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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 4,719,710

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	30
6	Total number of volunteers (estimate if necessary)	**6**	163
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)	200	0
	9 Program service revenue (Part VIII, line 2g)	3,577,346	3,646,268
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	856,918	948,800
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,664	85,367
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,504,128	4,680,435
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,370,427	2,258,717
	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)	1,595,479	1,700,289
	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)	724,597	793,725
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,690,503	4,752,731
	19 Revenue less expenses Subtract line 18 from line 12	813,625	-72,296

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	37,865,551	37,679,422
	21 Total liabilities (Part X, line 26)	580,942	676,242
	22 Net assets or fund balances Subtract line 21 from line 20	37,284,609	37,003,180

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

****** | 2015-11-12
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	SEAN HOLCOMB	2015-11-12		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 $ 1,281,584 including grants of $) (Revenue $ 1,383,089)

THE REPORTING ORGANIZATION OPERATES A HOME HEALTH AGENCY WHICH PROVIDED 7927 PATIENT VISITS TO OVER 341 PATIENTS IN AND AROUND THE GEORGETOWN, TEXAS AREA IN THIS REPORTING PERIOD THE PRIMARY PAYOR TYPE FOR THE AGENCY IS MEDICARE

4b (Code) (Expenses $ 2,258,717 including grants of $ 2,258,717) (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 $ 2,348,546)

THE REPORTING ORGANIZATION IS A PARTNER IN THE ST DAVID FS HEALTHCARE PARTNERSHIP, LP, LLP WHICH IS DEDICATED TO SERVING CENTRAL TEXAS UNDER THE COMMUNITY BENEFIT STANDARD AND THE AFFORDABLE CARE ACT THE PARTNERSHIP INCLUDES HOSPITALS, FREE STANDING EMERGENCY ROOMS, AMBULATORY CARE CENTERS, AND URGENT CARE CENTERS IN 2014, 67,815 PATIENTS WERE ADMITTED AND THERE WERE 310,328 EMERGENCY ROOM VISITS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 3,540,301

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	74		
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	30		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
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** 11			
	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** 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		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, address, and telephone number of the person who possesses the organization's books and records ▶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) ALMA GUZMAN SECRETARY	1 50	X						0	0	0
(5) DARRICK MCGILL EXECUTIVE COMMITTEE	1 50	X						0	0	0
(6) AUSTIN BRYAN BOARD MEMBER	1 00	X						0	0	0
(7) LARRY J HEMENES BOARD MEMBER	1 00	X						0	0	0
(8) DALE ILLIG BOARD MEMBER	1 00	X						0	0	0
(9) JOAN MAIER BOARD MEMBER	1 00	X						0	0	0
(10) LINDA MEIGS BOARD MEMBER	1 00	X						0	0	0
(11) RICHARD PEARCE MD BOARD MEMBER	1 00	X						0	0	0
(12) M SCOTT ALARCON CEO	40 00			X				247,325	0	21,316
(13) RICHARD SCHULTZ CFO	40 00			X				178,759	0	19,193

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)** . . . . . ▶	426,084	0	40,509

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				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	ST DAVID'S HEALTHCARE 621990	2,348,546	2,348,546		
	b	GEORGETOWN HOME HEALTH 621610	1,135,650	1,135,650		
	c	FACILITY RENTALS 900099	162,072	162,072		
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	3,646,268			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	362,543			362,543
	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 586,257				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 586,257				
	d	Net gain or (loss) . . . . . ▶	586,257			586,257
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 62,480				
	b	Less cost of goods sold . . b 39,275				
	c	Net income or (loss) from sales of inventory . . ▶	23,205	23,205		
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900099	52,971	52,971		
	b	AUXILIARY 900099	3,791	3,791		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	56,762			
	12	**Total revenue.** See Instructions . . . . . ▶	4,680,435	3,731,635	0	948,800

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 domestic organizations and domestic governments See Part IV, line 21	2,258,717	2,258,717		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	466,593		466,593	
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	967,797	720,163	247,634	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,723	34,773	28,950	
9 Other employee benefits	101,284	61,442	39,842	
10 Payroll taxes	100,892	58,129	42,763	
11 Fees for services (non-employees)				
a Management				
b Legal	24,452		24,452	
c Accounting	24,142	3,614	20,528	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	110,031		110,031	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	154,781	120,536	34,245	
12 Advertising and promotion	3,273	3,273		
13 Office expenses	69,813	44,918	24,895	
14 Information technology	39,275	17,231	22,044	
15 Royalties				
16 Occupancy	133,228	85,350	47,878	
17 Travel	79,355	42,371	36,984	
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	64,769	50,326	14,443	
23 Insurance	40,416	13,537	26,879	
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 MISCELLANEOUS EXPENSES	21,847	7,913	13,934	
b SUPPLIES	17,718	17,718	0	
c DUES & SUBSCRIPTIONS	10,625	290	10,335	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,752,731	3,540,301	1,212,430	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		390,305	2	231,621
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,459	4	41,048
	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		26,207	8	23,417
	9	Prepaid expenses and deferred charges		18,180	9	16,832
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,289,457			
	b	Less accumulated depreciation	10b 836,856	2,339,629	10c	2,452,601
	11	Investments—publicly traded securities		14,058,860	11	14,515,920
	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		8,429,061	15	7,826,133
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,865,551	16	37,679,422
Liabilities	17	Accounts payable and accrued expenses		196,503	17	267,023
	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		384,439	25	409,219
	26	**Total liabilities.** Add lines 17 through 25		580,942	26	676,242
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		37,284,609	27	37,003,180
	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		37,284,609	33	37,003,180
	34	Total liabilities and net assets/fund balances		37,865,551	34	37,679,422

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	4,680,435
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,752,731
3	Revenue less expenses Subtract line 2 from line 1	3	-72,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,284,609
5	Net unrealized gains (losses) on investments	5	-209,133
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	37,003,180

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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		35
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		697
j	Total Add lines 1c through 1i			732
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, lines 1 and 2 (see instructions), 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 $697 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 2 HOURS ON LOBBYING ACTIVITIES DURING 2014 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.**
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	765,388	609,492
c Leasehold improvements				
d Equipment		92,372	71,468	20,904
e Other		160,014		160,014
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,452,601

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	369,219
(2) DUE FROM AFFILIATED ENTITIES (NET)	7,336,336
(3) OTHER LONG TERM ASSETS - CSV	192,064
(4) GEORGETOWN HOME HEALTH	-71,486
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,826,133

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	369,219
GEORGETOWN HOME HEALTH	40,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	409,219

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320043585

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

OMB No 1545-0047

2014

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 criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
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)			742,675	10,313	732,362	4 310 %
b Medicaid (from Worksheet 3, column a)			1,222,244	1,871,411	-649,167	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,964,919	1,881,724	83,195	4 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			121,498	0	121,498	0 720 %
f Health professions education (from Worksheet 5)			47,947		47,947	0 280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,096,073		2,096,073	12 340 %
j **Total.** Other Benefits			2,265,518		2,265,518	13 340 %
k **Total.** Add lines 7d and 7j			4,230,437	1,881,724	2,348,713	17 650 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			154,272	1,200	153,072	3 220 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			154,272	1,200	153,072	3 220 %

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	167,498		
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			
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	4,228,775		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,945,421		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	283,354		
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW STDAVIDSFOUNDATION ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 500 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) _____			
b	☑ The FAP application form was widely available on a website (list url) _____			
c	☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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 THROUGHOUT 2014 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 THE REPORTING ORGANIZATION, TOGETHER WITH THE HOSPITALS, BEGAN THE PROCESS OF UPDATING ITS CHARITY CARE POLICY IN COMPLIANCE WITH SECTION 501(R) IN 2014 THE NEW POLICY WILL TAKE EFFECT DECEMBER 31, 2015

Form and Line Reference	Explanation
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 -3 82% LINES 7D AND 7K, COLUMN (F), WOULD BE 0 49% AND 13 83%, RESPECTIVELY PARTS I AND II THE TOTAL COMMUNITY BENEFIT FOR THE REPORTING ORGANIZATION IS $2,501,785, AND THE COMBINED PERCENTAGE IS 17 65%, WHICH IS THE SUM OF PART I, LINE 7K, COLUMN (F) PERCENTAGE OF 13 34% (AS ADJUSTED FOR UNREIMBURSED MEDICAID AS FURTHER EXPLAINED ABOVE) AND THE PART II, LINE 10, COLUMN (F) PERCENTAGE OF 3 22% 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 "

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL FACILITIES DO NOT TAKE ANY ACTIONS LISTED IN SCHEDULE H, PART V, SECTION B, LINES 18 AND 19 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 THE ORGANIZATION'S GRANTS PROGRAM ADDRESSES THE NEEDS OF THE SERVICE AREA

Form and Line Reference	Explanation
PART VI, LINE 3	EACH HOSPITAL POSTS A SUMMARY OF ITS CHARITY CARE POLICY IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE HOSPITALS' CONDITION OF ADMISSION CONSENT INFORMS THE PATIENTS THAT THEY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE OR CHARITY CARE AND THEY MAY REQUEST INFORMATION ABOUT THESE PROGRAMS A SUMMARY OF THE 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

Form and Line Reference	Explanation
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 THE LOCAL COMMUNITY 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

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TX

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 ST DAVID'S MEDICAL CENTER, - FACILITY 2 ST DAVID'S NORTH AUSTIN MEDICAL CENTER, - FACILITY 3 ST DAVID'S SOUTH AUSTIN MEDICAL CENTER, - FACILITY 4 ST DAVID'S ROUND ROCK MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16A WEBSITE	WWW STDAVIDS COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16B WEBSITE	WWW STDAVIDS COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16C WEBSITE	WWW STDAVIDS COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- ST DAVID'S MEDICAL CENTER PART V, SECTION B, LINE 5	IN PREPARATION OF THE CHNA FOR AUSTIN / TRAVIS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FORUMS, FOCUS GROUPS, AND INTERVIEWS WERE CONDUCTED FROM FEBRUARY - MARCH 2012 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS PRIORITY SECTORS AND REPRESENTATIVE PARTICIPANTS WERE IDENTIFIED BASED ON 1) A BRAINSTORMING SESSION WITH MEMBERS FROM THE CORE COORDINATING AND STEERING COMMITTEES, 2) A SURVEY COMPLETED BY THE STEERING COMMITTEE NOMINATING KEY INFORMANTS, AND 3) A SURVEY COMPLETED BY THE OUTREACH AND ENGAGEMENT SUBCOMMITTEE IDENTIFYING FOCUS GROUP SECTORS AND RELEVANT COMMUNITY-BASED ORGANIZATIONS TO THIS END, A TOTAL OF 4 COMMUNITY FORUMS, 14 FOCUS GROUPS, AND 28 INTERVIEWS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED ADDITIONALLY, FINDINGS FROM 25 KEY INFORMANT INTERVIEWS WITH SENIOR LEADERS IN MULTIPLE SECTORS INCLUDING THE BUSINESS, EDUCATION, AND HEALTH FIELDS PREVIOUSLY CONDUCTED FOR THE CENTRAL HEALTH CONNECTION'S LEADER DIALOGUE SERIES WERE INCLUDED IN THE ANALYSIS ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 300 INDIVIDUALS IN DISCUSSION ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITYIN PREPARATION OF THE CHNA FOR BASTROP COUNTY AND FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FIVE KEY INFORMANT INTERVIEWS WERE CONDUCTED BY TELEPHONE OR IN-PERSON DURING OCTOBER-NOVEMBER 2013 WITH LEADERS IN THE COUNTIES TO GATHER FEEDBACK ON PRIORITY HEALTH CONCERNS, COMMUNITY CHALLENGES TO ADDRESSING THESE CONCERNS, CURRENT STRENGTHS OF THE AREA, AND OPPORTUNITIES FOR THE FUTURE INTERVIEWS INCLUDED DISCUSSIONS WITH HEALTH CARE, EDUCATIONAL, SOCIAL SERVICE, AND GOVERNMENTAL LEADERS A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS INTERVIEWS TO ENSURE CONSISTENCY IN THE TOPICS COVERED THE KEY INFORMANT INTERVIEWEES FROM BASTROP COUNTY INCLUDED THE GENERAL MANAGER OF CAPITAL AREA RURAL TRANSPORTATION SYSTEM, THE MAYOR OF THE CITY OF BASTROP, THE EXECUTIVE DIRECTOR OF BLUEBONNET TRAILS COMMUNITY SERVICES, THE CRISIS SERVICES COORDINATOR FOR THE FAMILY CRISIS CENTER, AND THE EXECUTIVE DIRECTOR OF COMMUNITY SERVICES FOR THE BASTROP INDEPENDENT SCHOOL DISTRICT THE KEY INFORMANT INTERVIEWEES FROM HAYS COUNTY INCLUDED THE PASTOR OF CYPRESS CREEK CHURCH, THE CASE MANAGER OF SCHEIB CENTER, THE CEO OF CENTRAL TEXAS MEDICAL CENTER, THE PRACTICE MANAGER OF COMMUNICARE HEALTH CENTERS, AND THE DIRECTOR OF STUDENT HEALTH SERVICES FOR THE HAYS INDEPENDENT SCHOOL DISTRICT IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH COMMUNITY INPUT AND OPINIONS WERE OBTAINED THROUGH ACTIVITIES INITIATED BY THE WILCO WELLNESS ALLIANCE THE ALLIANCE, FORMED IN 2009, IS A HEALTH AND WELLNESS COALITION THAT WORKS TO BUILD HEALTHIER COMMUNITIES IN WILLIAMSON COUNTY THROUGH POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE THERE IS BROAD REPRESENTATION FROM THE COMMUNITY LOCAL GOVERNMENT, COMMUNITY ORGANIZATIONS, SCHOOLS, HEALTHCARE, FAITH-BASED, BUSINESSES, AND RESIDENTS CURRENTLY 146 ORGANIZATIONS AND 402 INDIVIDUALS MAKE UP THE COUNTYWIDE WILCO WELLNESS ALLIANCE APPROXIMATELY 74 INDIVIDUALS PARTICIPATE AT THE LEADERSHIP LEVEL ON THE COMMUNITY HEALTH IMPROVEMENT STEERING COMMITTEE THE ALLIANCE CONDUCTED COMMUNITY MEETINGS AND SURVEYS, GATHERED HEALTHCARE DATA AND EPIDEMIOLOGY STUDIES, AND SOLICITED REPORTS CREATED THROUGH LOCAL SERVING AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- ST DAVID'S MEDICAL CENTER PART V, SECTION B, LINE 6B	CENTRAL HEALTH DISTRICT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- ST DAVID'S MEDICAL CENTER PART V, SECTION B, LINE 11	THE ORGANIZATION EMBRACED THE NEW AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATE STRATEGIC IMPLEMENTATION PLANS FOR EACH FACILITY ST DAVID'S AUGMENTED ITS AREA-BASED, COLLABORATIVE, COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS IN TRAVIS AND WILLIAMSON COUNTIES BY LEADING SIMILAR ASSESSMENTS FOR BASTROP AND HAYS COUNTIES AND CONSOLIDATING AN ASSESSMENT OF COMMUNITY HEALTH NEEDS ACROSS ALL COMMUNITIES IN THE MEDICAL FACILITIES' GEOGRAPHIES THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS DATA-LED, EVIDENCE-BASED AND REFLECTIVE OF KEY COMMUNITY PARTNERSHIPS SEVERAL OVERARCHING THEMES EMERGED FROM SYNTHESIZING THE QUANTITATIVE AND QUALITATIVE DATA OF THE CHNAS THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST DAVID'S MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN NEED AREAS 1 ACCESS TO CARE/HEALTH SERVICES2 BEHAVIORAL AND MENTAL HEALTH3 ORAL HEALTH4 ELDER HEALTH5 HEALTH CARE WORKFORCE SHORTAGE6 OBESITY PREVENTIONALL AREAS HIGHLIGHTED BY THE CHNAS ARE BEING ADDRESSED BY THE 2013-2015 STRATEGIC IMPLEMENTATION PLAN THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- ST DAVID'S MEDICAL CENTER PART V, SECTION B, LINE 13H	THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S MEDICAL CENTER THE FACILITY PROVIDES APPLICATIONS TO PATIENTS AND PROVIDES HELP, IF NEEDED TO FILL OUT THE APPLICATION FOR CHARITY CARE THE PATIENT IS ASKED TO VERIFY THE INCOME OF FAMILY MEMBERS ADULT PATIENTS MUST PROVIDE THE INCOME FOR SPOUSES AND ANY DEPENDENTS DEPENDENT PATIENTS MUST PROVIDE THE INCOME FOR PARENTS AND OTHER DEPENDENTS THE FACILITY SEEKS DOCUMENTATION OF INCOME FROM THE PATIENT INCLUDING W-2 AND PAYCHECK STUBS QUALIFICATION FOR A PUBLIC BENEFIT PROGRAM ALSO QUALIFIES PATIENTS FOR CHARITY CARE THE FACILITY WORKS WITH PATIENTS WHO DO NOT HAVE DOCUMENTATION TO FIND OTHER WAYS TO PROVE THE PATIENT'S STATUS THE FACILITY DETERMINES CHARITY ELIGIBILITY FOR PATIENTS WHO HAVE AN INCOME IN EXCESS OF 200% OF FEDERAL POVERTY GUIDELINES FOR THESE FINANCIALLY INDIGENT PATIENTS, A SLIDING SCALE DISCOUNT IS APPLIED TO ACCOUNTS FOR PATIENTS WHOSE INCOME IS BETWEEN 200% AND 500% OF FPG IF THE PATIENT'S DISCOUNTED ACCOUNT BALANCE, AFTER ANY THIRD-PARTY PAYMENTS, EXCEEDS 10% OF THE PATIENT'S ANNUAL INCOME, THE EXCESS IS FORGIVEN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- ST DAVID'S MEDICAL CENTER PART V, SECTION B, LINE 22D	THE AMOUNT DUE WILL NOT EXCEED AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE AS DETERMINED BY USING THE LOOK BACK METHOD DESCRIBED IN THE INTERNAL REVENUE SERVICE REGULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 2 -- ST DAVID'S NORTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 5	IN PREPARATION OF THE CHNA FOR AUSTIN / TRAVIS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FORUMS, FOCUS GROUPS, AND INTERVIEWS WERE CONDUCTED FROM FEBRUARY - MARCH 2012 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS PRIORITY SECTORS AND REPRESENTATIVE PARTICIPANTS WERE IDENTIFIED BASED ON 1) A BRAINSTORMING SESSION WITH MEMBERS FROM THE CORE COORDINATING AND STEERING COMMITTEES, 2) A SURVEY COMPLETED BY THE STEERING COMMITTEE NOMINATING KEY INFORMANTS, AND 3) A SURVEY COMPLETED BY THE OUTREACH AND ENGAGEMENT SUBCOMMITTEE IDENTIFYING FOCUS GROUP SECTORS AND RELEVANT COMMUNITY-BASED ORGANIZATIONS TO THIS END, A TOTAL OF 4 COMMUNITY FORUMS, 14 FOCUS GROUPS, AND 28 INTERVIEWS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED ADDITIONALLY, FINDINGS FROM 25 KEY INFORMANT INTERVIEWS WITH SENIOR LEADERS IN MULTIPLE SECTORS INCLUDING THE BUSINESS, EDUCATION, AND HEALTH FIELDS PREVIOUSLY CONDUCTED FOR THE CENTRAL HEALTH CONNECTION'S LEADER DIALOGUE SERIES WERE INCLUDED IN THE ANALYSIS ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 300 INDIVIDUALS IN DISCUSSION ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY IN PREPARATION OF THE CHNA FOR BASTROP COUNTY AND FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FIVE KEY INFORMANT INTERVIEWS WERE CONDUCTED BY TELEPHONE OR IN-PERSON DURING OCTOBER-NOVEMBER 2013 WITH LEADERS IN THE COUNTIES TO GATHER FEEDBACK ON PRIORITY HEALTH CONCERNS, COMMUNITY CHALLENGES TO ADDRESSING THESE CONCERNS, CURRENT STRENGTHS OF THE AREA, AND OPPORTUNITIES FOR THE FUTURE INTERVIEWS INCLUDED DISCUSSIONS WITH HEALTH CARE, EDUCATIONAL, SOCIAL SERVICE, AND GOVERNMENTAL LEADERS A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS INTERVIEWS TO ENSURE CONSISTENCY IN THE TOPICS COVERED THE KEY INFORMANT INTERVIEWEES FROM BASTROP COUNTY INCLUDED THE GENERAL MANAGER OF CAPITAL AREA RURAL TRANSPORTATION SYSTEM, THE MAYOR OF THE CITY OF BASTROP, THE EXECUTIVE DIRECTOR OF BLUEBONNET TRAILS COMMUNITY SERVICES, THE CRISIS SERVICES COORDINATOR FOR THE FAMILY CRISIS CENTER, AND THE EXECUTIVE DIRECTOR OF COMMUNITY SERVICES FOR THE BASTROP INDEPENDENT SCHOOL DISTRICT THE KEY INFORMANT INTERVIEWEES FROM HAYS COUNTY INCLUDED THE PASTOR OF CYPRESS CREEK CHURCH, THE CASE MANAGER OF SCHEIB CENTER, THE CEO OF CENTRAL TEXAS MEDICAL CENTER, THE PRACTICE MANAGER OF COMMUNICARE HEALTH CENTERS, AND THE DIRECTOR OF STUDENT HEALTH SERVICES FOR THE HAYS INDEPENDENT SCHOOL DISTRICT IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH COMMUNITY INPUT AND OPINIONS WERE OBTAINED THROUGH ACTIVITIES INITIATED BY THE WILCO WELLNESS ALLIANCE THE ALLIANCE, FORMED IN 2009, IS A HEALTH AND WELLNESS COALITION THAT WORKS TO BUILD HEALTHIER COMMUNITIES IN WILLIAMSON COUNTY THROUGH POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE THERE IS BROAD REPRESENTATION FROM THE COMMUNITY LOCAL GOVERNMENT, COMMUNITY ORGANIZATIONS, SCHOOLS, HEALTHCARE, FAITH-BASED, BUSINESSES, AND RESIDENTS CURRENTLY 146 ORGANIZATIONS AND 402 INDIVIDUALS MAKE UP THE COUNTYWIDE WILCO WELLNESS ALLIANCE APPROXIMATELY 74 INDIVIDUALS PARTICIPATE AT THE LEADERSHIP LEVEL ON THE COMMUNITY HEALTH IMPROVEMENT STEERING COMMITTEE THE ALLIANCE CONDUCTED COMMUNITY MEETINGS AND SURVEYS, GATHERED HEALTHCARE DATA AND EPIDEMIOLOGY STUDIES, AND SOLICITED REPORTS CREATED THROUGH LOCAL SERVING AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 2 -- ST DAVID'S NORTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 6B	CENTRAL HEALTH DISTRICT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 2 -- ST DAVID'S NORTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 11	THE ORGANIZATION EMBRACED THE NEW AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATE STRATEGIC IMPLEMENTATION PLANS FOR EACH FACILITY ST DAVID'S AUGMENTED ITS AREA-BASED, COLLABORATIVE, COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS IN TRAVIS AND WILLIAMSON COUNTIES BY LEADING SIMILAR ASSESSMENTS FOR BASTROP AND HAYS COUNTIES AND CONSOLIDATING AN ASSESSMENT OF COMMUNITY HEALTH NEEDS ACROSS ALL COMMUNITIES IN THE MEDICAL FACILITIES' GEOGRAPHIES THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS DATA-LED, EVIDENCE-BASED, AND REFLECTIVE OF KEY COMMUNITY PARTNERSHIPS SEVERAL OVERARCHING THEMES EMERGED FROM SYNTHESIZING THE QUANTITATIVE AND QUALITATIVE DATA OF THE CHNAS THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE NORTH AUSTIN MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN NEED AREAS 1 ACCESS TO CARE/HEALTH SERVICES2 BEHAVIORAL AND MENTAL HEALTH3 ORAL HEALTH4 ELDER HEALTH5 HEALTH CARE WORKFORCE SHORTAGE6 OBESITY PREVENTIONALL AREAS HIGHLIGHTED BY THE CHNAS ARE BEING ADDRESSED BY THE 2013-2015 STRATEGIC IMPLEMENTATION PLAN THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- ST DAVID'S NORTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 13H	THE FOLLOWING IS A SUMMARY OF THE CHARITY CARE POLICY ADOPTED BY ST DAVID'S NORTH AUSTIN MEDICAL CENTER THE FACILITY PROVIDES APPLICATIONS TO PATIENTS AND PROVIDES HELP, IF NEEDED TO FILL OUT THE APPLICATION FOR CHARITY CARE THE PATIENT IS ASKED TO VERIFY THE INCOME OF FAMILY MEMBERS ADULT PATIENTS MUST PROVIDE THE INCOME FOR SPOUSES AND ANY DEPENDENTS DEPENDENT PATIENTS MUST PROVIDE THE INCOME FOR PARENTS AND OTHER DEPENDENTS THE FACILITY SEEKS DOCUMENTATION OF INCOME FROM THE PATIENT INCLUDING W-2 AND PAYCHECK STUBS QUALIFICATION FOR A PUBLIC BENEFIT PROGRAM ALSO QUALIFIES PATIENTS FOR CHARITY CARE THE FACILITY WORKS WITH PATIENTS WHO DO NOT HAVE DOCUMENTATION TO FIND OTHER WAYS TO PROVE THE PATIENT'S STATUS THE FACILITY DETERMINES CHARITY ELIGIBILITY FOR PATIENTS WHO HAVE AN INCOME IN EXCESS OF 200% OF FEDERAL POVERTY GUIDELINES FOR THESE FINANCIALLY INDIGENT PATIENTS, A SLIDING SCALE DISCOUNT IS APPLIED TO ACCOUNTS FOR PATIENTS WHOSE INCOME IS BETWEEN 200% AND 500% OF FPG IF THE PATIENT'S DISCOUNTED ACCOUNT BALANCE, AFTER ANY THIRD-PARTY PAYMENTS, EXCEEDS 10% OF THE PATIENT'S ANNUAL INCOME, THE EXCESS IS FORGIVEN

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- ST DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 5	IN PREPARATION OF THE CHNA FOR AUSTIN / TRAVIS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FORUMS, FOCUS GROUPS, AND INTERVIEWS WERE CONDUCTED FROM FEBRUARY - MARCH 2012 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS PRIORITY SECTORS AND REPRESENTATIVE PARTICIPANTS WERE IDENTIFIED BASED ON 1) A BRAINSTORMING SESSION WITH MEMBERS FROM THE CORE COORDINATING AND STEERING COMMITTEES, 2) A SURVEY COMPLETED BY THE STEERING COMMITTEE NOMINATING KEY INFORMANTS, AND 3) A SURVEY COMPLETED BY THE OUTREACH AND ENGAGEMENT SUBCOMMITTEE IDENTIFYING FOCUS GROUP SECTORS AND RELEVANT COMMUNITY-BASED ORGANIZATIONS TO THIS END, A TOTAL OF 4 COMMUNITY FORUMS, 14 FOCUS GROUPS, AND 28 INTERVIEWS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED ADDITIONALLY, FINDINGS FROM 25 KEY INFORMANT INTERVIEWS WITH SENIOR LEADERS IN MULTIPLE SECTORS INCLUDING THE BUSINESS, EDUCATION, AND HEALTH FIELDS PREVIOUSLY CONDUCTED FOR THE CENTRAL HEALTH CONNECTION'S LEADER DIALOGUE SERIES WERE INCLUDED IN THE ANALYSIS ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 300 INDIVIDUALS IN DISCUSSION ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY IN PREPARATION OF THE CHNA FOR BASTROP COUNTY AND FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH THROUGH THE COLLECTIVE EFFORT, FIVE KEY INFORMANT INTERVIEWS WERE CONDUCTED BY TELEPHONE OR IN-PERSON DURING OCTOBER-NOVEMBER 2013 WITH LEADERS IN THE COUNTIES TO GATHER FEEDBACK ON PRIORITY HEALTH CONCERNS, COMMUNITY CHALLENGES TO ADDRESSING THESE CONCERNS, CURRENT STRENGTHS OF THE AREA, AND OPPORTUNITIES FOR THE FUTURE INTERVIEWS INCLUDED DISCUSSIONS WITH HEALTH CARE, EDUCATIONAL, SOCIAL SERVICE, AND GOVERNMENTAL LEADERS A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS INTERVIEWS TO ENSURE CONSISTENCY IN THE TOPICS COVERED THE KEY INFORMANT INTERVIEWEES FROM BASTROP COUNTY INCLUDED THE GENERAL MANAGER OF CAPITAL AREA RURAL TRANSPORTATION SYSTEM, THE MAYOR OF THE CITY OF BASTROP, THE EXECUTIVE DIRECTOR OF BLUEBONNET TRAILS COMMUNITY SERVICES, THE CRISIS SERVICES COORDINATOR FOR THE FAMILY CRISIS CENTER, AND THE EXECUTIVE DIRECTOR OF COMMUNITY SERVICES FOR THE BASTROP INDEPENDENT SCHOOL DISTRICT THE KEY INFORMANT INTERVIEWEES FROM HAYS COUNTY INCLUDED THE PASTOR OF CYPRESS CREEK CHURCH, THE CASE MANAGER OF SCHEIB CENTER, THE CEO OF CENTRAL TEXAS MEDICAL CENTER, THE PRACTICE MANAGER OF COMMUNICARE HEALTH CENTERS, AND THE DIRECTOR OF STUDENT HEALTH SERVICES FOR THE HAYS INDEPENDENT SCHOOL DISTRICT IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH SETON AND CENTRAL HEALTH COMMUNITY INPUT AND OPINIONS WERE OBTAINED THROUGH ACTIVITIES INITIATED BY THE WILCO WELLNESS ALLIANCE THE ALLIANCE, FORMED IN 2009, IS A HEALTH AND WELLNESS COALITION THAT WORKS TO BUILD HEALTHIER COMMUNITIES IN WILLIAMSON COUNTY THROUGH POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE THERE IS BROAD REPRESENTATION FROM THE COMMUNITY LOCAL GOVERNMENT, COMMUNITY ORGANIZATIONS, SCHOOLS, HEALTHCARE, FAITH-BASED, BUSINESSES, AND RESIDENTS CURRENTLY 146 ORGANIZATIONS AND 402 INDIVIDUALS MAKE UP THE COUNTYWIDE WILCO WELLNESS ALLIANCE APPROXIMATELY 74 INDIVIDUALS PARTICIPATE AT THE LEADERSHIP LEVEL ON THE COMMUNITY HEALTH IMPROVEMENT STEERING COMMITTEE THE ALLIANCE CONDUCTED COMMUNITY MEETINGS AND SURVEYS, GATHERED HEALTHCARE DATA AND EPIDEMIOLOGY STUDIES, AND SOLICITED REPORTS CREATED THROUGH LOCAL SERVING AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- ST DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 6B	CENTRAL HEALTH DISTRICT

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320043585

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

2014

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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 36

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.

(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 CARE205 E UNIVERSITY GEORGETOWN,TX 78626	74-3001674	501(C)(3)	1,274,000				PROVIDE FUNDING FOR INDIGENT CARE AND INCREASING HEALTHCARE ACCESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PLACEPO BOX 1215 GEORGETOWN,TX 78627	74-2386902	501(C)(3)	50,000				SUPPORT MEDICAL PROGRAM FOR CLIENTS AT OR BELOW POVERTY LEVEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 GEORGETOWN210 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 Domestic Organizations and Domestic Governments.

(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 INCPO BOX 1784 AUSTIN,TX 78767	74-2893041	501(C)(3)	50,000				SCHOLARSHIPS FOR LOW-INCOME ADULTS PURSUING COLLEGE DEGREES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Domestic Organizations and Domestic Governments.

(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	50,000				PROVIDE MENTAL HEALTH AND BEHAVIORAL COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHISHOLM TRAIL COMMUNITIES FOUNDATION (BACKPACK BUDDIES)116 WEST 8TH STREET STE 105 GEORGETOWN,TX 78626	74-2786718	501(C)(3)	50,000				ASSIST WEEKEND FEEDING PROGRAM FOR LOW-INCOME GEORGETOWN STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GEORGETOWN PROJECTPO BOX 957 GEORGETOWN,TX 78627	74-2807713	501(C)(3)	50,000				PROVIDES CONVENING AND LEADERSHIP SUPPORT TO ALL GEORGETOWN YOUTH ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIDE ON CENTER FOR KIDS (ROCK)PO BOX 2422 GEORGETOWN,TX 78627	74-2917659	501(C)(3)	50,000				ASSIST CLIENTS WITH MENTAL AND PHYSICAL DISABILITIES THROUGH EQUINE-ASSISTED THERAPIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STARRY INC1300 N MAYS STREET ROUND ROCK,TX 78664	04-3589689	501(C)(3)	50,000				PROVIDE EMERGENCY SHELTER AND CRISIS COUNSELING TO GEORGETOWN CHILDREN, YOUTH, AND FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER406 W UNIVERSITY GEORGETOWN,TX 78626	74-2834639	501(C)(3)	30,000				PROVIDE CRISIS COUNSELING FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHISHOLM TRAIL COMMUNITIES FOUNDATION (THE LOCKER)116 WEST 8TH STREET STE 105 GEORGETOWN,TX 78626	74-2786718	501(C)(3)	30,000				SUPPORT PROGRAM SERVING STUDENTS IN NEED AND PURSUING SERVICE-LEARNING OPPORTUNITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SPIRIT REINS INCPO BOX 368 LIBERTY HILL,TX 78642	06-1692909	501(C)(3)	30,000				ASSIST CLIENTS IN MENTAL HEALTH CRISIS THROUGH EQUINE-ASSISTED THERAPIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HOME3610 SHELL ROAD GEORGETOWN,TX 78628	74-2936497	501(C)(3)	25,000				SUPPORT WRAP AROUND SERVICES FOR MOTHERS AND BABIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	24,000				PROVIDE GRIEF / BEREAVEMENT SERVICES TO GEORGETOWN COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LIFESTEPS2105 N MAYS STREET ROUND ROCK,TX 78664	74-1997977	501(C)(3)	20,000				SUBSTANCE ABUSE COUNSELING TO GEORGETOWN STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF WILLIAMSON COUNTY TX805 W UNIVERSITY AVE STE 111 GEORGETOWN,TX 78626	26-4371605	501(C)(3)	20,000				SUPPORT FOR CASE SUPERVISORS OF CASA VOLUNTEERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LEADERSHIP811 BARTON SPRINGS RD STE 600 AUSTIN,TX 78704	74-2898888	501(C)(3)	15,750				SCHOLARSHIPS FOR PEOPLE PURSUING HEALTH RELATED SERVICE DEGREES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLSTART1400 W ANDERSON LANE AUSTIN,TX 78757	31-1595414	501(C)(3)	15,000				AFTERSCHOOL STEM EDUCATION IN THE GEORGETOWN COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENAUSTINPO BOX 3122 AUSTIN,TX 78704	74-2837732	501(C)(3)	15,000				SUPPORT INTERVENTION PROGRAMS FOR GIRLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 BURNET COUNTY OPPORTUNITIES INC (WBCO)604 HIGH TECH DRIVE GEORGETOWN,TX 78626	74-6075213	501(C)(3)	15,000				SUPPORT FOR HEAD START KITCHEN RENOVATION TO ENSURE HEALTH CODE COMPLIANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PTA TEXAS CONGRESS DBA GEORGETOWN ISD COUNCIL OF PTASC/O 603 LAKEWAY DRIVE GEORGETOWN,TX 78628	74-6086087	501(C)(3)	10,000				PROMOTE BETTER NUTRITION AND FUN PHYSICAL ACTIVITY FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ALLIANCE1011 GATTIS SCHOOL RD STE 106 ROUND ROCK,TX 78664	74-2277114	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEORGETOWN PARTNERS IN EDUCATION FOUNDATION2211 NORTH AUSTIN AVE GEORGETOWN,TX 78626	74-2843114	501(C)(3)	5,000				ASSISTANCE FOR TRAINING VOLUNTEERS WHO WORK WITH CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				SUPPORT PROGRAMS FOR ADULTS WITH DISABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HEALTH100 W THIRD STREET GEORGETOWN,TX 78626	51-0526402	501(C)(3)	5,000				ASSIST IN DEVELOPMENT AND MAINTENANCE OF WEBSITE FOR LOCAL PUBLIC HEALTH ISSUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAITH IN ACTION - GEORGETOWNPO BOX 743 GEORGETOWN,TX 78627	20-3414707	501(C)(3)	5,000				GEORGETOWN SAFE DRIVING CLASSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY ELDERCARE1700 RUTHERFORD LANE AUSTIN,TX 78754	74-2286387	501(C)(3)	5,000				HEALTHCARE CASE MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER WILLIAMSON COUNTY1812 N MAYS STREET ROUND ROCK,TX 78664	74-2206558	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEXAS DENTAL ASSOCIATION SMILES FOUNDATION1946 S IH-35 STE 300 AUSTIN,TX 78704	74-2897487	501(C)(3)	5,000				PROVIDE EMERGENT AND PRIMARY DENTAL CARE TO THOSE FOR THOSE WHO HAVE NO OTHER MEANS TO ACCESS DENTAL CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAINT HELEN CATHOLIC SCHOOL2700 E UNIVERSITY AVE GEORGETOWN,TX 78626	38-3826785	501(C)(3)	5,000				PROMOTE HOLISTIC WELLNESS AND GOOD HEALTH THROUGH PURCHASE OF EXERCISE EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HILL COUNTRY MEDICAL MINISTRIES DBA SAMARITAN HEALTH MINISTRIES700A W WHITESTONE BLVD CEDAR PARK,TX 78613	74-2570190	501(C)(3)	5,000				PROVIDE ASSISTANCE TO INCREASE INDIGENT CARE IN WILLIAMSON COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH OF CHRIST OF GEORGETOWN TEXAS DBA GEORGETOWN CHURCH OF CHRIST1525 W UNIVERSITY AVE GEORGETOWN,TX 78628	74-2293201	501(C)(3)	5,000				PURCHASE OF NEW COMPUTERS FOR AFTER-SCHOOL RESOURCE CENTER IN IMPOVERISHED GEORGETOWN NEIGHBORHOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WESLEYAN HOMES FOUNDATION1811 N AUSTIN AVE STE 201 GEORGETOWN,TX 78626	90-0085021	501(C)(3)	5,000				PROMOTE LIFESTYLE OF WELLNESS THROUGH BUILDING OF SWIMMING POOL FOR RESIDENTS AT WESLEYAN AT ESTRELLA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER805 W UNIVERSITY GEORGETOWN,TX 78626	01-0717158	501(C)(3)		154,272	FMV	LEASE ASSISTANCE	LEASE ASSISTANCE TO EXPAND HEALTH CARE SERVICE NETWORK IN COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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.**

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 M SCOTT ALARCON, CEO	(i)	240,325	0	7,000	12,461	8,855	268,641	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD SCHULTZ, CFO	(i)	178,759	0	0	9,214	9,979	197,952	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 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
GEORGETOWN HEALTHCARE SYSTEM	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 30 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 ACCOUNTING FIRM AS PART OF CONSOLIDATED FINANCIAL STATEMENTS. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDED GEORGETOWN HEALTHCARE SYSTEM, GEORGETOWN HEALTHCARE COMMUNITY SERVICES, GEORGETOWN HEALTHCARE FOUNDATION AND GEORGETOWN HEALTHCARE SPECIAL ASSET FOUNDATION

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 2014	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 4 IN MANY DIFFERENT WAYS SOME OF THOSE WERE IN THE FORM OF HOSPITAL ADMISSIONS - 67,815 EMERGENCY ROOM VISITS - 310,328 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 2014, GHH PROVIDED 7,927 HOME HEALTH VI SITS TO 341 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 23,614 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 2014, 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 2014, LSCC PROVIDED OVER 317,022 VISITS TO 8 0,620 PATIENTS IT PROVIDED OVER $18,385,000 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 $1,274,000 TO HELP OFFSET LONE STAR'S UNCOMPE NSATED CARE GHS STAFF ALSO DONATED MANAGEMENT SERVICES ASSISTANCE TO LSCC TO FURTHER DEVE LOP AND IMPLEMENT THEIR KEY INITIATIVES IN 2014 BOTH ORGANIZATIONS SHARE THE PURSUIT OF P ROVIDING QUALITY, ACCESSIBLE AND SUSTAINABLE PRIMARY HEALTHCARE FOR WILLIAMSON COUNTY RESI DENTS, FOCUSING ON THE UNINSURED AND UNDERSERVED THE CARING PLACE THE CARING PLACE SERVES GEORGETOWN AND NORTHERN WILLIAMSON COUNTY RESIDENTS IN FINANCIAL CRISIS IT IS THE COMMUN ITY'S CENTRAL HUB FOR MEETING RESIDENTS' MOST BASIC HUMAN NEEDS THE REPORTING ORGANIZATIO N'S SUPPORT TARGETED THE CARING PLACE'S MEDICAL PROGRAM, AIDING CLIENTS WITH MEDICAL, DENT AL, PRESCRIPTION DRUGS, AND DENTAL EXPENSES THIS PROGRAM ALSO PROVIDED CASE MANAGEMENT AN D ADVOCACY SERVICES TO CLIENTS EXPERIENCING LONG TERM HEALTH CRISES BOYS & GIRLS CLUB OF GEORGETOWN THE BOYS AND GIRLS CLUB OF GEORGETOWN PROVIDES AFTER SCHOOL AND SUMMER PROGRAMS TO THE YOUTH OF THE COMMUNITY NO CHILD IS EXCLUDED FROM MEMBERSHIP REGARDLESS OF THEIR A BILITY TO PAY MEMBERSHIP FEES THEY OFFER CHILDREN AGES 6-18 PROGRAMS RANGING FROM CHARACT ER & LEADERSHIP TRAINING, CAREER & EDUCATION COUNSELING, HEALTH & LIFE SKILLS, THE ARTS, A ND SPORTS FITNESS & RECREATION THE REPORTING ORGANIZATIONS' SUPPORT PROVIDED ASSISTANCE T O OFFSET THE COST OF PROVIDING THESE PROGRAMS CAPITAL I D E A CAPITAL I D E A WORKS TO LI FT ADULTS OUT OF POVERTY AND INTO LIVING WAGE CAREERS THROUGH EDUCATION THROUGH COMPREHEN SIVE FUNDING OF EDUCATIONAL EXPENSES - FROM TUITION AND FEES TO CHILDCARE AND TRANSPORTATI ON - CAPITAL IDEA MOVES ADULTS THROUGH HIGHER EDUCATION CREDENTIALING AND INTO HIGH-DEMAND CAREERS IDENTIFIED BY LOCAL EMPLOYER PARTNERS THE REPORTING ORGANIZATIONS' SUPPORT FUNDE D SCHOLARSHIPS FOR QUALIFY ING GEORGETOWN RESIDENTS TO PURSUE A DEGREE IN HIGHER EDUCATION THROUGH CAPITAL IDEA'S PROGRAMS HABITAT FOR HUMANITY OF WILLIAMSON COUNTY HABITAT FOR HUM ANITY EXISTS TO CREATE AND SUSTAIN AFFORDABLE HOUSING FOR LOW INCOME FAMILIES IN WILLIAMSO N COUNTY THE REPORTING ORGANIZATION'S SUPPORT WAS

Return Reference	Explanation	
	COMMUNITY BENEFIT REPORT 2014	DESIGNATED FOR THE COMMUNITY INVOLVEMENT DIRECTOR'S POSITION, WHICH OVERSEES ALL OF HABIT AT'S PROGRAMS INCLUDING FINANCIAL EDUCATION AND HOMEOWNERSHIP TRAINING OF PARTNER FAMILIES , AND SUPERVISION OF VOLUNTEERS FOR HOME BUILDING PROJECTS, THE HOME REPAIR PROGRAM, AND T HE HABITAT RESTORE. GISD THE FUNDING PROVIDED BY THE REPORTING ORGANIZATION SUPPORTS THE E MBEDDING OF A LICENSED PROFESSIONAL COUNSELOR (LPC) AT A GEORGETOWN HIGH SCHOOL TO PROVIDE MENTAL AND BEHAVIORAL HEALTH SERVICES TO STUDENTS. IN ADDITION TO PROVIDING ONGOING COUNS ELING SUPPORT TO STUDENTS IN NEED, THE LPC ASSISTED SCHOOL ADMINISTRATORS IN MULTIPLE CRIS IS SITUATIONS DURING THE 2014-15 ACADEMIC YEAR, INCLUDING A SUICIDE, BULLYING INCIDENCES, AND SEVERAL OUTCRIES AND/OR SUICIDE ATTEMPTS THROUGH DRUG OVERDOSE. BACKPACK BUDDIES BACKP ACK BUDDIES IS A GEORGETOWN, TX BASED, VOLUNTEER RUN WEEKEND FOOD PROGRAM FOR CHILDREN TH E PROGRAM PARTNERS WITH THE LOCAL FOOD BANK TO PROVIDE GEORGETOWN INDEPENDENT SCHOOL DISTR ICT STUDENTS IN GRADES K-8 WITH BAGS OF NONPERISHABLE FOOD EACH WEEKEND DURING THE SCHOOL YEAR. QUALIFYING STUDENTS MUST BE ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM TO RECEIV E THEIR WEEKLY BAG OF FOOD. THE REPORTING ORGANIZATION'S SUPPORT WAS FOR THE PURCHASE OF A TRUCK WITH A COVERED BED USED TO TRANSPORT FOOD TO THE 13 SCHOOL DISTRICT CAMPUSES THEY S ERVE. THE PROGRAM ASSISTED NEARLY 800 STUDENTS IN THE 2014-15 ACADEMIC YEAR. RIDE ON CENTE R FOR KIDS RIDE ON CENTER FOR KIDS (ROCK) IS THE LARGEST PROVIDER OF EQUINE ASSISTED ACTIV ITIES AND THERAPY IN CENTRAL TEXAS. THEY ARE A PREMIER ACCREDITED NARHA CENTER THAT PROVID ES PHYSICAL THERAPY AND OCCUPATIONAL HERAPY. GHS, THROUGH ITS AFFILIATE GEORGETOWN HEALTHC ARE SPECIAL ASSET FOUNDATION (GHSAF), PROVIDED FUNDING WHICH ENABLED ROCK TO CONTINUE TO D EVELOP EXPAND PROGRAMS ASSOCIATED WITH THEIR STRATEGIC PLAN. STARRY STARRY (SERVICES TO AT RISK & RUNAWAY YOUTH) SUPPORTS CHILDREN, YOUTH, AND PARENTS IN CRISIS THROUGH SERVICES TH AT PROTECT, EDUCATE, AND PROMOTE STRONG FAMILIES. THE ORGANIZATION FS SUPPORT PROVIDED SUP PORT FOR AN EMERGENCY SHELTER AND COUNSELING TO GEORGETOWN, TX FAMILIES IN CRISIS. SPIRIT REINS SPIRIT REINS PROVIDES TRAUMA-INFORMED MENTAL HEALTH SERVICES TO CHILDREN AND FAMILIE S, PARTICULARLY CHILDREN WHO ARE IN FOSTER CARE OR HAVE BEEN ADOPTED FROM FOSTER CARE. THE REPORTING ORGANIZATION'S SUPPORT FUNDED SCHOLARSHIPS TO ALLOW GEORGETOWN FAMILIES TO ACCE SS SPIRIT REINS' THERAPIES, SUPPLEMENTING MEDICAID DISBURSEMENTS. SCHOLARSHIPS WERE PROVID ED TO 11 CHILDREN IN 10 FAMILIES

Return Reference	Explanation
COMMUNITY BENEFIT REPORT 2014 - 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 163 COMMUNITY MEMBERS THAT SERVE IN VARIOUS VOLUNTEER ROLES THROUGHOUT THE HOSPITAL IN 2014, THE VOLUNTEER SERVICES PROGRAM PROVIDED 18,510 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 THE REPORTING ORGANIZATION ALSO PROVIDES FREE MEETING SPACE TO LOCAL NON- PROFIT ORGANIZATIONS DURING THE REPORTING YEAR THE ORGANIZATION PROVIDED THIS SPECIFICALLY DESIGNED COMMUNITY ROOM MEETING SPACE TO 44 DIFFERENT NON-PROFIT ORGANIZATIONS THESE ORGANIZATIONS HELD OVER 500 MEETINGS OR OTHER EVENTS AND UTILIZED THE SPACE FOR OVER 1,700 HOURS

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

OMB No 1545-0047

2014

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		No
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	2,348,546	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