

PUBLIC INSPECTION COPY

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,															
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C Episcopal Health Foundation 500 Fannin, Ste 300 Houston, TX 77002 </td> <td style="width:30%; vertical-align: top;"> D Employer identification number 46-2599162 E Telephone number (713) 225-0900 G Gross receipts \$ 9,261,298. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: Elena M. Marks Same As C Above </td> </tr> <tr> <td colspan="2"> 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) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> </tr> <tr> <td colspan="2"> J Website: ▶ www.episcopalhealth.org </td> </tr> <tr> <td colspan="2"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation: 2013 M State of legal domicile: TX </td> </tr> </table>	C Episcopal Health Foundation 500 Fannin, Ste 300 Houston, TX 77002	D Employer identification number 46-2599162 E Telephone number (713) 225-0900 G Gross receipts \$ 9,261,298.	F Name and address of principal officer: Elena M. Marks Same As C Above		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)		I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ www.episcopalhealth.org		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 2013 M State of legal domicile: TX	
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To advance the Kingdom of God, with specific focus on human health and well-being, through grants, research and initiatives in support of the mission of the Episcopal Diocese of Texas.</u>		
	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	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	33
	6	Total number of volunteers (estimate if necessary)	6	13
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	-7,242.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,858,910.	25,057.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,978.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,424,411.	9,044,985.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,494.	-155,331.
			16,521,793.	8,914,711.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,980,738.	21,828,674.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,285,609.	3,825,169.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,030,509.	8,208,700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,296,856.	33,862,543.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-12,775,063.	-24,947,832.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1103248916.	1,157,320,998.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,469,808.	26,735,039.
			1077779108.	1,130,585,959.

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	▶ <u>Electronically Filed</u>		
	Signature of officer	Date	
	▶ Elena M. Marks	President & CEO	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Jody Blazek	Jody Blazek	11/13/17
	Firm's name ▶ Blazek & Vetterling	Check ☒ if self-employed	PTIN
	Firm's address ▶ 2900 Wesleyan, Suite 200 Houston, TX 77027-5132		P00072674
		Firm's EIN ▶ 76-0269860	
		Phone no. (713) 439-5739	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 11/16/16

Form **990** (2016)

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 advance the Kingdom of God, with specific focus on human health and well-being,
through grants, research and initiatives in support of the mission of the Episcopal
Diocese of Texas.

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 \$ 23,292,420. including grants of \$ 21,828,674.) (Revenue \$)

Episcopal Health Foundation works to improve the health of the 10 million people in
the 57 counties of the Episcopal Diocese of Texas in furtherance of our mission and
charter by making grants to qualified non-profit organizations and governmental
entities.

4b (Code:) (Expenses \$ 2,288,349. including grants of \$) (Revenue \$)

Episcopal Health Foundation works to improve the health of the 10 million people in
the 57 counties of the Episcopal Diocese of Texas in furtherance of our mission and
charter through community and congregational engagement.

4c (Code:) (Expenses \$ 1,503,181. including grants of \$) (Revenue \$)

Episcopal Health Foundation works to improve the health of the 10 million people in
the 57 counties of the Episcopal Diocese of Texas in furtherance of our mission and
charter by conducting research and evaluation.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **27,083,950.**

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.	X	

BAA

Form 990 (2016)

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 34		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 33		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a		X
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).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
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?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent. 1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? See Schedule O 6	X	
7 a 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? . See Schedule O 7 a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O 7 b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
Linda Mitchell 1225 Texas Ave. Houston TX 77002 (713) 520-6444

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (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) Rt. Rev. C. Andrew Doyle Chair	10 30	X		X				0.	211,607.	160,803.
(2) Deborah Robinson Secretary	2 0	X		X				0.	0.	0.
(3) Linnet F. Deily Exec. Chair	2 0	X		X				0.	0.	0.
(4) Freda Wilkerson Bass Director	2 0	X						0.	0.	0.
(5) Robert T. Blakely Director	2 0	X						0.	0.	0.
(6) David T. Harvin Director	2 0	X						0.	0.	0.
(7) James Henderson Director	2 0	X						0.	0.	0.
(8) The Rev. Lisa S. Hines Director	2 0	X						0.	0.	0.
(9) Michelle Lyn Director	2 0	X						0.	0.	0.
(10) William C. Montgomery Director	2 0	X						0.	0.	0.
(11) Thomas C. Ortiz Director	2 0	X						0.	0.	0.
(12) Kathleen R. Pfister Director	2 0	X						0.	0.	0.
(13) Robert K. Reeves Director	2 0	X						0.	0.	0.
(14) George T. Roberts, Jr. Director	2 0	X						0.	0.	0.

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			
(15) The Rev. Neil Alan Willard Director	2 0	X					0.	0.	0.
(16) Elena M. Marks President & CEO	50 0	X		X			450,417.	0.	70,457.
(17) Robert Biehl Treasurer	12 28			X			0.	109,987.	29,009.
(18) David Fisher Asst. Treasurer	10 30			X			0.	159,944.	43,606.
(19) Linda Riley Mitchell CFO	10 30			X			0.	104,137.	18,724.
(20) Alexandra Nolen VP Impact	40 0				X		207,000.	0.	48,549.
(21) Jo Carcedo VP Grants	40 0				X		207,000.	0.	32,435.
(22) Susybelle Gosslee Chief Adm Ofc	40 0				X		192,035.	0.	38,832.
(23) Shao-Chee Sim VP Research	40 0				X		190,417.	0.	47,057.
(24) Celene Meyer Dir Grants Mgmt	40 0					X	110,208.	0.	31,758.
(25) Brian Sasser Dir Communications	40 0					X	101,670.	0.	38,469.
1 b Sub-total							1,458,747.	585,675.	559,699.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,458,747.	585,675.	559,699.
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 7									

	Yes	No
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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
Hall Capital Partners 850 Third Ave, 19th Floor New York, NY 10022	Investment mgmt	4,715,174.
David E. Harvey Builders 3630 Westchase Houston, TX 77242	Construction service	262,692.
O'Donnell/Snider Construction LLP 1900 West Loop South Houston, TX 7	Construction service	155,815.
Prevention Institute 221 Oak St Ste A Oakland, CA 94607		536,039.
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 4		

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	25,057.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		25,057.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		13,883,475.		-6,742.	13,890,217.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 191,256.	(ii) Personal			
	b Less: rental expenses	346,587.				
	c Rental income or (loss)	-155,331.				
	d Net rental income or (loss)			-155,331.		-155,331.
	7 a Gross amount from sales of assets other than inventory	(i) Securities -4838490.	(ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	-4838490.				
	d Net gain or (loss)			-4,838,490.	-12,144.	-4,826,346.
	8 a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,914,711.	0.	-18,886.	8,908,540.

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.	21,828,674.	21,828,674.		
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.	1,484,199.	1,246,727.	237,472.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,736,281.	1,458,476.	277,805.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	140,419.	117,952.	22,467.	
9 Other employee benefits.	277,208.	232,855.	44,353.	
10 Payroll taxes.	187,062.	157,132.	29,930.	
11 Fees for services (non-employees):				
a Management.				
b Legal.	5,655.		5,655.	
c Accounting.	32,629.		32,629.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	4,715,176.		4,715,176.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,923,494.	1,071,944.	851,550.	
12 Advertising and promotion.	33,732.		33,732.	
13 Office expenses.	97,704.	19,833.	77,871.	
14 Information technology.	37,840.	33,275.	4,565.	
15 Royalties.				
16 Occupancy.	185,220.	134,164.	51,056.	
17 Travel.	107,085.	78,797.	28,288.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	114,782.	63,810.	50,972.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	345,209.	250,053.	95,156.	
23 Insurance.	49,901.		49,901.	
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 <u>Research projects</u>	353,330.	353,330.		
b <u>Staff transition expense</u>	118,793.		118,793.	
c <u>Continuing education</u>	47,513.	36,654.	10,859.	
d <u>Membership dues</u>	31,637.	274.	31,363.	
e All other expenses.	9,000.		9,000.	
25 Total functional expenses. Add lines 1 through 24e.	33,862,543.	27,083,950.	6,778,593.	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 X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	30,735.	1	
	2 Savings and temporary cash investments	138,842.	2	2,074.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,252,506.	4	4,067,029.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	183,258,029.	7	151,052,874.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,913.	9	105,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,751,208.		
	b Less: accumulated depreciation	10b 1,136,251.		
		10,388,155.	10c	10,614,957.
	11 Investments — publicly traded securities	15,045,442.	11	27,493,541.
	12 Investments — other securities. See Part IV, line 11	889,062,294.	12	963,985,139.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,103,248,916.	16	1,157,320,998.	
Liabilities	17 Accounts payable and accrued expenses	399,689.	17	853,317.
	18 Grants payable	25,070,119.	18	25,881,722.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	25,469,808.	26	26,735,039.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,077,779,108.	27	1,130,585,959.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,077,779,108.	33	1,130,585,959.
	34 Total liabilities and net assets/fund balances	1,103,248,916.	34	1,157,320,998.

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Form 990 (2016)

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	8,914,711.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,862,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,947,832.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,077,779,108.
5	Net unrealized gains (losses) on investments	5	77,754,683.
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	1,130,585,959.

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		X
2b	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	X	
2c	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.	X	
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?		X
3b	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.....		

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Form 990 (2016)

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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 **section 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 1
- 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		
(A) Episcopal Diocese of Texas	74-1143081	1	X		33,517,334.	0.
(B)						
(C)						
(D)						
(E)						
Total					33,517,334.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2016. 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—2015.** 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 in line 12 on 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>	X	
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>		X
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>		X
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>		
3c 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>		
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>		X
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>		
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>		
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>		X
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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> See Part VI	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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 10b below.</i>		X
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>		

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?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):			
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).			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

Part IV, Section A, Line 6 - Description Of Grants Or Provided Benefits To Others

The Foundation made grants to the organizations listed in Schedule I. Such grants were made in furtherance of the missions of both the Foundation and its supported organization.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

46-2599162

Part I

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,057.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

46-2599162

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Episcopal Health Foundation

Employer identification number

46-2599162

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

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

Name of the organization

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.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

Episcopal Health Foundation

46-2599162

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

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.

1 a 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

► \$

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.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2 a 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 on 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
1 a 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%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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
1 a Land.....		750,000.		750,000.
b Buildings.....		10,683,904.	1,010,289.	9,673,615.
c Leasehold improvements.....				
d Equipment.....		212,971.	100,877.	112,094.
e Other.....		104,333.	25,085.	79,248.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				10,614,957.

BAA

Schedule D (Form 990) 2016

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 <u>EH Investment Fund, LP</u>	963,985,139.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶	963,985,139.	

Part VIII Investments – Program Related.

N/A

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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	82,300,805.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	77,754,683.
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	77,754,683.
3	Subtract line 2e from line 1	3	4,546,122.
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	4,715,176.
b	Other (Describe in Part XIII.) See Part XIII	4b	-346,587.
c	Add lines 4a and 4b	4c	4,368,589.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,914,711.

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	29,493,954.
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.) See Part XIII	2d	346,587.
e	Add lines 2a through 2d	2e	346,587.
3	Subtract line 2e from line 1	3	29,147,367.
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	4,715,176.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,715,176.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	33,862,543.

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.

**Schedule D, Part XI, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S**

Rental expenses	\$ -346,587.
Total	\$ -346,587.

**Schedule D, Part XII, Line 2d
Other Expenses And Losses Per Audited F/S**

Rental expenses	\$ 346,587.
Total	\$ 346,587.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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. See Part IV

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIDS Foundation Houston 6260 Westpark Drive Houston, TX 77057	76-0073661	501 (c) (3)	77,000.	0.			Access to health services
(2) AIDS Services of Austin Inc. Po Box 4874 Austin, TX 78765	74-2440845	501 (c) (3)	279,452.	0.			Access to health services
(3) Alliance of Community Assist 710 North Post Oak Rd Ste 210 Houston, TX 77024	27-5410988	501 (c) (3)	241,000.	0.			Access to health services
(4) AAHC of Greater Houston Area 7001 Corporate Suite 120 Houston, TX 77036	31-1756818	501 (c) (3)	25,000.	0.			Comprehensive community primary care
(5) Austin Child Guidance Center 810 W. 45th Street Austin, TX 78751	74-1166783	501 (c) (3)	121,855.	0.			Mental health
(6) Austin Community Foundation 4315 Guadalupe Street Ste 300 Austin, TX 78751	74-1934031	501 (c) (3)	25,000.	0.			Mental health
(7) Austin Harm Reduct Coalition Po Box 13482 Austin, TX 78711	74-2752554	501 (c) (3)	251,400.	0.			Access to health services
(8) Austin Interfaith Sponsoring 1301 South IH 35 Suite 313 Austin, TX 78741	74-2389210	501 (c) (3)	150,000.	0.			Community capacity building

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 114
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

TEEA3901L 11/03/16

Schedule I (Form 990) (2016)

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.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

The Foundation requires grant recipients to measure their success in attaining program goals. The purpose for asking for an evaluation plan in the application phase is to 1) encourage potential grantees to incorporate evaluation into their planning process from the inception of the program, and 2) to enable outcomes measurement during and at the end of the grant period. The evaluation plan also sets the report criteria for the required six-month and annual progress reports. The evaluation plan/report components include outcomes statement (who or what is expected to change as a result of the grant), the measurable goals for the project, activities to achieve goals, information needed, methods to be used to gather the information and who will be responsible fore gathering it. The six-month and annual progress

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

reports accurately describe the progress towards the goals listed on the evaluation plan submitted with the original application and include an explanation of any variances from the goals or expected progress.

Continuation Sheet for Schedule I (Form 990)

2016

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Austin Travis Cty Integral Cr Po Box 3548 Austin, TX 78764	74-1547909	501(c) (3)	100,000.				Mental health
Avenue 360 Health & Wellness 2150 W 18Th Street Suite 300 Houston, TX 77008	76-0549240	501(c) (3)	25,000.				Comprehensive comnty primary care
Aware Central Texas 903 N Main Street Belton, TX 76513	74-2434330	501(c) (3)	50,000.				Community capacity building
Boat People S.O.S. Inc. 11360 Bellaire Blvd Suite 910 Houston, TX 77072	54-1563619	501(c) (3)	75,000.				Access to health services
Brown Family Health Center PO Box 635022 Nacogdoches, TX 75963	75-2335884	501(c) (3)	329,600.				Comprehensive comnty primary care
Capital IDEA 835 N Pleasant Valley Road Austin, TX 78702	74-2893041	501(c) (3)	100,000.				Access to health services
Capital IDEA Houston 2101 Crawford Street Ste 211 Houston, TX 77002	47-2462360	501(c) (3)	500,000.				Access to health services
Career and Recovery Resources 2525 San Jacinto Street Houston, TX 77002	74-1161942	501(c) (3)	50,000.				Mental health
Samaritan Counseling Center 16441 Space Cter Blvd #C100 Houston, TX 77058	76-0173176	501(c) (3)	150,000.				Mental health
Catholic Charities of Ctrl TX 1625 Rutherford Lane Austin, TX 78754	74-2928450	501(c) (3)	50,000.				Mental health

Continuation Sheet for Schedule I (Form 990)

2016

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Cntr for Public Policy 7020 Easy Wind Drive No. 200 Austin, TX 78752	74-2898197	501(c) (3)	150,000.				Access to health services
Child Advocates of Fort Bend 5403 Avenue N Rosenberg, TX 77471	76-0337426	501(c) (3)	100,000.				Mental health
Child Builders 2425 Fountain View Houston, TX 77057	23-7442963	501(c) (3)	100,000.				Mental health
Children at Risk 2900 Wesleyan Street Ste 400 Houston, TX 77024	76-0360533	501(c) (3)	100,000.				Early childhood development
Children's Defense Fund 5410 Bellaire Blvd Ste 203 Bellaire, TX 77401	52-0895622	501(c) (3)	308,666.				Access to health services
Christ Clinic 25722 Kingsland Blvd Ste 101 Katy, TX 77494	90-0789318	501(c) (3)	225,000.				Comprehensive comnty primary care
Communities In Schls Houston 1235 North Loop West Ste 300 Houston, TX 77008	76-0031827	501(c) (3)	100,000.				Comprehensive comnty primary care
Communities in Schools of TX 4502 E Cntrl TX Exprswy 106 Killeen, TX 76543	74-2650190	501(c) (3)	140,010.				Mental health
Cy-Hope 12715 Telge Road Cypress, TX 77429	45-2346150	501(c) (3)	38,500.				Mental health
D.O.R.S. Community Services Po Box 1286 Longview, TX 75606	46-0965940	501(c) (3)	66,970.				Mental health

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
de Beaumont Foundation 7501 Wisconsin Ave Ste 1310E Bethesda, MD 20814	04-3467074	501(c)(3)	310,000.				Healthy planning
Early Matters 50 Waugh Drive Houston, TX 77007	47-4371973	501(c)(3)	130,610.				Community capacity building
East Texas Behavioral Health 2001 S Medford Drive Lufkin, TX 75901	75-1442393	501(c)(3)	101,884.				Mental health
East Texas Human Needs Ntwk 4910 Hightech Drive Tyler, TX 75703	47-3337214	501(c)(3)	308,863.				Community capacity building
El Buen Samaritano Episc 7000 Woodhue Drive Austin, TX 78745	74-2488682	501(c)(3)	866,000.				Comprehensive comnty primary care
El Centro de Corazon P.O. Box 230209 Houston, TX 77223	76-0442781	501(c)(3)	125,000.				Comprehensive comnty primary care
Enroll America 706 West Ben White Blvd 240A Austin, TX 78704	27-1661221	501(c)(3)	100,000.				Access to health services
Epiphany Community Health Srv 9600 S. Gessner Houston, TX 77071	76-0645238	501(c)(3)	100,000.				Access to health services
Episcopal Diocese of TX 1225 Texas Street Houston, TX 77002	74-1143081	501(c)(3)	5,000,000.				EDOT health insurance
Episcopal Relief and Dev 815 Second Avenue New York, NY 10017	73-1635264	501(c)(3)	200,000.				Early childhood development

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Family Services of Houston 4625 Lillian Street Houston, TX 77007	74-1152613	501(c) (3)	100,000.				Mental health
Fort Bend Family Health Cntr 400 Austin Street Richmond, TX 77469	74-1951476	501(c) (3)	125,000.				Comprehensive comnty primary care
Foundation Communities 3036 S 1st Street Austin, TX 78704	74-2563260	501(c) (3)	111,720.				Access to health services
Gulf Coast Leadership Council 4141 Southwest Frwy Ste 650 Houston, TX 77027	74-1905927	501(c) (3)	150,000.				Community capacity building
HC Children's Protective Serv 2525 Murworth Drive Houston, TX 77054	76-0203100	501(c) (3)	110,641.				Comprehensive comnty primary care
Harris Health System 2525 Holly Hall Houston, TX 77054	74-1536936	509(a) (1)	25,000.				Comprehensive comnty primary care
Health Care For Special Pop. 3701 Kirby Drive Suite 600 Houston, TX 77098	80-0515910	501(c) (3)	250,000.				Access to health services
Healthcare for the Homeless - 1934 Caroline Street Houston, TX 77002	76-0647934	501(c) (3)	125,000.				Comprehensive comnty primary care
Heart of TX Cmnty Health Cntr 1600 Providence Drive Waco, TX 76707	74-2867580	501(c) (3)	25,000.				Comprehensive comnty primary care
Hope and Healing Center & Ins 717 Sage Road Houston, TX 77056	45-3305276	501(c) (3)	168,676.				Mental health

Continuation Sheet for Schedule I (Form 990)

2016

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Continuation Page 5 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Houston Achievement Place</u> <u>245 W 17Th Street</u> Houston, TX 77008	74-1802045	501(c) (3)	150,000.				Mental health
<u>Houston Area Urban League</u> <u>1301 Texas Street</u> Houston, TX 77002	74-1611455	501(c) (3)	300,000.				Access to health services
<u>Houston Galveston Institute</u> <u>2990 Richmond Avenue Ste 530</u> Houston, TX 77098	74-2044953	501(c) (3)	183,816.				Community capacity building
<u>Innovative Alternatives Inc.</u> <u>1335 Regents Park Drive #240</u> Houston, TX 77058	76-0284343	501(c) (3)	244,900.				Mental health
<u>Interface Samaritan Counsel</u> <u>4803 San Felipe</u> Houston, TX 77056	74-1734082	501(c) (3)	175,000.				Community capacity building
<u>Jewish Family Service</u> <u>4131 South Braeswood</u> Houston, TX 77025	74-1152607	501(c) (3)	125,000.				Mental health
<u>Julie Rogers Gift of Life Pgm</u> <u>2390 Dowlen Road</u> Beaumont, TX 77706	76-0550450	501(c) (3)	100,000.				Access to health services
<u>Legacy Community Health</u> <u>P.O. Box 66308</u> Houston, TX 77266	76-0009637	501(c) (3)	25,000.				Comprehensive comnty primary care
<u>Lone Star Circle Of Care</u> <u>205 E University Avenue # 200</u> Georgetown, TX 78626	74-3001674	501(c) (3)	175,000.				Comprehensive comnty primary care
<u>Lone Star Family Health Cntr</u> <u>605 S Conroe Medical Drive</u> Conroe, TX 77304	30-0038860	501(c) (3)	25,000.				Comprehensive comnty primary care

Continuation Sheet for Schedule I (Form 990)

2016

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAM (Memorial Assist Minist) 1625 Blalock Road Houston, TX 77080	76-0044172	501(c) (3)	50,000.				Access to health services
Manos De Cristo 4911 Harmon Avenue Austin, TX 78751	74-2511974	501(c) (3)	40,000.				Comprehensive comnty primary care
Marathon Kids Fiscal Agent 4544 S Lamar Boulevard # 350 Austin, TX 78745	06-1722171	501(c) (3)	65,000.				Community capacity building
Matagorda Episcopal Health 101 Avenue F N Bay City, TX 77414	20-0537948	501(c) (3)	200,000.				Mental health
Meadows Mental Health Policy 2800 Swiss Avenue Dallas, TX 75204	46-3992618	501(c) (3)	500,000.				Mental health
Memorial Herman Comnty Bnfit 909 Frostwood Drive Ste 100 Houston, TX 77024	68-0511504	501(c) (3)	25,000.				Comprehensive comnty primary care
Montrose Counseling Center 401 Branard Street Houston, TX 77006	74-2050245	501(c) (3)	10,000.				Community capacity building
NAM P.O. Box 66270 Houston, TX 77266	76-0242186	501(c) (3)	25,000.				Mental health
North Pasadena Community 703 1/2 Williams Street Pasadena, TX 77506	76-0560813	501(c) (3)	10,000.				Community capacity building
Northeast Texas Public Health 315 N. Broadway Suite 404 Tyler, TX 75702	75-2254544	501(c) (3)	10,000.				Access to health services

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NW Assist Ministries 15555 Kuykendahl Road Houston, TX 77090	76-0088702	501(c) (3)	325,000.				Comprehensive comnty primary care
People's Community Clinic 1101 Camino La Costa Austin, TX 78752	23-7087608	501(c) (3)	250,000.				Comprehensive comnty primary care
Phoenix Center P.O. Box 732 Marble Falls, TX 78654	26-0310507	501(c) (3)	100,000.				Mental health
PLANC TX PO Box 4755 Austin, TX 78765	74-2861614	501(c) (3)	107,000.				Mental health
Project HOPE 7500 Old Georgetown Rd #600 Bethesda, MD 22646	53-0242962	501(c) (3)	100,000.				Healthy planning
ProUnitas Inc. 4802 Lockwood Drive Houston, TX 77026	47-1573396	501(c) (3)	125,000.				Community capacity building
Rape and Suicide Crisis TX P. O. Box 3208 Beaumont, TX 77704	51-0204523	501(c) (3)	45,000.				Mental health
Rockefeller Philanthropy Adv 6 West 48th Street 10th Floor New York, NY 10036	13-3615533	501(c) (3)	180,000.				Community capacity building
Sabine Valley Regional MHMR 107 Woodbine Place Longview, TX 75601	75-1724017	501(c) (3)	144,178.				Mental health
Samaritan Cntr For Counseling 8956 Research Boulevard Build Austin, TX 78758	74-1832864	501(c) (3)	75,000.				Mental health

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Samaritan Counseling Center</u> <u>218 N. College Street</u> <u>Tyler, TX 75702</u>	45-2047833	501(c)(3)	166,160.				Mental health
<u>Samaritan Counseling Center</u> <u>7980 Anchor Drive Build 500</u> <u>Port Arthur, TX 77642</u>	76-0068922	501(c)(3)	60,000.				Community capacity building
<u>SEARCH Homeless Services</u> <u>2015 Congress Avenue</u> <u>Houston, TX 77002</u>	76-0260403	501(c)(3)	236,105.				Access to health services
<u>South Central Houston Action</u> <u>8610 Martin Luther King Jr.</u> <u>Houston, TX 77033</u>	76-0444982	501(c)(3)	144,500.				Comprehensive comnty primary care
<u>South County Community Clinic</u> <u>101 Pine Manor Drive</u> <u>Oak Ridge N, TX 77385</u>	75-2634623	501(c)(3)	100,000.				Comprehensive comnty primary care
<u>Special Health Resources TX</u> <u>402 N. 7th Street</u> <u>Longview, TX 75601</u>	75-2405203	501(c)(3)	125,000.				Access to health services
<u>Spring Branch Cmnty Health</u> <u>800 W Sam Houston Pkwy # 200</u> <u>Houston, TX 77042</u>	30-0198705	501(c)(3)	125,000.				Comprehensive comnty primary care
<u>St. Joseph Foundation</u> <u>2801 Franciscan Drive</u> <u>Bryan, TX 77802</u>	74-2351158	501(c)(3)	432,351.				Access to health services
<u>St. Paul Children's Found</u> <u>PO Box 1238</u> <u>Tyler, TX 75710</u>	75-2687636	501(c)(3)	25,000.				Comprehensive comnty primary care
<u>St. Vincent's House</u> <u>2817 Post Office Street</u> <u>Galveston, TX 77550</u>	74-1384864	501(c)(3)	75,000.				Community capacity building

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Teen Health Clinic at Baylor 1504 Taub Loop Houston, TX 77030	74-1613878	501(c)(3)	100,000.				Comprehensive comnty primary care
Tejas Health Care 753 E Travis Street La Grange, TX 78945	75-3260266	501(c)(3)	100,000.				Comprehensive comnty primary care
Texans Care For Children Inc. 1106 Clayton Lane Suite 111W Austin, TX 78723	75-2687008	501(c)(3)	100,000.				Early childhood development
TX Together Educat Fund 4001 N Sheperd Suite 205 Houston, TX 77018	11-3788433	501(c)(3)	10,000.				Community capacity building
Texas Alliance Health Care P.O. Box 1682 Austin, TX 78767	74-3002171	501(c)(3)	90,000.				Access to health services
Texas Assoc.of Charities P.O. Box 684127 Austin, TX 78768	33-1115138	501(c)(3)	150,000.				Community capacity building
Texas Evaluation Network Po Box 291155 San Antonio, TX 78229	45-3008742	501(c)(3)	8,000.				Community capacity building
Texas Interfaith Center 200 East 30th Street Austin, TX 78705	74-2989021	501(c)(3)	100,000.				Community capacity building
Texas Organizing Project 2404 Caroline Street Houston, TX 77004	27-1481855	501(c)(3)	250,000.				Community capacity building
TX Physicians for Social PO Box 26663 Austin, TX 78755	20-1241361	501(c)(3)	113,080.				Early childhood development

Continuation Sheet for Schedule I (Form 990)

2016

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 10 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TX Rural Leadership Prog 600 John Kimbrough Blvd # 518 College Station, TX 77843	74-2581756	501(c) (3)	10,000.				Community capacity building
The Center 3550 W Dallas Street Houston, TX 77019	74-1272417	501(c) (3)	145,000.				Comprehensive comnty primary care
The Immunization Partnership Po Box 5168 Katy, TX 77491	76-0695612	501(c) (3)	100,000.				Healthy planning
The Rose 12700 N Featherwood Dr #260 Houston, TX 77034	76-0193812	501(c) (3)	200,000.				Comprehensive comnty primary care
The SAFE Alliance P.O. Box 19454 Austin, TX 78760	74-2320657	501(c) (3)	280,000.				Access to health services
The SAFE Alliance P.O. Box 19454 Austin, TX 78760	74-2320657	501(c) (3)	10,000.				Community capacity building
The Texas Campaign Prevent 208 W 14 Street Suite 102 Austin, TX 78701	26-4012273	501(c) (3)	750,000.				Access to health services
University of Texas Health 7000 Fannin Suite 1200 Houston, TX 77030	74-1761309	170(c)	100,000.				Comprehensive comnty primary care
The Women's Home 607 Westheimer Road Houston, TX 77006	74-1467811	501(c) (3)	93,750.				Mental health
Trinity Center 304 E. 7th Street Austin, TX 78701	74-2960654	501(c) (3)	25,000.				Access to health services

Continuation Sheet for Schedule I (Form 990)

2016

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 11

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Tyler Family Circle Of Care 523 South Fannin Avenue Tyler, TX 75702	45-2578435	501(c) (3)	10,000.				Comprehensive comnty primary care
Volunteers at the Creek 4110 Guadalupe Bldg. 635 Austin, TX 78751	20-0620714	501(c) (3)	10,000.				Access to health services
Volunteers at the Creek 4110 Guadalupe Bldg. 635 Austin, TX 78751	20-0620714	501(c) (3)	150,000.				Mental health
Waco Foundation 1227 N Valley Mills Dr # 235 Waco, TX 76710	74-6054628	501(c) (3)	586,735.				Access to health services
Young Invincibles 401 South Branard St # 115 Houston, TX 77006	48-2214021	501(c) (3)	75,000.				Access to health services
Christ Church Cathedral 1117 Texas Avenue Houston, TX 77002	74-1143078	501(c) (3)	250,000.				Donor directed grant

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

Episcopal Health Foundation

46-2599162

Part I Questions Regarding Compensation

1 a 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 indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as, 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.

1 b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed 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?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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?

5 a

X

b Any related organization?

5 b

X

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?

6 a

X

b Any related organization?

6 b

X

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 on lines 5 and 6? If 'Yes,' describe in Part III.

7

X

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

X

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Rt Rev. C. Andrew Doyle Chair	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,473.	500.	31,634.	71,963.	88,840.	372,410.	0.
2 Elena M. Marks President & CEO	(i)	450,417.	0.	0.	40,538.	29,919.	520,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 David Fisher Asst. Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,944.	8,000.	0.	14,395.	29,211.	203,550.	0.
4 Alexandra Nolen VP Impact	(i)	207,000.	0.	0.	18,630.	29,919.	255,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Jo Carcedo VP Grants	(i)	207,000.	0.	0.	18,630.	13,805.	239,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Susybelle Gosslee Chief Adm Ofc	(i)	192,035.	0.	0.	17,283.	21,549.	230,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Shao-Chee Sim VP Research	(i)	190,417.	0.	0.	17,138.	29,919.	237,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Episcopal Health Foundation

Employer identification number

46-2599162

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Episcopal Diocese of Texas is the sole member of EHF. The authority of the Diocese is vested in the Bishop, the Council of the Diocese, and a standing committee.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

EHF's sole member has the right to elect or remove directors of EHF.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

EHF's sole member must approve the following:

1. Amendments to the certificate of formation and bylaws;
2. The merger of EHF with any other organization or entity;
3. The conversion of EHF;
4. The sale, transfer, assignment, or disposition of substantially all of EHF's assets; and
5. The dissolution, winding up, and termination of the corporation.

Form 990, Part VI, Line 11b - Form 990 Review Process

EHF's President & CEO and Treasurer present the draft 990 to the board prior to filing with IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each director, officer, and member of a committee is required to annually sign a statement which affirms that such person has received a copy of the COI policy, has read and understands the policy, and agrees to comply with the policy (including the requirement to disclose any potential conflicts).

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

An independent consultant was retained to evaluate compensation for all employees in 2015. The Compensation Committee met to discuss the results. Compensation for the

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

CEO is determined by the board. Staff compensation is determined by the CEO.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Same, compensation study & committee.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request at the front desk office of EHF.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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
(1) _____ _____ _____					
(2) _____ _____ _____					
(3) _____ _____ _____					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Episcopal Diocese of Texas 1225 Texas Avenue Houston, TX 77002 74-1143081	Church	TX	501 (c) (3)	170 (b) (1) A (i)	N/A		X
(2) _____ _____ _____							
(3) _____ _____ _____							
(4) _____ _____ _____							

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) Dispropor- tionate 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	
See Part VII												
(1) EHI Fund, LP 1 Maritime Plaza San Francisco, CA 38-3930311	Investment	DE	Episcopal Health Fd	Excluded	14,804,527.	966108798.		X	-18,886.		X	99.99
(2)												
(3)												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part III - Partnership Full Name, Address, FEIN

EHF Fund, LP 38-3930311 1 Maritime Plaza, 5th Floor San Francisco, CA
94111

Part VII - Supplemental Information

Schedule R, Part II - Related Tax-Exempt Organizations

There are 236 brother-sister organizations controlled by the Episcopal Diocese of Texas which have not been reported on this schedule.

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) VP Canada Holdings ULC	4a Identifying number, if any 98-1223954
5 Address (including country) 666 Burrard Street Park Place Ste 1700, Vancouver BC V6C2X8 Canada	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) CA	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		582,699.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.7500 % (b) After 0.7500 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) VFC Investments 3 SARL	4a Identifying number, if any 98-1113938
5 Address (including country) 6C Rue Gabriel Lippman Luxembourg, Luxembourg L-5365 Luxembourg	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) LU	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		45,246.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.7500 % (b) After 0.7500 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Magenta LLC	4a Identifying number, if any 98-1157417
5 Address (including country) Ajeltake Rd Ajeltake Island, Majuro MH96960 Marshall Islands	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) RM	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		187,893.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.4900 % (b) After 0.4900 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) EFV Acquisitions SARL	4a Identifying number, if any 98-1111271
5 Address (including country) 6C Rue Gabriel Lippman Luxembourg, Luxembourg L-5365 Luxembourg	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) LU	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		165,887.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.3700 % (b) After 0.4600 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Wizink Bank, SA	4a Identifying number, if any
5 Address (including country) Calle Velazquez, 34 Madrid, Madrid 28001 Spain	4b Reference ID number (see instrs.) WZNK
6 Country code of country of incorporation or organization (see instructions) SP	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		315,509.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0700 % (b) After 0.0700 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Wert RSR SARL	4a Identifying number, if any 98-1114358
5 Address (including country) 6C Rue Gabriel Lippman Luxembourg, Luxembourg L-5365 Luxembourg	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) LU	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		158,275.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.6700 % (b) After 0.6700 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Pavonina PTE Ltd	4a Identifying number, if any
5 Address (including country) 50 Collyer Quay #09-01 Oue Bayfront Singapore, Singapore 0499321 Singapore	4b Reference ID number (see instrs.) PVPTE
6 Country code of country of incorporation or organization (see instructions) SN	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		35,637.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.4600 % (b) After 0.4600 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

Episcopal Health Foundation

46-2599162

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) SC II CLS Holdings Ltd	4a Identifying number, if any 98-1309866
5 Address (including country) 745 Fith Avenue, 27TH Floor NEW YORK,, NY 10151	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) CJ	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	7/05/2016		123,643.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 4.7300 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Dakar Intermediate SARL	4a Identifying number, if any
5 Address (including country) 4 Rue Lou Hemmer Luxembourg, Luxembourg L-1748 Luxembourg	4b Reference ID number (see instrs.) DKINT
6 Country code of country of incorporation or organization (see instructions) LU	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/04/2015		134,005.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.0900 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Mercury (BC) SARL	4a Identifying number, if any
5 Address (including country) 4 Rue Lou Hemmer Luxembourg, Luxembourg L-1748 Luxembourg	4b Reference ID number (see instrs.) MERCURY
6 Country code of country of incorporation or organization (see instructions) LU	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		372,619.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.1400 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Paternoster Holding II GMBH	4a Identifying number, if any
5 Address (including country) Maximilianstr 11, 80539 Munchen, Munchen 80539 Germany	4b Reference ID number (see instrs.) PTNTRHLD
6 Country code of country of incorporation or organization (see instructions) GM	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	3/31/2015		135,361.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.0900 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

Episcopal Health Foundation

46-2599162

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<u>EH Investment Fund, LP</u>	<u>38-3930311</u>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) <u>H&F Giant Lux SARL</u>	4a Identifying number, if any <u>98-1307911</u>
5 Address (including country) <u>C/O Alter Domus, 5 Rue Guillaume Kroll</u> <u>Luxembourg, Luxembourg L-1882 Luxembourg</u>	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) <u>LU</u>	
7 Foreign law characterization (see instructions) <u>Corporation</u>	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		682,197.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.0500 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) SC II HMT Holdings, Ltd	4a Identifying number, if any 98-1327192
5 Address (including country) 745 Fith Avenue, 27TH Floor New York, NY 10115	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) CJ	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/21/2016		103,962.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 3.8300 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) Project Auto Ultimate Parent Cooperat UA	4a Identifying number, if any 98-1332180
5 Address (including country) Strawinskyalaan 3127 Amsterdam, Amsterdam 1077 ZX Netherlands	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) NL	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	9/02/2016		370,468.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.0500 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor Episcopal Health Foundation	Identifying number (see instructions) 46-2599162
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
EH Investment Fund, LP	38-3930311

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) WP XII Callisto (Cayman-A) LP	4a Identifying number, if any 98-1283743
5 Address (including country) 27 Hospital Road George Town, Grand Cayman KY1-9008 Cayman Islands	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) CJ	
7 Foreign law characterization (see instructions) Corporation	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		189,512.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.4700 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

Episcopal Health Foundation

46-2599162

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☒ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<u>EH Investment Fund, LP</u>	<u>38-3930311</u>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) <u>FCOF IV UB Holdings Ltd</u>	4a Identifying number, if any <u>98-1300745</u>
5 Address (including country) <u>P.O. BOX 5098</u> <u>New York, NY 10185</u>	4b Reference ID number (see instrs.)
6 Country code of country of incorporation or organization (see instructions) <u>CJ</u>	
7 Foreign law characterization (see instructions) <u>Corporation</u>	

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

BAA Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2013)

Part III Information Regarding Transfer of Property (see instructions)

Type of Property	(a) Date of Transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		644,022.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.4700 % (b) After 0.4700 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC Section 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3).....	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F).....	☐ Yes	☒ No
c Recapture under section 1503(d).....	☐ Yes	☒ No
d Exchange gain under section 987.....	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property.....	☐ Yes	☒ No
b Depreciation recapture.....	☐ Yes	☒ No
c Branch loss recapture.....	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations.....	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?..... ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?..... ☐ Yes ☒ No

b If the answer to line 15a is 'Yes,' enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred?..... ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If 'Yes' describe the nature of the rights to the intangible property that was transferred as a result of the transaction: