIEW ABUSED O R NEGLECTED CHILDREN AND TEENS, OR YOUTH WHO HAVE WITNESSED A VIOLENT CRIME. THE CENTER CO NTAINS BOTH MEDICAL FORENSIC EXAMINATION ROOMS AND ROOMS FOR COUNSELING SERVICES. THE REPO RTING ORGANIZATIONS SUPPORT ENABLED THE CENTER TO EXPAND THE COUNSELING SERVICES. HABITAT FOR HUMANITY OF WILLIAMSON COUNTY HABITAT FOR HUMANITY EXISTS TO CREATE AND SUSTAIN AFFORD ABLE HOUSING FOR LOW-INCOME FAMILIES IN WILLIAMSON COUNTY. THROUGH ITS PROGRAMS, 55 LOW-IN COME WILLIAMSON COUNTY FAMILIES HAVE BECOME EDUCATED HOMEOWNERS IN HOMES BUILT BY LOCAL VO LUNTEERS. THE REPORTING ORGANIZATIONS' SUPPORT WAS DESIGNATED FOR THE COMMUNITY INVOLVEMEN T DIRECTOR'S POSITION, WHICH OVERSEES ALL OF HABITAT'S PROGRAMS INCLUDING THE FINANCIAL ED UCATION AND HOMEOWNERSHIP TRAINING OF PARTNERING FAMILIES, MAINTAINING CONTACT WITH FAMILI ES AFTER THEY OCCUPY A HABITAT HOME, AND THE ORGANIZATION OF VOLUNTEERS WILLIAMSON COUNTY CRISIS CENTER (HOPE ALLIANCE) WILLIAMSON COUNTY CRISIS CENTER (HOPE ALLIANCE) ASSISTS WIL LIAMSON COUNTY RESIDENTS AFFECTED BY FAMILY AND SEXUAL VIOLENCE BY PROVIDING SHELTER, SUPP ORT, AND PREVENTION PROGRAMS TO VICTIMS AND SURVIVORS. IT IS THE SOLE DOMESTIC VIOLENCE SH ELTER IN WILLIAMSON COUNTY, WITH A 24-HOUR HOTLINE AVAILABLE TO THOSE IN CRISIS. THE REPOR TING ORGANIZATIONS' SUPPORT GREW THE SHELTER STAFF TO PROVIDE CASE MANAGEMENT IN THE SHELT ER DURING THE EVENING AND ON WEEKENDS. GIRLSTART GIRLSTART PROGRAMS INCREASE GIRLS' ACCESS , INTEREST, AND ENGAGEMENT IN STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) STUDIES. GIRLS TART AFTER SCHOOL IS AN INTENSIVE INTERVENTION OF FREE STEM PROGRAMS AT PARTNERING CAMPUSE S TO ENCOURAGE LOW-INCOME 4TH-8TH GRADERS TO PURSUE STEM THROUGHOUT THEIR SECONDARY AND PO ST-SECONDARY EDUCATION. THE REPORTING ORGANIZATIONS' SUPPORT SUSTAINED GIRLSTART'S AFTER S CHOOL PROGRAM AT 10 GEORGETOWN ELEMENTARY AND MIDDLE SCHOOL CAMPUSES. ANNUNCIATION MATERNI TY HOME ANNUNCIATION MATERNITY HOME PROVIDES YOUNG WOMEN AND TEENS IN CRISIS PREGNANCIES W ITH HOUSING, EDUCATION, CHILDCARE, AND HEALTHCARE SERVICES. THEY ARE THE ONLY LONG-TERM RE SIDENTIAL FACILITY IN CENTRAL TEXAS LICENSED BY THE TEXAS DEPARTMENT OF FAMILY AND PROTECT IVE SERVICES TO PROVIDE FREE SERVICES FOR YOUNG WOMEN EXPERIENCING A CRISIS PREGNANCY. THE REPORTING ORGANIZATIONS' SUPPORT ENABLED ANNUNCIATION TO IMPROVE THE OPERATING STANDARDS OF THEIR INFANT DEVELOPMENT CENTER, PROVIDING OPPORTUNITIES FOR CONTINUING EDUCATION FOR I NSTRUCTORS, AND ENHANCING THEIR ASSESSMENT METHODS. RIDE ON CENTER FOR KIDS RIDE ON CENTER FOR KIDS (ROCK) IS THE LARGEST PROVIDER OF EQUINE ASSISTED ACTIVITIES AND THERAPY IN CENT RAL TEXAS. THEY ARE A PREMIER ACCREDITED NARHA CENTER THAT PROVIDES PHYSICAL THERAPY AND O CCUPATIONAL HERAPY. GHS, THROUGH ITS AFFILIATE GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDAT ION (GHSAF), PROVIDED FUNDING WHICH ENABLED ROCK TO CONTINUE TO DEVELOP EXPAND PROGRAMS AS SOCIATED WITH THEIR STRATEGIC PLAN. STARRY STARRY (SERVICES TO AT-RISK & RUNAWAY YOUTH) SU PPORTS CHILDREN, YOUTH, AND PARENTS IN CRISIS THROUGH SERVICES THAT PROTECT, EDUCATE, AND PROMOTE STRONG FAMILIES. THEY OFFER A CONTINUUM OF CARE FOR CHILDREN IN CRISIS, INCLUDING EMERGENCY SHELTER, FOSTER AND ADOPTION PROGRAMS, AND INDIVIDUAL AND FAMILY COUNSELING. GHS , THROUGH ITS AFFILIATE GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION (GHSAF), PROVIDED F UNDING WHICH ENABLED STARRY TO ESTABLISH AN EMERGENCY SHELTER AND COUNSELING OFFICE IN GEO RGETOWN, TX

Return Reference	Explanation
COMMUNITY BENEFIT REPORT 2013 - CONTINUATION	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 RGANIZATION 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 XXX COMMUNITY MEMBERS THAT SERVE IN VARIOUS VOLUNTEER ROLES THROUGHOUT THE HOSPITAL IN 2013, THE VOLUNTEER SERVICES PROGRAM PROVIDED 18,337 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 $220,000 LONE STAR CIRCLE OF CARE - GHS, THROUGH ITS AFFILIATE GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION (GHSAF), PROVIDED FUNDING TO LSCC TO ESTABLISH A PILOT PROGRAM WHICH PROVIDED A LICENSED CLINICAL SOCIAL WORKER TO THE EAST VIEW HIGH SCHOOL CAMPUS IN GEORGETOWN, TX THE INTENT OF THE PROGRAM WAS TO STUDY HOW THIS PROFESSIONAL COULD ASSIST IN IDENTIFYING EARLY WARNING SIGNS OF MENTAL / BEHAVIORAL HEALTH ISSUES OF STUDENTS AND PROVIDE MORE TIMELY INTERVENTION ASSISTANCE

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GEORGETOWN HEALTHCARE COMMUNITY SERVICES 2425 WILLIAMS DRIVE GEORGETOWN, TX 78628 74-2865171	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501(C)(3)	LINE 9	GEORGETOWN HEALTHCARE SYSTEM		No
(2) GEORGETOWN HEALTHCARE FOUNDATION 2425 WILLIAMS DRIVE GEORGETOWN, TX 78628 74-2626552	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501(C)(3)	LINE 11A, I	GEORGETOWN HEALTHCARE SYSTEM		No
(3) GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION 2425 WILLIAMS DRIVE GEORGETOWN, TX 78628 74-3023706	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM	TX	501(C)(3)	LINE 11B, II	GEORGETOWN HEALTHCARE SYSTEM		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) 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	
(1) ST DAVID'S HEALTHCARE PARTNERSHIP LP LLP 98 SAN JACINTO BLVD STE 1800AUSTIN, TX 78701 74-2781812	OPERATES HOSPITALS IN CENTRAL TEXAS	TX	RELATED		No	2,288,054	12,571,850		No			No	1 000 %

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

Combined Financial Statements as of and for the Years Ended December 31, 2013 and 2012 and Independent Auditors' Report

MAXWELL & LOCKE RITTER

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

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MAXWELL LOCKE & RITTER LLP
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Austin 401 Congress Avenue Suite 1100
Austin TX 78701

Round Rock 301 East Main Street
Round Rock TX 78664

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Georgetown Healthcare System, Inc , Georgetown Healthcare Community Services, Inc , Georgetown Healthcare Foundation, Inc , and Georgetown Healthcare Special Asset Foundation, Inc

We have audited the accompanying 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, the "System") which comprise the combined statements of financial position as of December 31, 2013 and 2012, and the related combined statements of activities and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined 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 audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

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, 2013 and 2012, and the change in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other Matters

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole The accompanying supplemental combining schedules of financial position and activities are presented for purposes of additional analysis of the combined financial statements rather than to present the financial position and changes in net assets of the individual entities and they are not a required part of the combined financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole

Austin, Texas
March 19, 2014

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

COMBINED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
CURRENT ASSETS		
Cash	$ 978,942	$ 1,073,560
Short-Term Investments	14,723,744	11,822,882
Patient Accounts Receivable, Net	59,839	58,884
Other Receivables	32,356	112,690
Inventory of Supplies	26,207	23,437
Prepaid and Other Current Assets	109,256	126,617
Total Current Assets	15,930,344	13,218,070
INVESTMENTS HELD FOR DEFERRED EMPLOYEE BENEFITS	344,439	293,096
FIXED ASSETS, Net	18,913,314	20,113,693
INVESTMENT IN PARTNERSHIP	12,571,850	12,571,850
OTHER LONG-TERM ASSETS	484,955	302,630
BUSINESS HELD FOR SALE	161,139	-
TOTAL ASSETS	$ 48,406,041	$ 46,499,339
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	$ 435,301	$ 249,818
Deferred Revenue	15,479	-
Accrued Payroll and Benefits	193,385	182,978
Other Accrued Liabilities	231,472	213,426
Current Portion of Long-Term Debt	337,515	324,400
Total Current Liabilities	1,213,152	970,622
DEFERRED EMPLOYEE BENEFITS	344,439	293,096
LONG-TERM DEBT, Less Current Portion	4,695,906	5,035,511
BUSINESS HELD FOR SALE	-	15,862
PREPAYMENT ON BUSINESS HELD FOR SALE	40,000	40,000
INTEREST RATE SWAP	193,646	393,801
Total Liabilities	6,487,143	6,748,892
UNRESTRICTED NET ASSETS	41,918,898	39,750,447
TOTAL LIABILITIES AND NET ASSETS	$ 48,406,041	$ 46,499,339

See notes to combined financial statements

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

COMBINED STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
REVENUE, GAINS, AND OTHER SUPPORT		
Lease Income	$ 2,482,972	$ 2,424,070
Lease Assistance	399,946	-
Net Patient Service Revenue	2,481,490	2,260,582
Investment Income - St David's Partnership	2,288,054	2,128,546
Investment Income	862,872	721,435
Other Revenue	59,758	91,540
Total Revenue, Gains, and Other Support	8,575,092	7,626,173
EXPENSES AND LOSSES		
Salaries and Employee Benefits	2,491,963	2,364,735
Supplies, Utilities, and Other Services	609,927	542,221
Professional Fees and Purchased Services	478,876	437,074
Rental, Repairs, and Maintenance	524,800	528,992
Insurance and Taxes	347,353	350,906
Charitable Contributions	1,589,976	833,284
Depreciation and Amortization	1,207,062	1,172,181
Bad Debts	-	56
Interest	207,094	219,700
Total Expenses and Losses	7,457,051	6,449,149
EXCESS OF REVENUES OVER EXPENSES	1,118,041	1,177,024
Unrealized Gain/(Loss) on Investments	850,255	260,395
Unrealized Gain/(Loss) on Interest Rate Swap	200,155	(393,801)
CHANGE IN UNRESTRICTED NET ASSETS	2,168,451	1,043,618
UNRESTRICTED NET ASSETS, Beginning of Year	39,750,447	38,706,829
UNRESTRICTED NET ASSETS, End of Year	$ 41,918,898	$ 39,750,447

See notes to combined financial statements

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

COMBINED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Unrestricted Net Assets	$ 2,168,451	$ 1,043,618
Adjustments to reconcile change in unrestricted net assets to net cash provided by operating activities		
Depreciation and Amortization	1,207,062	1,171,557
Unrealized (Gain)/Loss on Investments	(850,255)	(260,395)
Unrealized (Gain)/Loss on Interest Rate Swap	(200,155)	393,801
Changes in operating assets and liabilities that provided (used) cash		
Patient Accounts Receivable	(955)	99,714
Other Receivables	80,334	(39,499)
Inventory of Supplies	(2,770)	509
Prepaid and Other Current Assets	17,361	(22,258)
Other Long-Term Assets	(182,325)	75,045
Accounts Payable	252,865	(153,817)
Deferred Revenue	15,479	-
Accrued Payroll and Benefits	10,407	(41,660)
Other Accrued Liabilities	18,046	(4,528)
Deferred Employee Benefits	51,343	28,643
Business Held for Sale	(177,001)	15,862
Prepayment on Business Held for Sale	-	40,000
Net Cash Provided by Operating Activities	2,407,887	2,346,592
CASH FLOWS FROM INVESTING ACTIVITIES		
Change in Restricted Cash	-	155,639
Net (Purchases) Sales of Investments	(2,101,950)	(2,731,198)
Purchase of Fixed Assets	(74,065)	(319,550)
Net Cash Used in Investing Activities	(2,176,015)	(2,895,109)
CASH FLOWS FROM FINANCING ACTIVITIES-		
Payments on Long-Term Debt	(326,490)	(313,882)
CHANGE IN CASH	(94,618)	(862,399)
CASH, Beginning of Year	1,073,560	1,935,959
CASH, End of Year	$ 978,942	$ 1,073,560
Supplemental Schedule of Noncash Investing Activities		
Acquisition of Fixed Assets with Accounts Payable	$ -	$ 67,382
Interest Paid	$ 207,094	$ 219,700

See notes to combined financial statements

1. ORGANIZATION AND NATURE OF OPERATIONS

Georgetown Healthcare System, Inc ("GHS") is a Texas nonprofit corporation located in Georgetown, Texas, created to operate Georgetown Hospital and its related facilities In 2006, GHS entered into a joint venture relationship with St David's Healthcare Partnership, LP, LLP (the "Partnership") based in Austin, Texas GHS 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 GHS continues to be actively engaged in providing collaboration, charity care, and support to local community organizations whose missions include health, wellness, and education

In 1994, management of GHS created Georgetown Healthcare Foundation, Inc ("GHF") to raise funds for endowment, expansion, and scholarship In 1998, management of GHS created Georgetown Healthcare Community Services, Inc ("GHCS") to separate non-hospital healthcare related operations from GHS GHCS shares a common vision with GHS to utilize its resources in collaboration with other local charitable organizations who strive to improve the well-being of the Georgetown community In 2001, management of GHS created the Georgetown Healthcare Special Asset Foundation ("GHSAF") to solicit donations of real estate and other capital assets

GHS, GHF, GHCS, and GHSAF are each individually exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and these financial statements reflect the combined financial activities of these entities Each individual organization acts independently and does not receive direct financial support from another The individual organizations are governed by the same Board of Directors Based on this common control, combined financial statements are presented herein The organizations are collectively referred to as the "System" and all material inter-company transactions have been eliminated

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The accompanying combined financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("U S GAAP") as defined by the Financial Accounting Standards Board Accounting Standards Codification Under the accrual basis of accounting, revenue is recognized when earned regardless of when collected, and expenses are recognized when the obligation is incurred regardless of when paid

Use of Estimates - The preparation of combined financial statements in conformity with U S GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures Accordingly, actual results could differ from those estimates

Net Asset Classification - The combined financial statements report information regarding the System's combined financial positions and activities according to three classes of net assets unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor restrictions Accordingly, net assets of the System and changes therein are classified as follows

Unrestricted net assets - These types of net assets are not subject to donor-imposed stipulations Expenses are reported as decreases in unrestricted net assets Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law

Temporarily restricted net assets - These types of net assets are subject to donor-imposed stipulations, which limit their use by the System to a specific purpose and/or the passage of time The System had no temporarily restricted net assets as of December 31, 2013 or 2012

Permanently restricted net assets - These types of net assets are subject to donor-imposed stipulations, which require them to be maintained permanently by the System The System has not received any permanently restricted net assets

Fair Value Measurements - The System measures and discloses fair value measurements in accordance with the authoritative literature Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value accounting requires characterization of the inputs used to measure fair value into a three-level fair value hierarchy as follows

Level 1 - Inputs based on quoted market prices in active markets for identical assets or liabilities An active market is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis

Level 2 - Observable inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent from the entity

Level 3 - Unobservable inputs that reflect the System's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available

There are three general valuation techniques that may be used to measure fair value 1) market approach - uses prices generated by market transactions involving identical or comparable assets or liabilities, 2) cost approach - uses the amount that currently would be required to replace the service capacity of an asset (replacement cost), and 3) income approach - uses valuation techniques to convert future amounts to present amounts based on current market expectations

Short-Term Investments - Short-term investments consist of cash available for investment transactions and mutual funds and are recorded at fair market value based on quoted market prices Any changes in market value are reported in the combined statements of activities as unrealized gains or losses

Patient Accounts Receivable - Patient accounts receivable are recorded at the amount the System expects to collect on the outstanding balance 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 collectability of patient accounts receivable, including the nature of the accounts, credit concentrations, trends in historical wire-off experience, specific impaired accounts, and economic historical percentage 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

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

Fixed Assets - Fixed assets consist of land, buildings, improvements, fixed equipment, major moveable equipment and minor equipment Fixed asset additions are recorded at cost if purchased or estimated fair value if donated The System capitalizes all additions over $1,000 with an estimated useful life over one year Building improvement project costs are recorded in separate construction in progress accounts until construction is complete and then transferred to the appropriate asset category Maintenance and repairs that do not improve or extend the useful lives of their respective assets are expensed in the period they occur Interest costs from financed building improvement projects were capitalized during the construction period and are being amortized over the estimated life of the improvement Depreciation and amortization are calculated on a straight-line basis over the estimated useful life of their respective assets Estimate useful lives are as follows

Major moveable equipment	3-25 years
Fixed equipment	7-25 years
Buildings and improvements	5-25 years
Land improvements	15-20 years

Investment in Partnership - The investment in partnership is carried at cost and represents the cost based value of GHS' ownership in the Partnership Distributions received from the Partnership are recognized as Investment Income - St David's Partnership in the combined statement of activities in the period received

Business Held for Sale and Prepayment on Business Held for Sale - On October 1, 2012, GHS entered into an asset purchase agreement with a buyer in which the buyer agreed to acquire the assets included in the agreement in order to operate Georgetown Home Health, an agency of GHS The related assets and liabilities have been classified and reported as business held for sale in the combined statement of financial position Fixed assets included in the agreement will no longer be depreciated and are reported at their net value as of December 31, 2013 and 2012 Liabilities included in the agreement will be recorded at their accrued value at each reporting date The agreement included a stated purchase price that will be paid to GHS annually until the closing date on October 1, 2015 Amounts received from the buyer prior to the Closing Date are recording as prepayment on business held for sale in the combined statement of financial position

Derivative Financial Instruments - The System accounts for the value of the interest rate swap as either an asset or liability at fair value from the date of inception regardless of the purpose or intent for holding the instrument Subsequent changes in the fair value will be recorded in the current period as an adjustment to unrealized gain/(loss) on interest rate swap in the combined statement of activities If the System elects to exercise its option to retire the instrument prior to its maturity, this will result in either interest income or interest expense

Net Patient Service Revenue - Patient service revenue is reported at net realizable amounts due from clients, third-party payers, and others for services rendered The System has agreements with third-party payers that provide for payments to the System at amounts different than its established rates Outpatient 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 The System has also entered into payment agreements with commercial insurance carriers, preferred provider organizations, and the State of Texas The basis for payment under these agreements includes discounts from established charges and prospectively determined daily per diem rates

Federal Income Taxes - GHS, GHCS, GHF and GHSAF are not-for-profit organizations that are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code except for any unrelated business activities No expense has been provided for income taxes in the accompanying combined 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 The 2010 and subsequent tax years remain subject to examination by the Internal Revenue Service, however, there are no examinations currently in progress

Reclassification - Certain amounts in the prior year have been reclassified to conform to the presentation adopted in the current year There was no impact on net assets

3. CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the System to credit risk consist of cash, investments and receivables The System places its cash with a limited number of high quality financial institutions and may exceed the amount of insurance provided on such deposits Management believes no significant risk exists with respect to cash and cash equivalents Investments are exposed to various risks, such as interest rate, market and credit risks Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the near-term could materially affect the amounts reported in the combined statement of financial position The System generally does not maintain collateral for its receivables and does not believe significant risk existed at December 31, 2013 or 2012

4. SHORT-TERM INVESTMENTS AND INVESTMENTS HELD FOR DEFERRED EMPLOYEE BENEFITS

Short-term investments and investments held for deferred employee benefits consisted of cash available for investment transactions and mutual funds Short-term investments and investments held for deferred employee benefits were measured at fair value using the market approach and inputs were considered Level 1 under the fair value hierarchy The following summarizes the System's investments at December 31

	2013	2012
Cash available for investment transactions	$ 787,140	$ 1,322,329
Mutual funds	13,936,604	10,500,553
Total short-term investments	$ 14,723,744	$ 11,822,882

Investment income was comprised of the following during the year ended December 31

	2013	2012
Interest and dividends	$ 277,911	$ 279,733
Realized gain	584,961	441,702
Unrealized gain (loss)	850,255	260,395
Investment income (loss)	$ 1,713,127	$ 981,830

5. FIXED ASSETS

Fixed assets consisted of the following at December 31

	2013	2012
Buildings and improvements	$ 23,843,594	$ 23,662,279
Capitalized interest	269,753	269,753
Major moveable equipment	146,710	146,710
Fixed equipment	96,101	77,378
	24,356,158	24,156,120
Accumulated depreciation and amortization	(9,699,451)	(8,492,386)
	14,656,707	15,663,734
Land	4,029,568	4,029,568
Construction in progress	227,039	420,391
Fixed assets, net	$ 18,913,314	$ 20,113,693

6. LEASE INCOME

As of December 31, 2013 and 2012, five of the properties owned by the System were leased to various businesses under non-cancelable operating leases with lease terms greater than five years The property held for these leases included land, building and equipment reported in the combined statements of financial position as follows

	2013	2012
Buildings and improvements	$ 21,674,261	$ 21,493,246
Fixed equipment	51,707	32,984
	21,725,968	21,526,230
Accumulated depreciation	(7,951,970)	(6,841,309)
	13,773,998	14,684,921
Land	1,975,172	1,975,172
Construction in progress	227,039	420,391
Net property held for leasing	$ 15,976,209	$ 17,080,484

Future minimum lease receipts of rent and common area maintenance fees under non-cancelable operating leases at December 31, 2013 are as follows

2014	$ 2,259,758
2015	2,089,336
2016	1,958,726
2017	1,710,896
2018	1,579,153
Thereafter	5,408,877
	$ 15,006,746

7. INVESTMENT IN PARTNERSHIP

The investment in partnership carried at cost was $12,571,850 at December 31, 2013 and 2012 The following is a summary of financial position and results of operations of St David's Healthcare Partnership, LP, in thousands of dollars

	2013 Unaudited (in thousands of dollars)	2012 Audited (in thousands of dollars)
Current assets	$ 305,742	$ 286,479
Property, plant and equipment, net	537,868	543,064
Other assets, net	121,850	134,189
Total assets	965,460	963,732
Current liabilities	$ 131,385	$ 138,694
Other long-term liabilities	11,079	1,468
Total liabilities	142,464	140,162
Equity	822,996	823,570
Total liabilities and equity	$ 965,460	$ 963,732
Net patient service revenue	$ 1,342,656	$ 1,317,210
Net income	$ 213,599	$ 211,773

8. DEBT AND INTEREST RATE SWAP

GHCS has a 3 97% note payable to a bank payable in monthly principal and interest installments of $33,291, secured by LakeAire property The maturity date is November 12, 2020 at which time the entire amount of principal and interest is due The note payable contained certain financial covenants, including requirements for liquidity and conditions on additional indebtedness Failure to comply with the covenants could result in a re-negotiated interest rate or the debt being called by the lender

The note payable has a related interest rate swap The swap hedged exposure to interest rate fluctuations resulting from the variable interest rate payments due on the loan Under the interest rate swap agreement, the System agreed to exchange a portion of the variable interest payment charged on the note for fixed interest payments at an average rate of 3 97% The interest rate swap was measured at fair value using the market approach and is categorized as Level 2 under the fair value hierarchy The fair value of the interest rate swap was provided by the bank The unrealized gain/(loss) from the interest rate swap is disclosed on the combined statement of activities The System would realize this gain or loss only if it elects to exercise its option to retire the debt instrument prior to its maturity

Maturities of the long-term debt as of December 31, 2013 were as follows

2014	$ 337,515
2015	351,161
2016	365,359
2017	380,130
2018	395,499
Thereafter	3,203,757
	$ 5,033,421

9. NET PATIENT SERVICE REVENUE

Net patient service revenue consisted of the following for the years ended December 31

	2013	2012
Self-Pay	$ 6,972	$ 6,227
Commercial Insurance	194,897	240,476
Medicare and Medicaid	925,145	669,047
State of Texas TDCJ	1,354,476	1,344,832
Total Net Patient Service Revenue	$ 2,481,490	$ 2,260,582

10. EMPLOYEE BENEFITS

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, 2013 and 2012 was $48,906 and $31,506, respectively For the Plan Year beginning in 2013, the Board voted to amend the plan to meet the IRS safe harbor requirements All employees are fully vested as soon as they begin participating in the plan The System matches employee contributions dollar for dollar up to 6% of gross wages but not to exceed the max gross wages allowed by law This retirement plan is under the trusteeship of the Texas Hospital Association Retirement Plan, a multi-employer plan and administrator

GHS assumed the Georgetown Hospital Authority's (the "Authority") liability and assets of the Authority's governmental employee 457 retirement plan, which was previously funded by Authority employee contributions GHS, 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 GHS assumed responsibility IRS regulations 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, GHS initiated the process of terminating this plan The remaining fair value of the plan assets and the related deferred liability has been recorded on GHS' books The plan assets are combined in investments held for deferred employee benefits in the combined statement of financial position and totaled $7,535 at December 31, 2013 and 2012 No retirement expense relating to this plan has been charged to the GHS' operations

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 reported as investments held for deferred employee benefits in the combined statement of financial position and totaled $344,439 and $293,096 for 2013 and 2012, respectively No retirement expense relating to this plan has been charged to the System's operations

11. FUNCTIONAL ALLOCATION OF EXPENSES

Functional expenses consisted of the following for the years ended December 31

	2013	2012
Program	$ 6,366,850	$ 5,748,948
Management and general	1,090,201	1,094,002
	$ 7,457,051	$ 6,842,950

12. SUBSEQUENT EVENTS

The System has evaluated subsequent events through March 19, 2014 (the date the combined financial statements were available to be issued), and no events have occurred from the combined statement of financial position date through that date that would impact the combined financial statements

SUPPLEMENTAL SCHEDULES

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

COMBINING SCHEDULE OF FINANCIAL POSITION
DECEMBER 31, 2013

	GHS	GHCS	GHF	GHSAF	Eliminations	Combined
ASSETS						
Cash	$ 367,687	587,420	23,835	-	-	978,942
Short-Term Investments	14,081,478	-	642,266	-	-	14,723,744
Patient Accounts Receivable, Net	-	59,839	-	-	-	59,839
Other Receivables	31,459	897	-	-	-	32,356
Inventory of Supplies	26,207	-	-	-	-	26,207
Prepaid and Other Current Assets	18,180	91,076	-	-	-	109,256
Investments Held for Deferred Employee Benefits	344,439	-	-	-	-	344,439
Fixed Assets, Net	2,339,629	16,573,685	-	-	-	18,913,314
Investment in Partnership	12,571,850	-	-	-	-	12,571,850
Other Long-Term Assets	162,147	322,808	-	-	-	484,955
Business Held for Sale	161,139	-	-	-	-	161,139
TOTAL ASSETS	$ 30,104,215	17,635,725	666,101	-	-	48,406,041
LIABILITIES						
Accounts Payable	$ 48,947	381,554	4,800	-	-	435,301
Deferred Revenue	-	15,479	-	-	-	15,479
Accrued Payroll and Benefits	110,650	82,735	-	-	-	193,385
Other Accrued Liabilities	36,905	194,567	-	-	-	231,472
Current Portion of Long-Term Debt	-	337,515	-	-	-	337,515
Due (from) to Intercompany	(7,761,336)	11,724,246	(3,962,910)	-	-	-
Deferred Employee Benefits	344,439	-	-	-	-	344,439
Long-Term Debt, Less Current Portion	-	4,695,906	-	-	-	4,695,906
Business Held for Sale	-	-	-	-	-	-
Prepayment on Business Held for Sale	40,000	-	-	-	-	40,000
Interest Rate Swap	-	193,646	-	-	-	193,646
Total Liabilities	(7,180,395)	17,625,648	(3,958,110)	-	-	6,487,143
UNRESTRICTED NET ASSETS	37,284,610	10,077	4,624,211	-	-	41,918,898
TOTAL LIABILITIES AND NET ASSETS	$ 30,104,215	17,635,725	666,101	-	-	48,406,041

GEORGETOWN HEALTHCARE SYSTEM, INC. AND AFFILIATES

COMBINING SCHEDULE OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2013

	GHS	GHCS	GHF	GHSAF	Eliminations	Combined
REVENUE, GAINS, AND OTHER SUPPORT						
Lease Income	$ 5,400	2,477,572	-	-	-	2,482,972
Lease Assistance	162,070	237,876	-	-	-	399,946
Net Patient Service Revenue	1,127,014	1,354,476	-	-	-	2,481,490
Investment Income - St. David's Partnership	2,288,054	-	-	-	-	2,288,054
Investment Income	812,225	7,860	42,642	145	-	862,872
Other Revenue	141,453	114,632	-	-	(196,327)	59,758
Total Revenue, Gains, and Other Support	4,536,216	4,192,416	42,642	145	(196,327)	8,575,092
EXPENSES						
Salaries and Employee Benefits	1,595,479	896,484	-	-	-	2,491,963
Supplies, Utilities, and Other Services	243,392	366,535	-	-	-	609,927
Professional Fees and Purchased Services	284,685	187,731	6,370	90	-	478,876
Rental, Repairs, and Maintenance	94,575	430,225	-	-	-	524,800
Insurance and Taxes	69,506	277,847	-	-	-	347,353
Charitable Contributions	1,370,427	237,876	-	178,000	(196,327)	1,589,976
Depreciation and Amortization	64,526	1,142,536	-	-	-	1,207,062
Interest	-	207,094	-	-	-	207,094
Total Expenses and Losses	3,722,590	3,746,328	6,370	178,090	(196,327)	7,457,051
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	813,626	446,088	36,272	(177,945)	-	1,118,041
Unrealized Gain/(Loss) on Investments	813,722	-	36,533	-	-	850,255
Unrealized Gain/(Loss) on Interest Rate Swap	-	200,155	-	-	-	200,155
CHANGE IN UNRESTRICTED NET ASSETS	1,627,348	646,243	72,805	(177,945)	-	2,168,451
UNRESTRICTED NET ASSETS (DEFICIT), Beginning of Year	35,657,262	(636,166)	4,551,406	177,945	-	39,750,447
UNRESTRICTED NET ASSETS, End of Year	$ 37,284,610	10,077	4,624,211	-	-	41,918,898