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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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GEORGETOWN HEALTHCARE SYSTEM INC

Doing business as
GEORGETOWN HEALTH FOUNDATION

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

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

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

J Website: ▶ WWW.GTHF.ORG

D Employer identification number
74-2427148

E Telephone number
(512) 931-2221

G Gross receipts \$ 5,142,941

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 ▶

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

L Year of formation: 1985

M State of legal domicile: TX

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION IS DEDICATED TO THE PROMOTION OF QUALITY, ACCESSIBLE HEALTHCARE FOR ALL PERSONS LIVING IN THE GEORGETOWN, TX COMMUNITY AND SURROUNDING AREA. AS A PARTNER IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, WE PROVIDE HEALTHCARE TO THE PUBLIC THROUGH THE OPERATION OF FOUR HOSPITALS IN THE CENTRAL TEXAS AREA WHICH OPERATE UNDER THE COMMUNITY BENEFIT STANDARD. LOCALLY, WE INVEST IN AND PARTNER WITH OTHER NON-PROFIT ORGANIZATIONS WHO, LIKE US, ARE COMMITTED TO IMPROVING THE SOCIAL DETERMINANTS OF HEALTH IN OUR COMMUNITY WITH A GOAL OF BUILDING AND SUSTAINING HEALTHY, PRODUCTIVE LIVES FOR GEORGETOWN RESIDENTS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	166
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-89,061
b Net unrelated business taxable income from Form 990-T, line 39	7b	-48,412

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	390,679	600,000
9 Program service revenue (Part VIII, line 2g)	3,137,774	2,680,016
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	854,794	688,381
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,614	-91,395
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,414,861	3,877,002

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,635,551	2,457,960
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)	1,090,000	1,157,483
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)	541,423	477,404
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,266,974	4,092,847
19 Revenue less expenses. Subtract line 18 from line 12	147,887	-215,845

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	45,047,615	46,689,738
21 Total liabilities (Part X, line 26)	3,164,627	2,751,891
22 Net assets or fund balances. Subtract line 21 from line 20	41,882,988	43,937,847

Part II

Signature Block

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

Sign Here

Signature of officer

2020-11-15
Date

SCOTT ALARCON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-11-15	Check ☐ if self-employed	PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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 \$ 3,322,640 including grants of \$ 2,457,960) (Revenue \$ 89,136)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 2,588,546)
See Additional Data

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

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

4e Total program service expenses ▶ 3,322,640

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 Yes	
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	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Yes
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 ComplianceCheck 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	33
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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 7			
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	Yes		
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	Yes		
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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 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.	13	
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	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
10b	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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-A 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:
 ▶SAM 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ALMA MOLLEUR CHAIR	2.00	X						0	0	0
(2) JIM DONOVAN MD CHAIR-ELECT	1.50	X						0	0	0
(3) DARRICK MCGILL PAST CHAIR	1.50	X						0	0	0
(4) D SCOTT MATTHEW SECRETARY	1.50	X						0	0	0
(5) ASHLIE KOENIG BOARD MEMBER	1.50	X						0	0	0
(6) J BRAD CURLEE BOARD MEMBER	1.00	X						0	0	0
(7) TIM HARRIS BOARD MEMBER	1.00	X						0	0	0
(8) CINDY LOCKE BOARD MEMBER	1.00	X						0	0	0
(9) STACEY MATHEWS BOARD MEMBER	1.00	X						0	0	0
(10) SOFIA NELSON BOARD MEMBER	1.00	X						0	0	0
(11) BRADLEY SMITH BOARD MEMBER	1.00	X						0	0	0
(12) JOHN STOCK BOARD MEMBER	1.00	X						0	0	0
(13) STEVE WEST BOARD MEMBER	1.00	X						0	0	0
(14) M SCOTT ALARCON CEO	40.00			X				318,573	0	25,341
(15) RICHARD SCHULTZ CFO	40.00			X				265,104	0	27,848
(16) MARY S PUKYS VP-STRATEGIC PHILANTHROPY	40.00					X		154,899	0	13,874

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)								738,576	0	67,063

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 ► 3			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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		

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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	600,000				
	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:\$					1g					
	h Total. Add lines 1a-1f ▶					600,000					
Program Service Revenue						Business Code					
	2a ST. DAVID'S HEALTHCARE					621990	2,588,546	2,588,546			
	b FACILITY RENTALS					900099	91,470	91,470			
	c										
	d										
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶					2,680,016					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					628,552				628,552	
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents	6a	384,330								
	b Less: rental expenses	6b	531,426								
	c Rental income or (loss)	6c	-147,096								
	d Net rental income or (loss) ▶					-147,096	-58,035	-89,061			
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory	7a	743,870								
	b Less: cost or other basis and sales expenses	7b	684,041								
	c Gain or (loss)	7c	59,829								
	d Net gain or (loss) ▶					59,829				59,829	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					8a					
	b Less: direct expenses					8b					
	c Net income or (loss) from fundraising events . . . ▶										
	9a Gross income from gaming activities. See Part IV, line 19					9a					
	b Less: direct expenses					9b					
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .					10a	57,831				
b Less: cost of goods sold . . .					10b	50,472					
c Net income or (loss) from sales of inventory . . . ▶					7,359	7,359					
Miscellaneous Revenue					Business Code						
11a OTHER INCOME					900099	46,145	46,145				
b AUXILIARY					900099	2,197	2,197				
c											
d All other revenue											
e Total. Add lines 11a-11d ▶					48,342						
12 Total revenue. See instructions ▶					3,877,002	2,677,682	-89,061	688,381			

Form 990 (2019)

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	2,457,960	2,457,960		
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	636,866	245,195	391,671	
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	415,815	340,253	75,562	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	18,276	14,227	4,049	
9 Other employee benefits	23,568	21,326	2,242	
10 Payroll taxes	62,958	36,545	26,413	
11 Fees for services (non-employees):				
a Management				
b Legal	6,767	2,977	3,790	
c Accounting	18,332	8,066	10,266	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	73,370	31,865	41,505	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	120,922	61,755	59,167	
12 Advertising and promotion	7,767	6,053	1,714	
13 Office expenses	46,194	25,380	20,814	
14 Information technology	534	235	299	
15 Royalties				
16 Occupancy	89,488	19,563	69,925	
17 Travel	14,563	7,429	7,134	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,422	14,422		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,557		9,557	
23 Insurance	16,082	7,076	9,006	
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	33,919	15,211	18,708	
b DUES & SUBSCRIPTIONS	14,701	7,102	7,599	
c FEDERAL INCOME TAX	10,786		10,786	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,092,847	3,322,640	770,207	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		647,248	2	239,168	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,605	4	42,775	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		251,908	7	134,257	
	8	Inventories for sale or use		41,862	8	27,263	
	9	Prepaid expenses and deferred charges		6,271	9	16,349	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,468,236			
	b	Less: accumulated depreciation	10b	920,107	4,705,749	10c	4,548,129
	11	Investments—publicly traded securities		18,922,175	11	21,543,337	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		12,872,110	13	12,872,110	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,598,687	15	7,266,350	
16	Total assets. Add lines 1 through 15 (must equal line 34)		45,047,615	16	46,689,738		
Liabilities	17	Accounts payable and accrued expenses		546,633	17	319,326	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		2,486,066	23	2,262,565	
	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		131,928	25	170,000	
	26	Total liabilities. Add lines 17 through 25		3,164,627	26	2,751,891	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		41,882,988	27	43,937,847	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		41,882,988	32	43,937,847	
33	Total liabilities and net assets/fund balances		45,047,615	33	46,689,738		

Part XI Reconciliation of Net AssetsCheck 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	3,877,002
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,092,847
3	Revenue less expenses. Subtract line 2 from line 1	3	-215,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,882,988
5	Net unrealized gains (losses) on investments	5	2,270,704
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	43,937,847

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:

Software Version:

EIN: 74-2427148

Name: GEORGETOWN HEALTHCARE SYSTEM INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

THE REPORTING ORGANIZATION IS A PARTNER IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP. THE HOSPITALS IN THE PARTNERSHIP ARE DEDICATED TO SERVING CENTRAL TEXAS UNDER THE COMMUNITY BENEFIT STANDARD AND THE AFFORDABLE CARE ACT. ST. DAVID'S HEALTHCARE PARTNERSHIP INCLUDES HOSPITALS, FREE-STANDING EMERGENCY ROOMS, AMBULATORY CARE CENTERS, AND URGENT CARE CENTERS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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)		

Part V

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of the organization GEORGETOWN HEALTHCARE SYSTEM INC	Employer identification number 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
2				
3				
4				
5				
6				

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.		
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.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		866
j	Total. Add lines 1c through 1i			866
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 (THE "PARTNERSHIP") INCLUDED \$866 OF LOBBYING EXPENDITURES WHICH CONSTITUTED THE PORTION OF THE ORGANIZATION'S ANNUAL ASSOCIATION DUES DEDICATED TO LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

Employer identification number
74-2427148

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

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

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,256,622		1,256,622
b Buildings		4,140,020	885,157	3,254,863
c Leasehold improvements				
d Equipment		71,594	34,950	36,644
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,548,129

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ST DAVIDS PARTNERSHIP LP	12,872,110	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	12,872,110	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR DEFERRED EMPLOYEE BENEFITS	170,000
(2) DUE FROM AFFILIATED ENTITIES (NET)	6,778,870
(3) OTHER LONG TERM ASSETS - CSV	317,480
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	7,266,350

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	170,000

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' on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	GEORGETOWN HEALTHCARE SYSTEM, INC. ("GHS") AND GEORGETOWN HEALTHCARE COMMUNITY SERVICES ("GHCS") ARE NONPROFIT ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF ANY UNRELATED BUSINESS INCOME. NO EXPENSE HAS BEEN PROVIDED FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS; HOWEVER, THERE MAY BE IMMATERIAL TAXES DUE TO DEBT FINANCED PRIVATE PURPOSE ACTIVITIES, THAT MANAGEMENT HAS ELECTED NOT TO RECORD AS A LIABILITY. GHS AND GHCS DID NOT INCUR ANY SIGNIFICANT TAX LIABILITIES DUE TO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2019 OR 2018. GHS AND GHCS FILE FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION, AND ARE SUBJECT TO ROUTINE EXAMINATIONS OF THEIR RETURNS.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Employer identification number
74-2427148

OMB No. 1545-0047

2019

Open to Public Inspection

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 _____ % 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 % 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.	3a	Yes
		3b	Yes
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 eligible 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)			1,177,874	7,730	1,170,144	6.070 %
b Medicaid (from Worksheet 3, column a)			1,245,131	1,687,778	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,423,005	1,695,508	1,170,144	6.070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			361,067		361,067	1.870 %
f Health professions education (from Worksheet 5)			53,676		53,676	0.280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			13,092	1,736	11,356	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,034,082		2,034,082	10.550 %
j Total. Other Benefits			2,461,917	1,736	2,460,181	12.760 %
k Total. Add lines 7d and 7j			4,884,922	1,697,244	3,630,325	18.830 %

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			91,470	36,420	55,050	1.350 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			91,470	36,420	55,050	1.350 %

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 Healthcare 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		
			134,729
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	4,301,021
6 Enter Medicare allowable costs of care relating to payments on line 5	6	4,006,108
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	294,913
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST DAVID'S HEALTHCARE PARTNERSHIP LP LLP	OWNS 1% INTEREST IN ST DAVID'S HEALTHCARE PARTNERSHIP WHICH OPERATES 4	1.000 %	0 %	0 %
2 2	HOSPITALS IN CENTRAL TEXAS			
3				
4				
5				
6				
7				
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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
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
6 a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>WWW.GTHF.ORG</u>		
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 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.GTHF.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A				
Name of hospital facility or letter of facility reporting group			Yes	No
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
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? 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):	15	Yes	
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT			
b	☒ The FAP application form was widely available on a website (list url): WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT			
c	☒ A plain language summary of the FAP was widely available on a website (list url): WWW.STDAVIDS.COM/PATIENTS-VISITORS/CHARITY-DISCOUNT-POLICY.DOT			
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	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

[illegible]

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? 2

Name and address	Type of Facility (describe)
1 1 - BAILEY SQUARE SURGERY CENTER 1111 W 34TH ST 400 AUSTIN, TX 78705	AMBULATORY SURGERY CENTER
2 2 - SOUTH AUSTIN SURGERY CENTER 4207 JAMES CASEY ST 203 AUSTIN, TX 78745	AMBULATORY SURGERY CENTER
3	
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.

990 Schedule H, Supplemental Information

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 2018, THE ACCOUNTS FOR INDIVIDUALS WITHOUT ANY HEALTH INSURANCE WHO LIVE IN LOW INCOME ZIP CODES AND WHO FAILED TO RESPOND TO COLLECTION EFFORTS WERE REMOVED FROM ACCOUNTS RECEIVABLE AND TREATED AS CHARITY CARE.PART I, LINES 6A AND 6B:ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP FILES ANNUAL STATEMENTS OF COMMUNITY BENEFITS AS REQUIRED BY THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES.
PART I, LINE 7:	THE HOSPITALS UTILIZE THE COST TO CHARGE RATIO FROM THE AUDITED FINANCIAL STATEMENTS.PART I, LINE 7 COLUMN (F): BAD DEBTS ARE EXCLUDED FROM THE CALCULATION OF TOTAL EXPENSES.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 (E) IS -\$442,647 AND THE ACTUAL AMOUNT OF LINE 7B, COLUMN (F) IS -2.30%. LINES 7D AND 7K, COLUMN (F), WOULD BE 3.77% AND 16.53%, RESPECTIVELY.PART II, COMMUNITY BUILDING ACTIVITIES:ALL OF THE HOSPITALS ARE ACTIVE IN THE COMMUNITY PROMOTING THE HEALTH OF CENTRAL TEXANS. THE ORGANIZATION ALSO PROVIDES GRANTS TO LOCAL AGENCIES AND LOCAL SAFETY NET CLINICS. THE ORGANIZATION PROVIDES A BUILDING WITH OFFICE SPACE TO MISSION ALIGNED LOCAL CHARITIES AT A SUBSTANTIALLY DISCOUNTED RATE. THE GOAL IS TO PROMOTE COLLABORATION AMONG THE TENANT AGENCIES IN PROVIDING SERVICES TO THE LOCAL COMMUNITY.PART III, LINE 1:THE HOSPITALS OF THE ST. DAVID'S HEALTHCARE PARTNERSHIP DETERMINE BAD DEBT AND CHARITY CARE IN ACCORDANCE WITH GAAP AND WITH IRC SECTION 501 (R). WHETHER BAD DEBT IS DETERMINED IN ACCORDANCE WITH STATEMENT 15 REQUIREMENTS IS A MORE DIFFICULT ISSUE. STATEMENT 15 REQUIRES HOSPITALS TO RECOGNIZE REVENUE ONLY WHEN COLLECTIONS ARE REASONABLY ASSURED AND FOR AN AMOUNT THAT IS DETERMINABLE. MOST HOSPITALS, INCLUDING THOSE CONTROLLED BY THE FOUNDATION, USE MATHEMATICAL MODELS BASED ON PRIOR HISTORY TO DETERMINE THE PERCENTAGE OF PATIENT BILLINGS THAT IS LIKELY TO RESULT IN BAD DEBT.FOR THIS REASON, AND OUT OF AN ABUNDANCE OF CAUTION, THE 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 OF THE ST. DAVID'S HEALTHCARE PARTNERSHIP 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE ORGANIZATION'S PROPORTIONATE SHARE OF BAD DEBT EXPENSE FROM ITS OWNERSHIP INTEREST IN ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP (THE "PARTNERSHIP") IS REPORTED ON SCHEDULE H, PART III, LINE 2. FOLLOWING IS THE FOOTNOTE TO THE PARTNERSHIP'S AUDITED FINANCIAL STATEMENTS WHICH DESCRIBES BAD DEBT EXPENSE: "THE SDHP [THE PARTNERSHIP] RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS (BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE) RELATED TO UNINSURED ACCOUNTS AT THE ESTIMATED NET SELF-PAY REVENUES THE PARTNERSHIP EXPECTS TO COLLECT. ADVERSE CHANGES IN GENERAL ECONOMIC CONDITIONS, BUSINESS OFFICE OPERATIONS, PAYOR MIX, OR TRENDS IN FEDERAL OR STATE GOVERNMENTAL HEALTH COVERAGE COULD AFFECT THE PARTNERSHIP'S COLLECTION OF ACCOUNTS RECEIVABLE, CASH FLOWS, AND RESULTS OF OPERATIONS."
PART III, LINE 8:	THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED BY AGGREGATING THE INFORMATION FROM THE INDIVIDUAL FACILITY COST REPORT(S) FOR EACH OF THE HOSPITALS OPERATED BY SDHP [ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP]. THE HOSPITALS OPERATED BY SDHP MAY HAVE COST REPORT YEAR ENDS OTHER THAN DECEMBER 31, 2019. ACCORDINGLY, FOR A FACILITY WITH A NON-CALENDAR COST REPORT YEAR END, THE COST REPORT THAT WAS FILED FOR THE COST REPORT YEAR END THAT ENDED DURING 2019 WAS UTILIZED. IT IS IMPORTANT TO NOTE THAT AMOUNTS INCLUDED IN LINES 5-7 DO NOT INCLUDE MEDICARE REVENUE AND RELATED COST FOR FREESTANDING AMBULATORY SURGERY SERVICES AND FOR PHYSICIAN SERVICES.

990 Schedule H, Supplemental Information

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.
PART VI, LINE 2:	THE PARTNERSHIP STRATEGIC PLANNING PROCESS CONTINUALLY ASSESSES AND ADDRESSES THE NEEDS OF THE COMMUNITY. THE ISSUES HIGHLIGHTED IN THE WILLIAMSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT INSPIRED THE ORGANIZATION TO FOCUS GREATER ATTENTION ON LOW-INCOME RESIDENTS IN GEORGETOWN, TX IN AN EFFORT TO BETTER UNDERSTAND THE BARRIERS TO ACCESSING HEALTH AND HUMAN SERVICES, THE EXPERIENCE OF RESIDENTS WHEN ACCESSING SUCH SERVICES, AND THE IMPACT THESE SERVICES HAD ON RESIDENTS' QUALITY OF LIFE. THE ORGANIZATION SELECTED THE INSTITUTE FOR URBAN POLICY RESEARCH AND ANALYSIS (IUPRA) AT THE UNIVERSITY OF TEXAS AT AUSTIN FROM AN RFP PROCESS IN 2015 AND 2019 TO CONDUCT A COMMUNITY NEEDS ASSESSMENT (2015) AND COMPLIMENTARY UPDATE (2019) SPECIFICALLY IN THE SOUTHEAST QUADRANT OF THE COMMUNITY WHERE THE HIGHEST PERCENTAGE OF LOW-INCOME RESIDENTS RESIDED. BETWEEN MARCH AND NOVEMBER 2019, IUPRA IMPLEMENTED A MIXED METHODS, COMMUNITY-BASED PARTICIPATORY STUDY GROUNDED IN THE SOCIAL DETERMINANTS OF HEALTH THAT COMBINED QUALITATIVE DATA (COLLECTED THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY ADVISORY BOARD) WITH QUANTITATIVE DATA (DEVELOPED THROUGH ANALYSES OF THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT 2019 COMMUNITY NEEDS HEALTH ASSESSMENT AND RESEARCH COMMISSIONED TO UPDATE THE CITY OF GEORGETOWN'S 2030 COMPREHENSIVE PLAN). THE 2019 REPORT REINFORCED THE INITIAL FINDINGS CITED IN 2015 AND WERE PRESENTED IN GRAPHIC, NARRATIVE, AND PHOTOVOICE FORMATS. THE UPDATED REPORT HIGHLIGHTED THE FOLLOWING AREAS OF NEED: 1. TRANSPORTATION OPTIONS. 2. AFFORDABLE HOUSING AND HOUSING FOR INDIVIDUALS EXPERIENCING HOMELESSNESS. 3. AFFORDABLE, ACCESSIBLE HEALTHCARE. 4. FOOD INSECURITY AND HEALTHY FOOD ACCESS. 5. WORKFORCE, INCLUDING JOB OPPORTUNITIES AND INCREASED WAGES. 6. QUALITY OF K-12 PUBLIC EDUCATION. 7. RACIAL BIAS AND DISCRIMINATION. 8. OPPORTUNITIES FOR YOUTH. 9. QUALITY OF COMMUNITY LEADERSHIP. 10. SUPPORT FOR IMMIGRANT AND UNDOCUMENTED POPULATION. SIMILARLY, THE 2015 REPORT FEATURED 10 FINDINGS PLUS SOCIO-DEMOGRAPHIC PROFILES OF THE SOUTHEAST QUADRANT OF THE COMMUNITY PRESENTED IN GRAPHIC, NARRATIVE, AND GEOSPATIAL FORMATS. THE 10 STUDY FINDINGS WERE: 1. BETTER PUBLIC TRANSPORTATION OPTIONS. 2. AFFORDABILITY AND AVAILABILITY OF QUALITY HOUSING. 3. ACCESS TO COLLEGE READINESS PROGRAMS. 4. ACCESSIBILITY OF DAYCARE, AFTERSCHOOL PROGRAMS, AND PLAY FOR CHILDREN. 5. EQUITABLE ACCESS TO HEALTHY FOODS AND NUTRITION EDUCATION. 6. GREATER ECONOMIC SECURITY. 7. TREATMENT AT GEORGETOWN HEALTH CARE FACILITIES AND AFFORDABILITY AND ACCESS TO DENTAL CARE. 8. AVAILABILITY AND ACCESSIBILITY OF QUALITY MENTAL HEALTH SERVICES. 9. ACKNOWLEDGE AND REFRAME POWER DIFFERENTIALS IN SYSTEMS. 10. LEADERS TO CONNECT WITH SOUTHEAST GEORGETOWN COMMUNITY. THE ORGANIZATION CONTINUES TO USE THE STUDY AND ITS FINDINGS TO INFORM ITS STRATEGIC EFFORTS AT IMPACTFULLY BOLSTERING THE HEALTH OF THE GEORGETOWN COMMUNITY.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE HOSPITALS OPERATE AS EXEMPT HOSPITALS; THEY HAVE OPEN EMERGENCY ROOMS AND MEDICAL STAFF. THE REPORTING ORGANIZATION INVESTS ITS SHARE OF EARNINGS FROM THE HOSPITALS INTO PROGRAMS IN CENTRAL TEXAS THAT INCREASE ACCESS TO HEALTHCARE.
PART VI, LINE 6:	THE REPORTING ORGANIZATION IS A PARTNER IN THE ST. DAVID'S HEALTHCARE PARTNERSHIP, A HOSPITAL SYSTEM THAT MEETS THE COMMUNITY BENEFIT STANDARD AND THE REQUIREMENTS OF THE AFFORDABLE CARE ACT IN DELIVERING HOSPITAL CARE TO CENTRAL TEXAS. IN ADDITION, THE 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.

990 Schedule H, Supplemental Information

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 INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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		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
1	ST DAVID'S MEDICAL CENTER 919 E 32ND STREET AUSTIN, TX 78705 WWW.STDAVIDS.COM	X	X					X			A
2	ST DAVID'S NORTH AUSTIN MEDICAL CENTER 12221 N MOPAC EXPRESSWAY NORTH AUSTIN, TX 78758 WWW.STDAVIDS.COM	X	X	X				X			A
3	ST DAVID'S SOUTH AUSTIN MEDICAL CENTER 901 W BEN WHITE BLVD AUSTIN, TX 78704 WWW.STDAVIDS.COM	X	X					X			A
4	ST DAVID'S ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE ROUND ROCK, TX 78681 WWW.STDAVIDS.COM	X	X					X			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
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

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 ST. DAVID'S FOUNDATION, ASCENSION SETON, AUSTIN PUBLIC HEALTH, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE CONDUCTED FROM JULY, 2018 AUGUST, 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP), PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 40 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF FIVE INTERVIEWS, 504 UNIQUE DOOR-TO-DOOR INTERVIEWS SURVEYS AND SIX FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 550 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS FOOD BANK, LAKE TRAVIS ISD, CENTRAL TEXAS CATHOLIC CHARITIES, ST. JOHN EPISCOPAL CHURCH, PLEASANT HILL BRANCH PUBLIC LIBRARY, WILLIAM CANNON APARTMENT HOMES, BOOKER T. WASHINGTON TERRACES PUBLIC HOUSING COMPLEX, NORTH AUSTIN YMCA, PFLUGERVILLE LIBRARY, AND EAST AUSTIN STAKEHOLDER FOCUS GROUP. IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BASTROP COUNTY CARES. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 34 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF SIX COMMUNITY INPUT SESSIONS AND NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 39 INDIVIDUALS

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 DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZAT IONS REPRESENTED BY THESE INDIVIDUALS INCLUDE SMITHVILLE HOSPITAL, COMBINED COMMUNITY ACTI ON, TEXAS A&M AGRILIFE EXTENSION SERVICES, VETERANS AFFAIRS, TEXAS ASSOCIATION OF COMMUNIT Y HEALTH CENTERS, SMITHVILLE SCHOOL DISTRICT, BLUEBONNET TRAILS, BASTROP ISD, ASCENSION CA THOLIC CHURCH, AND LONE STAR CIRCLE OF CARE. IN PREPARATION OF THE CHNA FOR HAYS COUNTY, T HE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND B AYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND NINE INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATION S IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS O F THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PR OVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEE TING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 15 PE OPLE WHO REPRESENT THE BROAD INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAY ING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF NINE KEY INFORMAN T INTERVIEWS AND TWO FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 24 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THE Y DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLU DE HAYS CISD, SAN MARCOS PUBLIC LIBRARY, CITY OF BUDA, TEXAS DEPARTMENT OF STATE HEALTH SE RVICES HSR 7, CENTRAL TEXAS CATHOLIC CHARITIES, CENTRAL TEXAS FOOD BANK AND HAYS COUNTY FO OD BANK. IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, MEMBERS OF THE REPORTING ORGANI ZATION'S STAFF DIRECTLY PARTICIPATED IN THE COLLABORATION WITH THE WILLIAMSON COUNTY AND C ITIES HEALTH DISTRICT, THE WILCO WELLNESS ALLIANCE, ST. DAVID'S FOUNDATION, ASCENSION SETO N, BAYLOR SCOTT & WHITE HEALTH, BLUEBONNET TRAILS COMMUNITY SERVICES, AND OPPORTUNITIES FO R WILLIAMSON AND BURNET COUNTIES; COLLECTIVELY REFERRED TO AS THE CHA TEAM. THE CHA TEAM U SED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEA LTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS. THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS, KEY INFORMANT INTERVIEWS, PAPER AND ELECTRONIC SURVEYS, AND FOCUS GROUPS WITH RESIDENTS AND STAKEHOLDERS. TRAI NED FACILITATORS CONDUCTED EIGHT FOCUS GROUPS WITH COMMUNITY MEMBERS FROM A VARIETY OF GRO UPS INCLUDING YOUTH, NON-ENGLISH SPEAKERS, OLDER ADULTS, HEALTHCARE SYSTEMS STAFF, NON-PRO FIT ORGANIZATIONS, EDUCATIONAL

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:	ENTITIES, AND LOCAL GOVERNMENTS. IN ALL, THE CHA PROCESS ENGAGED MORE THAN 2,200 INDIVIDU AL COMMUNITY MEMBERS.

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 6A:	SEE RESPONSE TO LINE 5 ABOVE.

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:	SEE RESPONSE TO LINE 5 ABOVE.

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 REPORTING ORGANIZATION EMBRACED THE AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATED A STRATEGIC IMPLEMENTATION PLAN FOR EACH FACILITY. THE PLANS AUGMENTED 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 CONDUCTED IN 2016 (2016 CHNAS). THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN THAT WAS ADOPTED IN APRIL, 2017 (2017 STRATEGIC IMPLEMENTATION PLAN). NEED AREAS: 1. IMPROVED HEALTHCARE ACCESS, QUALITY AND INSURANCE COVERAGE 2. IMPROVED HEALTH AND WELL-BEING OF CHILDREN 3. IMPROVED HEALTH AND WELL-BEING OF WOMEN 4. IMPROVED HEALTH AND WELL-BEING OF SENIORS 5. IMPROVED SOCIOECONOMIC FACTORS THAT CONTRIBUTE TO HEALTH 6. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES THESE MAJOR FINDINGS FROM THE 2016 CHNAS ALIGN WELL WITH THE SIX ESTABLISHED PRIORITY AREAS DESCRIBED IN THE 2017 STRATEGIC IMPLEMENTATION PLAN. DURING 2019, ALL ENUMERATED AREAS HIGHLIGHTED BY THE 2016 CHNAS CONTINUED TO BE ADDRESSED BY THE 2017 STRATEGIC IMPLEMENTATION PLAN. IN ADDITION TO CARRYING OUT THE 2017 STRATEGIC IMPLEMENTATION PLAN DURING 2019, THE REPORTING ORGANIZATION ALSO CONDUCTED NEW CHNAS DURING THE YEAR (2019 CHNAS). THE STRATEGIC IMPLEMENTATION PLAN RELATED TO THE 2019 CHNAS WAS FORMALLY ADOPTED IN 2020 (2020 STRATEGIC IMPLEMENTATION PLAN). THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION.

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 ST. DAVID'S FOUNDATION, ASCENSION SETON, AUSTIN PUBLIC HEALTH, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE CONDUCTED FROM JULY, 2018 AUGUST, 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP), PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 40 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF FIVE INTERVIEWS, 504 UNIQUE DOOR-TO-DOOR INTERVIEWS SURVEYS AND SIX FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 550 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS FOOD BANK, LAKE TRAVIS ISD, CENTRAL TEXAS CATHOLIC CHARITIES, ST. JOHN EPISCOPAL CHURCH, PLEASANT HILL BRANCH PUBLIC LIBRARY, WILLIAM CANNON APARTMENT HOMES, BOOKER T. WASHINGTON TERRACES PUBLIC HOUSING COMPLEX, NORTH AUSTIN YMCA, PFLUGERVILLE LIBRARY, AND EAST AUSTIN STAKEHOLDER FOCUS GROUP. IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BASTROP COUNTY CARES. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 34 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF SIX COMMUNITY INPUT SESSIONS AND NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 39 INDIVIDUALS

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 DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE SMITHVILLE HOSPITAL, COMBINED COMMUNITY ACTION, TEXAS A&M AGRILIFE EXTENSION SERVICES, VETERANS AFFAIRS, TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, SMITHVILLE SCHOOL DISTRICT, BLUEBONNET TRAILS, BASTROP ISD, ASCENSION CATHOLIC CHURCH, AND LONE STAR CIRCLE OF CARE. IN PREPARATION OF THE CHNA FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND NINE INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 15 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF NINE KEY INFORMANT INTERVIEWS AND TWO FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 24 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE HAYS CISD, SAN MARCOS PUBLIC LIBRARY, CITY OF BUDA, TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS CATHOLIC CHARITIES, CENTRAL TEXAS FOOD BANK AND HAYS COUNTY FOOD BANK. IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, MEMBERS OF THE REPORTING ORGANIZATION'S STAFF DIRECTLY PARTICIPATED IN THE COLLABORATION WITH THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, THE WILCO WELLNESS ALLIANCE, ST. DAVID'S FOUNDATION, ASCENSION SETON, BAYLOR SCOTT & WHITE HEALTH, BLUEBONNET TRAILS COMMUNITY SERVICES, AND OPPORTUNITIES FOR WILLIAMSON AND BURNET COUNTIES; COLLECTIVELY REFERRED TO AS THE CHA TEAM. THE CHA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS. THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS, KEY INFORMANT INTERVIEWS, PAPER AND ELECTRONIC SURVEYS, AND FOCUS GROUPS WITH RESIDENTS AND STAKEHOLDERS. TRAINED FACILITATORS CONDUCTED EIGHT FOCUS GROUPS WITH COMMUNITY MEMBERS FROM A VARIETY OF GROUPS INCLUDING YOUTH, NON-ENGLISH SPEAKERS, OLDER ADULTS, HEALTHCARE SYSTEMS STAFF, NON-PROFIT ORGANIZATIONS, EDUCATIONAL

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:	ENTITIES, AND LOCAL GOVERNMENTS. IN ALL, THE CHA PROCESS ENGAGED MORE THAN 2,200 INDIVIDU AL COMMUNITY MEMBERS.

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 6A:	SEE RESPONSE TO LINE 5 ABOVE.

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:	SEE RESPONSE TO LINE 5 ABOVE.

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 REPORTING ORGANIZATION EMBRACED THE AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATED A STRATEGIC IMPLEMENTATION PLAN FOR EACH FACILITY. THE PLANS AUGMENTED 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 CONDUCTED IN 2016 (2016 CHNAS). THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S NORTH AUSTIN MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN THAT WAS ADOPTED IN APRIL, 2017 (2017 STRATEGIC IMPLEMENTATION PLAN). NEED AREAS: 1. IMPROVED HEALTHCARE ACCESS, QUALITY AND INSURANCE COVERAGE 2. IMPROVED HEALTH AND WELL-BEING OF CHILDREN 3. IMPROVED HEALTH AND WELL-BEING OF WOMEN 4. IMPROVED HEALTH AND WELL-BEING OF SENIORS 5. IMPROVED SOCIOECONOMIC FACTORS THAT CONTRIBUTE TO HEALTH 6. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES THESE MAJOR FINDINGS FROM THE 2016 CHNAS ALIGN WELL WITH THE SIX ESTABLISHED PRIORITY AREAS DESCRIBED IN THE 2017 STRATEGIC IMPLEMENTATION PLAN. DURING 2019, ALL ENUMERATED AREAS HIGHLIGHTED BY THE 2016 CHNAS CONTINUED TO BE ADDRESSED BY THE 2017 STRATEGIC IMPLEMENTATION PLAN. IN ADDITION TO CARRYING OUT THE 2017 STRATEGIC IMPLEMENTATION PLAN DURING 2019, THE REPORTING ORGANIZATION ALSO CONDUCTED NEW CHNAS DURING THE YEAR (2019 CHNAS). THE STRATEGIC IMPLEMENTATION PLAN RELATED TO THE 2019 CHNAS WAS FORMALLY ADOPTED IN 2020 (2020 STRATEGIC IMPLEMENTATION PLAN). THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION.

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 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 ST. DAVID'S FOUNDATION, ASCENSION SETON, AUSTIN PUBLIC HEALTH, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE CONDUCTED FROM JULY, 2018 AUGUST, 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP), PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 40 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF FIVE INTERVIEWS, 504 UNIQUE DOOR-TO-DOOR INTERVIEWS SURVEYS AND SIX FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 550 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS FOOD BANK, LAKE TRAVIS ISD, CENTRAL TEXAS CATHOLIC CHARITIES, ST. JOHN EPISCOPAL CHURCH, PLEASANT HILL BRANCH PUBLIC LIBRARY, WILLIAM CANNON APARTMENT HOMES, BOOKER T. WASHINGTON TERRACES PUBLIC HOUSING COMPLEX, NORTH AUSTIN YMCA, PFLUGERVILLE LIBRARY, AND EAST AUSTIN STAKEHOLDER FOCUS GROUP. IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BASTROP COUNTY CARES. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 34 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF SIX COMMUNITY INPUT SESSIONS AND NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 39 INDIVIDUALS

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 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 5:	IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE SMITHVILLE HOSPITAL, COMBINED COMMUNITY ACTION, TEXAS A&M AGRILIFE EXTENSION SERVICES, VETERANS AFFAIRS, TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, SMITHVILLE SCHOOL DISTRICT, BLUEBONNET TRAILS, BASTROP ISD, ASCENSION CATHOLIC CHURCH, AND LONE STAR CIRCLE OF CARE. IN PREPARATION OF THE CHNA FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND NINE INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 15 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF NINE KEY INFORMANT INTERVIEWS AND TWO FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 24 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE HAYS CISD, SAN MARCOS PUBLIC LIBRARY, CITY OF BUDA, TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS CATHOLIC CHARITIES, CENTRAL TEXAS FOOD BANK AND HAYS COUNTY FOOD BANK. IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, MEMBERS OF THE REPORTING ORGANIZATION'S STAFF DIRECTLY PARTICIPATED IN THE COLLABORATION WITH THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, THE WILCO WELLNESS ALLIANCE, ST. DAVID'S FOUNDATION, ASCENSION SETON, BAYLOR SCOTT & WHITE HEALTH, BLUEBONNET TRAILS COMMUNITY SERVICES, AND OPPORTUNITIES FOR WILLIAMSON AND BURNET COUNTIES; COLLECTIVELY REFERRED TO AS THE CHA TEAM. THE CHA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS. THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS, KEY INFORMANT INTERVIEWS, PAPER AND ELECTRONIC SURVEYS, AND FOCUS GROUPS WITH RESIDENTS AND STAKEHOLDERS. TRAINED FACILITATORS CONDUCTED EIGHT FOCUS GROUPS WITH COMMUNITY MEMBERS FROM A VARIETY OF GROUPS INCLUDING YOUTH, NON-ENGLISH SPEAKERS, OLDER ADULTS, HEALTHCARE SYSTEMS STAFF, NON-PROFIT ORGANIZATIONS, EDUCATIONAL

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 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 5:	ENTITIES, AND LOCAL GOVERNMENTS. IN ALL, THE CHA PROCESS ENGAGED MORE THAN 2,200 INDIVIDU AL COMMUNITY MEMBERS.

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 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 6A:	SEE RESPONSE TO LINE 5 ABOVE.

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 3 -- ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER PART V, SECTION B, LINE 6B:	SEE RESPONSE TO LINE 5 ABOVE.

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 7D:	THE COMMUNITY HEALTH NEEDS ASSESSMENTS ARE MADE AVAILABLE ON THE FACILITY'S WEB PAGE, WWW.STDAVIDS.COM/LOCATIONS/ST-DAVIDS-SOUTH-AUSTIN-MEDICAL-CENTER

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 11:	THE REPORTING ORGANIZATION EMBRACED THE AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATED A STRATEGIC IMPLEMENTATION PLAN FOR EACH FACILITY. THE PLANS AUGMENTED 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 CONDUCTED IN 2016 (2016 CHNAS). THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN THAT WAS ADOPTED IN APRIL, 2017 (2017 STRATEGIC IMPLEMENTATION PLAN). NEED AREAS: 1. IMPROVED HEALTHCARE ACCESS, QUALITY AND INSURANCE COVERAGE 2. IMPROVED HEALTH AND WELL-BEING OF CHILDREN 3. IMPROVED HEALTH AND WELL-BEING OF WOMEN 4. IMPROVED HEALTH AND WELL-BEING OF SENIORS 5. IMPROVED SOCIOECONOMIC FACTORS THAT CONTRIBUTE TO HEALTH 6. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES THESE MAJOR FINDINGS FROM THE 2016 CHNAS ALIGN WELL WITH THE SIX ESTABLISHED PRIORITY AREAS DESCRIBED IN THE 2017 STRATEGIC IMPLEMENTATION PLAN. DURING 2019, ALL ENUMERATED AREAS HIGHLIGHTED BY THE 2016 CHNAS CONTINUED TO BE ADDRESSED BY THE 2017 STRATEGIC IMPLEMENTATION PLAN. IN ADDITION TO CARRYING OUT THE 2017 STRATEGIC IMPLEMENTATION PLAN DURING 2019, THE REPORTING ORGANIZATION ALSO CONDUCTED NEW CHNAS DURING THE YEAR (2019 CHNAS). THE STRATEGIC IMPLEMENTATION PLAN RELATED TO THE 2019 CHNAS WAS FORMALLY ADOPTED IN 2020 (2020 STRATEGIC IMPLEMENTATION PLAN). THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION.

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 5:	IN PREPARATION OF THE CHNA FOR AUSTIN / TRAVIS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AUSTIN PUBLIC HEALTH, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, A FOCUS GROUP, INTERVIEWS AND ONLINE SURVEYS WERE CONDUCTED FROM JULY, 2018 AUGUST, 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP), PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 40 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF TRAVIS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF FIVE INTERVIEWS, 504 UNIQUE DOOR-TO-DOOR INTERVIEWS SURVEYS AND SIX FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 550 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS FOOD BANK, LAKE TRAVIS ISD, CENTRAL TEXAS CATHOLIC CHARITIES, ST. JOHN EPISCOPAL CHURCH, PLEASANT HILL BRANCH PUBLIC LIBRARY, WILLIAM CANNON APARTMENT HOMES, BOOKER T. WASHINGTON TERRACES PUBLIC HOUSING COMPLEX, NORTH AUSTIN YMCA, PFLUGERVILLE LIBRARY, AND EAST AUSTIN STAKEHOLDER FOCUS GROUP. IN PREPARATION OF THE CHNA FOR BASTROP COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BASTROP COUNTY CARES. THROUGH THE COLLECTIVE EFFORT, KEY INFORMANT INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 34 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF BASTROP COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF SIX COMMUNITY INPUT SESSIONS AND NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 39 INDIVIDUALS

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 5:	IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE SMITHVILLE HOSPITAL, COMBINED COMMUNITY ACTION, TEXAS A&M AGRILIFE EXTENSION SERVICES, VETERANS AFFAIRS, TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS, SMITHVILLE SCHOOL DISTRICT, BLUEBONNET TRAILS, BASTROP ISD, ASCENSION CATHOLIC CHURCH, AND LONE STAR CIRCLE OF CARE. IN PREPARATION OF THE CHNA FOR HAYS COUNTY, THE REPORTING ORGANIZATION COLLABORATED WITH ST. DAVID'S FOUNDATION, ASCENSION SETON, AND BAYLOR SCOTT & WHITE. THROUGH THE COLLECTIVE EFFORT, TWO COMMUNITY INPUT SESSIONS AND NINE INTERVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH LEADERS FROM A WIDE RANGE OF ORGANIZATIONS IN DIFFERENT SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS. THE CHNA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE STEERING COMMITTEE MEMBERS CONTRIBUTED CONTACT INFORMATION FOR 15 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF HAYS COUNTY AND WHO ARE KNOWLEDGEABLE ABOUT ITS HEALTH-RELATED ISSUES. THE STEERING COMMITTEE THEN PRIORITIZED POTENTIAL INTERVIEWEES, PAYING ATTENTION TO FACTORS SUCH AS TYPE OF WORK AND WORK PLACE. A TOTAL OF NINE KEY INFORMANT INTERVIEWS AND TWO FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED 24 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH ISSUES THEY DEEMED CRITICAL IN THEIR COMMUNITY. ORGANIZATIONS REPRESENTED BY THESE INDIVIDUALS INCLUDE HAYS CISD, SAN MARCOS PUBLIC LIBRARY, CITY OF BUDA, TEXAS DEPARTMENT OF STATE HEALTH SERVICES HSR 7, CENTRAL TEXAS CATHOLIC CHARITIES, CENTRAL TEXAS FOOD BANK AND HAYS COUNTY FOOD BANK. IN PREPARATION OF THE CHNA FOR WILLIAMSON COUNTY, MEMBERS OF THE REPORTING ORGANIZATION'S STAFF DIRECTLY PARTICIPATED IN THE COLLABORATION WITH THE WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, THE WILCO WELLNESS ALLIANCE, ST. DAVID'S FOUNDATION, ASCENSION SETON, BAYLOR SCOTT & WHITE HEALTH, BLUEBONNET TRAILS COMMUNITY SERVICES, AND OPPORTUNITIES FOR WILLIAMSON AND BURNET COUNTIES; COLLECTIVELY REFERRED TO AS THE CHA TEAM. THE CHA TEAM USED THE NACCHO MAPP PROCESS AS A PROVEN SYSTEMATIC FRAMEWORK FOR IDENTIFYING COMMUNITY HEALTH NEEDS AND THE RESOURCES FOR MEETING THOSE NEEDS. THE ASSESSMENT PROCESS INCLUDED BOTH PRIMARY DATA GENERATED BY THE PARTNERS AND SECONDARY DATA FROM EXTERNAL ORGANIZATIONS. THE TEAM ALSO GATHERED QUALITATIVE DATA THROUGH FACILITATED DISCUSSIONS, KEY INFORMANT INTERVIEWS, PAPER AND ELECTRONIC SURVEYS, AND FOCUS GROUPS WITH RESIDENTS AND STAKEHOLDERS. TRAINED FACILITATORS CONDUCTED EIGHT FOCUS GROUPS WITH COMMUNITY MEMBERS FROM A VARIETY OF GROUPS INCLUDING YOUTH, NON-ENGLISH SPEAKERS, OLDER ADULTS, HEALTHCARE SYSTEMS STAFF, NON-PROFIT ORGANIZATIONS, EDUCATIONAL

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 5:	ENTITIES, AND LOCAL GOVERNMENTS. IN ALL, THE CHA PROCESS ENGAGED MORE THAN 2,200 INDIVIDU AL COMMUNITY MEMBERS.

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 6A:	SEE RESPONSE TO LINE 5 ABOVE.

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 6B:	SEE RESPONSE TO LINE 5 ABOVE.

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

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 4 -- ST. DAVID'S ROUND ROCK MEDICAL CENTER PART V, SECTION B, LINE 11:	THE REPORTING ORGANIZATION EMBRACED THE AFFORDABLE CARE ACT REQUIREMENTS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS IN THE GEOGRAPHIES OF ITS MEDICAL FACILITIES AND CREATED A STRATEGIC IMPLEMENTATION PLAN FOR EACH FACILITY. THE PLANS AUGMENTED 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 CONDUCTED IN 2016 (2016 CHNAS). THESE NEEDS INFORMED THE PRIORITIES, GOALS, OBJECTIVES, AND STRATEGIES OF THE ST. DAVID'S ROUND ROCK MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN THAT WAS ADOPTED IN APRIL, 2017 (2017 STRATEGIC IMPLEMENTATION PLAN). NEED AREAS: 1. IMPROVED HEALTHCARE ACCESS, QUALITY AND INSURANCE COVERAGE 2. IMPROVED HEALTH AND WELL-BEING OF CHILDREN 3. IMPROVED HEALTH AND WELL-BEING OF WOMEN 4. IMPROVED HEALTH AND WELL-BEING OF SENIORS 5. IMPROVED SOCIOECONOMIC FACTORS THAT CONTRIBUTE TO HEALTH 6. IMPROVED HEALTH AND WELL-BEING IN RURAL COMMUNITIES THESE MAJOR FINDINGS FROM THE 2016 CHNAS ALIGN WELL WITH THE SIX ESTABLISHED PRIORITY AREAS DESCRIBED IN THE 2017 STRATEGIC IMPLEMENTATION PLAN. DURING 2019, ALL ENUMERATED AREAS HIGHLIGHTED BY THE 2016 CHNAS CONTINUED TO BE ADDRESSED BY THE 2017 STRATEGIC IMPLEMENTATION PLAN. IN ADDITION TO CARRYING OUT THE 2017 STRATEGIC IMPLEMENTATION PLAN DURING 2019, THE REPORTING ORGANIZATION ALSO CONDUCTED NEW CHNAS DURING THE YEAR (2019 CHNAS). THE STRATEGIC IMPLEMENTATION PLAN RELATED TO THE 2019 CHNAS WAS FORMALLY ADOPTED IN 2020 (2020 STRATEGIC IMPLEMENTATION PLAN). THIS PLAN IS MEANT TO BE REVIEWED ANNUALLY AND ADJUSTED TO ACCOMMODATE REVISIONS THAT MERIT ATTENTION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 44

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" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 GRANTEEES RECEIVING IN EXCESS OF \$10,000 TO PROVIDE INTERIM AND FINAL REPORTS WITHIN THEIR GRANT PERIOD. GRANT PERIODS ARE TYPICALLY 1-2 YEARS IN DURATION. THE REPORTS MUST IDENTIFY PROGRAM GOALS AND OUTCOME MEASUREMENTS. GRANT APPLICANTS SEEKING FUNDS IN EXCESS OF \$10,000 ARE REQUIRED TO SUBMIT FINANCIAL STATEMENTS AS PART OF THE APPLICATION PROCESS AND MUST SUBMIT CURRENT FINANCIAL STATEMENTS AS PART OF THEIR INTERIM AND FINAL REPORTS.

Additional Data

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

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONE STAR CIRCLE OF CARE 205 E UNIVERSITY GEORGETOWN, TX 78626	74-3001674	501(C)(3)	524,000				PROVIDE FUNDING FOR INDIGENT CARE AND INCREASING HEALTHCARE ACCESS
CITY OF GEORGETOWN 113 E 8TH STREET GEORGETOWN, TX 78627	74-6000974	170	350,000				ASSIST WITH IMPLEMENTATION OF PUBLIC TRANSPORTATION

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 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
GOODWILL INDUSTRIES OF CENTRAL TEXAS 1015 NORWOOD PARK BLVD AUSTIN, TX 78753	74-1322808	501(C)(3)	230,730				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
THE CARING PLACE PO BOX 1215 GEORGETOWN, TX 78627	74-2386902	501(C)(3)	150,000				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 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) 507 E UNIVERSITY AVENUE GEORGETOWN, TX 78626	74-6000975	170	126,500				PROVIDE MENTAL HEALTH AND BEHAVIORAL COUNSELING SERVICES
THE GEORGETOWN PROJECT PO BOX 957 GEORGETOWN, TX 78627	74-2807713	501(C)(3)	116,100				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 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
SOUTHEAST GEORGETOWN COMMUNITY COUNCIL 805 W UNIVERSITY AVE GEORGETOWN, TX 78626	82-0860142	501(C)(3)	110,530				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
BOYS & GIRLS CLUB OF GEORGETOWN 210 W 18TH STREET BLDG B GEORGETOWN, TX 78626	26-2916822	501(C)(3)	106,250				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 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 INC 1300 N MAYS STREET ROUND ROCK, TX 78664	04-3589689	501(C)(3)	100,000				PROVIDE EMERGENCY SHELTER AND CRISIS COUNSELING TO GEORGETOWN CHILDREN, YOUTH, AND FAMILIES
WILLIAMSON COUNTY CRISIS CENTER DBA HOPE ALLIANCE 1011 GATTIS SCHOOL RD STE 106 ROUND ROCK, TX 78664	74-2277114	501(C)(3)	75,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION TO ASSIST THOSE AFFECTED BY FAMILY AND SEXUAL VIOLENCE

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 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
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF WILLIAMSON COUNTY TX 2100 SCENIC DR SUITE 110 GEORGETOWN, TX 78626	26-4371605	501(C)(3)	50,000				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 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 - GEORGETOWN 2995 DAWN DR STE 106 GEORGETOWN, TX 78628	20-3414707	501(C)(3)	50,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION HELPING SENIORS MAINTAIN INDEPENDENCE
LONE STAR JUSTICE 1411 WEST AVE SUITE 200 AUSTIN, TX 78701	82-2345921	501(C)(3)	50,000				IMPROVING THE LIVES OF YOUTH AND EMERGING ADULTS IN THE JUSTICE 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 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
SAMARITAN CENTER COUNSELING AND PASTORAL 8956 RESEARCH BLVD BLDG 2 AUSTIN, TX 78758	74-1832864	501(C)(3)	50,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION FOR MENTAL AND PHYSICAL HEALTH
HABITAT FOR HUMANITY OF WILLIAMSON COUNTY 2108 N AUSTIN AVENUE GEORGETOWN, TX 78626	74-2907371	501(C)(3)	45,000				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 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
OPPORTUNITIES FOR WILLIAMSON & BURNET COUNTIES 604 HIGH TECH DRIVE GEORGETOWN, TX 78626	74-6075213	501(C)(3)	40,000				SUPPORT FOR HEAD START AND MEALS ON WHEELS
ST DAVID'S COMMUNITY HEALTH FOUNDATION LEADERSHIP 1303 SAN ANTONIO STREET STE 500 AUSTIN, TX 78701	74-2898888	501(C)(3)	35,500				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 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 116 WEST 8TH STREET SECOND FLOOR GEORGETOWN, TX 78626	74-2786718	501(C)(3)	32,120				SUPPORT PROGRAM SERVING STUDENTS IN NEED AND PURSUING SERVICE-LEARNING OPPORTUNITIES
LITERACY COUNCIL OF WILLIAMSON COUNTY 805 W UNIVERSITY AVE GEORGETOWN, TX 78626	74-2392855	501(C)(3)	29,420				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 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)	28,580				PROVIDE GRIEF / BEREAVEMENT SERVICES TO GEORGETOWN COMMUNITY
BROOKWOOD IN GEORGETOWN VOCATIONAL INC 905 N CHURCH ST GEORGETOWN, TX 78626	47-2152393	501(C)(3)	25,000				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 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
SALVATION ARMY - AUSTIN AREA COMMAND 10711 BURNET ROAD SUITE 231 AUSTIN, TX 78758	58-0660607	501(C)(3)	25,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
TEXAS BAPTIST CHILDREN'S HOME INC 1101 NORTH MAYS ROUND ROCK, TX 78664	74-3021647	501(C)(3)	25,000				PROVIDE ASSISTANCE FOR SUMMER CAMPS 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 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 COUNTY PO BOX 819 ROUND ROCK, TX 78680	74-2206558	501(C)(3)	25,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVENUE AUSTIN, TX 78723	74-2684335	501(C)(3)	17,000	7,320	FMV	LEASE ASSISTANCE	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 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
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR B AUSTIN, TX 78702	74-1193439	501(C)(3)	15,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
SPIRIT REINS INC PO BOX 368 LIBERTY HILL, TX 78642	06-1692909	501(C)(3)	15,000				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 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
ROTARY CLUB OF GEORGETOWN PO BOX 921 GEORGETOWN, TX 78627	74-6062434	501(C)(3)	10,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
GEORGETOWN INDEPENDENT SCHOOL DISTRICT EDUCATION FOUNDATION 603 LAKEWAY DRIVE GEORGETOWN, TX 78628	47-4577513	501(C)(3)	10,000				PROVIDE ASSISTANCE FOR TEACHER GRANTS

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 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
COMMUNITY ACTION INC OF CENTRAL TEXAS PO BOX 748 SAN MARCOS, TX 78667	74-1541726	501(C)(3)	8,820				LEASE ASSISTANCE TO EXPAND HEALTH CARE SERVICE NETWORK IN COMMUNITY
FAMILY ELDERCARE INC 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	8,580				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 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
WONDERS & WORRIES 805 W UNIVERSITY AVE GEORGETOWN, TX 78626	74-3012982	501(C)(3)	7,560				LEASE ASSISTANCE TO EXPAND HEALTH CARE SERVICE NETWORK IN COMMUNITY
SIMPLE SPARROW 1601 COUNTY RD 107 HUTTO, TX 78634	82-3616746	501(C)(3)	6,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION AS A CARE FARM

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER (WCCAC) 1811 SE INNER LOOP GEORGETOWN, TX 78626	74-2834639	501(C)(3)	6,000				SUPPORT PROGRAM SERVING VICTIMS OF CHILD ABUSE
FIRST UNITED METHODIST CHURCH 410 E UNIVERSITY AVE GEORGETOWN, TX 78626	74-1662304	501(C)(3)	5,000				SUPPORT HEALTHY LIVING AND EDUCATION OPPORTUNITIES 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 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
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 1011 ARLINGTON, VA 22202	13-4014982	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
GIRLSTART 1400 W ANDERSON LANE AUSTIN, TX 78757	31-1595414	501(C)(3)	5,000				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 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
HEALTH START FOUNDATION 3710 CEDAR ST 227 AUSTIN, TX 78705	27-1888642	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION FOR EARLY HEALTH EDUCATION
WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT (WCCHD) 100 W 3RD STREET GEORGETOWN, TX 78626	74-2896906	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 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
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION OF RELIEVING HUNGER
CHASE THE CHIEF 4500 WILLIAMS DR STE 212-183 GEORGETOWN, TX 78633	82-1194953	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 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
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DRIVE BUILDING 8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION
UNITED WAY OF WILLIAMSON COUNTY 1111 N IH 35 STE 220 ROUND ROCK, TX 78664	23-7396732	501(C)(3)	5,000				PROVIDE ASSISTANCE TO ACHIEVE ORGANIZATION MISSION

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization GEORGETOWN HEALTHCARE SYSTEM INC		Employer identification number 74-2427148

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

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

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

74-2427148

990 Schedule O, Supplemental Information

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). THE ORGANIZATION HAS 7 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S COMPENSATION COMMITTEE FOLLOWS AN EXECUTIVE COMPENSATION PLAN DEVELOPED AND RATIFIED BY THE BOARD OF DIRECTORS WHEN DETERMINING EXECUTIVE COMPENSATION. THIS PHILOSOPHY IS UTILIZED TO DETERMINE THE ANNUAL COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF FINANCIAL OFFICER (CFO). AS PART OF THIS PROCESS, THE BOARD CONTRACTED WITH SMITHPILOT IN 2019 TO ASSIST IN THE DEVELOPMENT OF FAIR MARKET VALUE EXECUTIVE COMPENSATION. SMITHPILOT IS A COMPANY THAT SPECIALIZES IN EXECUTIVE COMPENSATION ISSUES IN THE NON-PROFIT AREA. SMITHPILOT CREATED AN EXECUTIVE COMPENSATION GUIDELINE FOR THE CEO AND CFO USING COMPARATIVE DATA FROM MULTIPLE NATIONAL PUBLIC INFORMATION SECTORS. THOSE SOURCES INCLUDED: THE GUIDESTAR NONPROFIT COMPENSATION REPORT, PRM'S MANAGEMENT COMPENSATION REPORT FOR NOT-FOR-PROFITS ORGANIZATIONS, COUNCIL ON FOUNDATIONS, GRANTMAKERS SALARY AND BENEFITS SURVEY AND REPORT, INSIDENGO SALARY AND BENEFITS SURVEY AND TOWERS WATSON'S SURVEYS OF TOP MANAGEMENT COMPENSATION; OFFICE AND BUSINESS SUPPORT. MARKET SALARY AVERAGES (GEOGRAPHICALLY FACTORED) 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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, COLUMN (C) MANAGEMENT AND GENERAL EXPENSES:	THE ORGANIZATION INCURS ALL 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 ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AS PART OF CONSOLIDATED FINANCIAL STATEMENTS. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDED GEORGETOWN HEALTHCARE SYSTEM AND GEORGETOWN HEALTHCARE COMMUNITY SERVICES.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT REPORT 2019:	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. ADDITIONALLY, GEORGETOWN HEALTHCARE SYSTEM'S CURRENT ACTIVITIES INCLUDE INVOLVEMENT WITH OTHER COMMUNITY NON-PROFIT ORGANIZATIONS THAT OPERATE COMMUNITY HEALTH CENTERS AND OTHER FACILITIES THAT BENEFIT THE PUBLIC, AND MEET THE HEALTH RELATED NEEDS OF THE GEORGETOWN TEXAS COMMUNITY AND THE RESIDENTS OF CENTRAL TEXAS. HOSPITAL SERVICES THE ST. DAVID'S HEALTHCARE PARTNERSHIP PROVIDES A SUBSTANTIAL AMOUNT OF CHARITY CARE TO THE ELDERLY, INDIGENT, AND ECONOMICALLY DISADVANTAGED IN CENTRAL TEXAS. ALL PATIENTS ARE ADMITTED TO EMERGENCY ROOMS REGARDLESS OF THEIR ABILITY TO PAY. IF FURTHER ACUTE INPATIENT CARE IS REQUIRED, PATIENTS FROM THE EMERGENCY DEPARTMENT ARE ADMITTED TO THE HOSPITAL, ALSO WITHOUT REGARD TO THEIR ABILITY TO PAY. THE PARTNERSHIP PROVIDED FOR THE CARE OF THOUSANDS OF CENTRAL TEXANS IN 2019 IN MANY DIFFERENT WAYS. SOME OF THOSE WERE IN THE FORM OF: HOSPITAL ADMISSIONS - 82,795 EMERGENCY ROOM VISITS - 339,889 COMMUNITY COLLABORATIONS THE ORGANIZATION INVESTS ITS SHARE OF THE EARNINGS FROM THE ST. DAVID'S HEALTHCARE PARTNERSHIP IN NOT-FOR-PROFIT ORGANIZATIONS AND PROGRAMS THAT ALIGN WITH GHS' KEY STRATEGIC INITIATIVES. IN 2015 AND 2019, THE ORGANIZATION COMMISSIONED THE UNIVERSITY OF TEXAS AT AUSTIN TO CONDUCT STUDIES THAT IDENTIFIED THE NEEDS OF THE MOST MARGINALIZED COMMUNITY MEMBERS IN GEORGETOWN, TX. THE FINDINGS INCLUDED NEEDS IN TRANSPORTATION, MENTAL HEALTH, HOUSING, OUT-OF-SCHOOL CARE, HEALTHCARE, AND EDUCATION. THESE FINDINGS GUIDED THE STRATEGIC INITIATIVES IN 2019. IN 2019, THE ORGANIZATION AND ITS AFFILIATES INVESTED OVER \$2,800,000 TO SUPPORT ORGANIZATIONS ADDRESSING UNMET NEEDS. THIS SUPPORT INCLUDED: 1) OVER \$2,100,000 IN DIRECT GRANTS. 2) OVER \$522,000 IN CASH CONTRIBUTIONS TO PROVIDE RENT ASSISTANCE AND FREE ACCESS TO MEETING SPACE OWNED BY THE ORGANIZATION'S AFFILIATE. 3) OVER \$193,000 IN SPONSORSHIPS AND SMALL MINI-GRANTS SUPPORTING NOT-FOR-PROFIT EVENTS AND PROGRAMS. STRATEGIC PRIORITIES IDENTIFIED WITHIN THE ORGANIZATIONS ARE BASED UPON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND UNIVERSITY OF TEXAS AT AUSTIN'S FINDINGS AND WORK TO IMPROVE SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO HEALTH AND HUMAN SERVICES FOR LOW-INCOME INDIVIDUALS EARNING NO MORE THAN 200% OF FEDERAL POVERTY GUIDELINES. SOCIAL DETERMINANTS OF HEALTH. OVER \$1,600,000 OF THE ORGANIZATION'S TOTAL INVESTMENTS IN 2019 ADDRESSED SOCIAL DETERMINANTS OF HEALTH. THE PRIMARY AREAS OF FOCUS WERE: 1) EXPANDING PUBLIC TRANSPORTATION INFRASTRUCTURE. 2) STRENGTHENING OUT-OF-SCHOOL PROGRAMS FOR CHILDREN AND YOUTH. 3) SUPPORTING BASIC NEEDS AND EMERGENCY INTERVENTIONS FOR FAMILIES IN CRISIS. 4) SUPPORTING A PROGRAM THAT ASSISTS LOW-INCOME ADULTS TO AND THROUGH A POST-SECONDARY CREDENTIAL OR DEG

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT REPORT 2019:	REE AND INTO LIVABLE WAGE EMPLOYMENT 5) HEALTH & DENTAL CARE. NEARLY \$600,000 OF THE ORGANIZATION'S TOTAL INVESTMENTS IN 2019 ADDRESSED THE AVAILABILITY AND ACCESSIBILITY OF AFFORDABLE, QUALITY HEALTH & DENTAL CARE. 6) MENTAL HEALTH. NEARLY \$600,000 OF THE ORGANIZATION'S TOTAL INVESTMENTS IN 2019 ADDRESSED THE AVAILABILITY AND ACCESSIBILITY OF AFFORDABLE, QUALITY MENTAL HEALTH CARE. GEORGETOWN COMMUNITY RESOURCE CENTER THE GEORGETOWN COMMUNITY RESOURCE CENTER WORKS WITH COMMUNITY MEMBERS TO IDENTIFY GAPS IN COMMUNITY PROGRAMS AND SERVICES AND ATTEMPTS TO RECRUIT NON-PROFIT AGENCIES INTO THE COMMUNITY TO FILL THIS VOID. THE ORGANIZATION PROVIDES A BUILDING CALLED THE COMMUNITY RESOURCE CENTER FROM WHICH THESE AGENCIES CAN OFFICE. THE ORGANIZATION PROVIDES GRANTS TO THESE ENTITIES TO REDUCE THEIR OVERALL RENT EXPENSE TO AN AMOUNT THAT IS SUBSTANTIALLY BELOW MARKET VALUE. VOLUNTEER SERVICES GHS MAINTAINS AN ACTIVE VOLUNTEER SERVICES PROGRAM AT ST. DAVID'S GEORGETOWN HOSPITAL. THE PROGRAM IS COMPRISED OF APPROXIMATELY 166 COMMUNITY MEMBERS THAT SERVE IN VARIOUS VOLUNTEER ROLES THROUGHOUT THE HOSPITAL. IN 2019, THE VOLUNTEER SERVICES PROGRAM PROVIDED 18,780 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 \$325,000. COMMUNITY MEETING SPACE 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 63 DIFFERENT NON-PROFIT ORGANIZATIONS. THESE ORGANIZATIONS HELD OVER 518 MEETINGS OR OTHER EVENTS AND UTILIZED THE SPACE FOR OVER 1,895 HOURS.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GEORGETOWN HEALTHCARE SYSTEM INC

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	No
(1)GEORGETOWN HEALTHCARE COMMUNITY SERVICES 2425 WILLIAMS DRIVE GEORGETOWN, TX 78628 74-2865171	TO ASSIST GEORGETOWN HEALTHCARE SYSTEM.	TX	501(C)(3)	LINE 12A, I	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
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	Yes	
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	Yes	

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

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.

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Part VII **Supplemental Information**

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

Return Reference	Explanation