

# 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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2017

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** , 2017, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Episcopal Health Foundation 500 Fannin, Ste 300 Houston, TX 77002  <b>F</b> Name and address of principal officer: <b>Elena M. Marks</b> Same As C Above	<b>D</b> Employer identification number 46-2599162  <b>E</b> Telephone number (713) 225-0900  <b>G</b> Gross receipts \$ <b>34,746,782.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <a href="http://www.episcopalhealth.org">www.episcopalhealth.org</a>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2013 <b>M</b> State of legal domicile: TX	

### Part I Summary

<b>1</b>	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>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	13
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	34
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	14
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	-70,956.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	-83,600.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b>	25,057.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b>	20,435.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b>	9,044,985.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b>	-155,331.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b>	8,914,711.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b>	21,828,674.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b>	33,344,376.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b>	3,825,169.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b>	4,358,849.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	<b>b</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>17</b>	8,208,700.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b>	13,880,934.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b>	33,862,543.
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b>	-24,947,832.
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b>	-17,264,788.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b>	1130585959.

### 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.

<b>Sign Here</b>	▶ <u>Electronically Filed</u> <small>Signature of officer</small>	<small>Date</small>
	▶ <u>Elena M. Marks</u> <small>Type or print name and title</small>	<u>President &amp; CEO</u>
<b>Paid Preparer Use Only</b>	<small>Print/Type preparer's name</small> <u>Jody Blazek</u>	<small>Preparer's signature</small> <u>Jody Blazek</u>
	<small>Firm's name</small> ▶ <u>Blazek &amp; Vetterling</u> <small>Firm's address</small> ▶ <u>2900 Wesleyan, Suite 200</u> <u>Houston, TX 77027-5132</u>	<small>Date</small> <u>11/13/18</u>  <small>Check <input checked="" type="checkbox"/> if self-employed</small> <small>PTIN</small> <u>P00072674</u>  <small>Firm's EIN</small> ▶ <u>76-0269860</u> <small>Phone no.</small> <u>(713) 439-5739</u>

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 08/08/17

Form **990** (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To 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 \$ 35,123,898. including grants of \$ 33,344,376.) (Revenue \$ )

Episcopal Health Foundation works to improve the health of the 11 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 \$ 2,847,497. including grants of \$ ) (Revenue \$ )

Episcopal Health Foundation works to improve the health of the 11 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 \$ 2,179,770. including grants of \$ ) (Revenue \$ 20,435.)

Episcopal Health Foundation works to improve the health of the 11 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 40,151,165.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....		X
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">48</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	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. <span style="float:right">34</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
<b>4 a</b>	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)?		X
<b>4 b</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).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right"></span>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right"></span>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <span style="float:right"></span>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right"></span>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right"></span>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</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. <span style="float:right"></span>		
<b>13 c</b>	Enter the amount of reserves on hand. <span style="float:right"></span>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 15 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>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 13		
<b>2</b>	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? . . . See Schedule O	X	
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . See Schedule O	X	
<b>7 a</b>	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	X	
<b>7 b</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	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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. . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	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	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. See Schedule O	X	
<b>15 b</b>	b Other officers or key employees of the organization. See Schedule O	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</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? . . . . .		

**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 Contractors**

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

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

**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.	300,425.	184,885.
(2) Linnet Deily Executive Chair	2 0	X		X				0.	0.	0.
(3) Deborah Robinson Secretary	2 0	X		X				0.	0.	0.
(4) Robert T. Blakely Director	2 0	X						0.	0.	0.
(5) David Harvin Director	2 0	X						0.	0.	0.
(6) Jim Henderson Director	2 0	X						0.	0.	0.
(7) Lisa Hines Director	2 0	X						0.	0.	0.
(8) Michelle Lyn Director	2 0	X						0.	0.	0.
(9) Bill Montgomery Director	2 0	X						0.	0.	0.
(10) Thomas Ortiz Director	2 0	X						0.	0.	0.
(11) Bobby Reeves Director	2 0	X						0.	0.	0.
(12) George Roberts, Jr. Director	2 0	X						0.	0.	0.
(13) Neil Willard Director	2 0	X						0.	0.	0.
(14) Katie Wright 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) Elena M. Marks President & CEO	50 0	X		X			483,513.	0.	72,668.
(16) Linda Riley Mitchell Treasurer & CFO	10 30			X			0.	254,228.	34,137.
(17) David Fisher Asst. Treasurer	10 30			X			0.	156,534.	43,480.
(18) Alexandra Nolen VP Impace	40 0					X	220,275.	0.	48,977.
(19) Jo Carcedo VP Grants	40 0					X	220,156.	0.	33,350.
(20) Shao-Chee Sim VP Research	40 0					X	208,766.	0.	47,941.
(21) Susybelle Gosslee Chief Adm Ofc	40 0					X	205,524.	0.	39,597.
(22) Suzanne Leahy Evaluation Officer	40 0					X	131,359.	0.	24,422.
(23)									
(24)									
(25)									

<b>1 b Sub-total</b> .....	1,469,593.	711,187.	529,457.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	1,469,593.	711,187.	529,457.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶	6		

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> 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	
<b>5</b> 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
Working Partner LLC 1302 Waugh Drive, #126 Houston, TX 77019	Consulting	118,000.
SSRS 155 Gaither Dr., Suite A Mt. Laurel, NJ 08054	Consulting	268,500.
Quill Consulting, LLC 2305 Sunset Blvd Houston, TX 77005	Consulting	102,011.
Prevention Institute 221 Oak St Ste A Oakland, CA 94607	Consulting	352,760.
David E. Harvey Builders 3630 Westchase Houston, TX 77242	Construction service	339,154.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	5	



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>					
	<b>b</b> Membership dues	<b>1 b</b>					
	<b>c</b> Fundraising events	<b>1 c</b>					
	<b>d</b> Related organizations	<b>1 d</b>					
	<b>e</b> Government grants (contributions)	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> <u>Health policy support</u>		<b>Business Code</b> 541900	20,435.	20,435.		
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		20,435.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		15,734,294.		-227,290.	15,961,584.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		(i) Real	100,000.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	427,411.				
		<b>c</b> Rental income or (loss)	-327,411.				
<b>d</b> Net rental income or (loss)			-327,411.			-327,411.	
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	18892053.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)	18892053.				
<b>d</b> Net gain or (loss)			18,892,053.		156,334.	18,735,719.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> -----							
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		34,319,371.	20,435.	-70,956.	34,369,892.		

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	33,344,376.	33,344,376.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
<b>4</b> Benefits paid to or for members.....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.....	1,580,767.	1,366,573.	214,194.	0.
<b>6</b> 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.
<b>7</b> Other salaries and wages.....	2,094,969.	1,811,163.	283,806.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	184,202.	159,243.	24,959.	
<b>9</b> Other employee benefits.....	274,373.	237,195.	37,178.	
<b>10</b> Payroll taxes.....	224,538.	194,113.	30,425.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.....				
<b>b</b> Legal.....	2,325.		2,325.	
<b>c</b> Accounting.....	51,633.		51,633.	
<b>d</b> Lobbying.....				
<b>e</b> Professional fundraising services. See Part IV, line 17....				
<b>f</b> Investment management fees.....	9,177,867.		9,177,867.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....	2,489,174.	1,629,285.	859,889.	
<b>12</b> Advertising and promotion.....	74,284.	133.	74,151.	
<b>13</b> Office expenses.....	67,999.	43,128.	24,871.	
<b>14</b> Information technology.....	162,435.	147,960.	14,475.	
<b>15</b> Royalties.....				
<b>16</b> Occupancy.....	145,885.	99,201.	46,684.	
<b>17</b> Travel.....	115,063.	86,881.	28,182.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
<b>19</b> Conferences, conventions, and meetings....	139,720.	51,255.	88,465.	
<b>20</b> Interest.....				
<b>21</b> Payments to affiliates.....				
<b>22</b> Depreciation, depletion, and amortization ...	386,774.	264,193.	122,581.	
<b>23</b> Insurance.....	56,074.		56,074.	
<b>24</b> 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.).....				
<b>a</b> <u>Research projects</u> .....	390,833.	390,833.		
<b>b</b> <u>Other expenses</u> .....	245,316.		245,316.	
<b>c</b> <u>Evaluation &amp; Learning</u> .....	199,128.	190,393.	8,735.	
<b>d</b> <u>Continuing education</u> .....	176,424.	135,240.	41,184.	
<b>e</b> All other expenses.....				
<b>25</b> Total functional expenses. Add lines 1 through 24e. ...	51,584,159.	40,151,165.	11,432,994.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing.....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments.....	2,074.	<b>2</b>	15,453.
	<b>3</b> Pledges and grants receivable, net.....		<b>3</b>	
	<b>4</b> Accounts receivable, net.....	4,067,029.	<b>4</b>	3,184,640.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> 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.....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....	151,052,874.	<b>7</b>	117,559,513.
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	105,384.	<b>9</b>	129,854.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 11,866,641.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 1,831,761.	10,614,957.	<b>10c</b> 10,034,880.
	<b>11</b> Investments – publicly traded securities.....	27,493,541.	<b>11</b>	31,909,264.
	<b>12</b> Investments – other securities. See Part IV, line 11.....	963,985,139.	<b>12</b>	1,106,302,085.
	<b>13</b> Investments – program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	1,157,320,998.	<b>16</b>	1,269,135,689.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	853,317.	<b>17</b>	498,619.
	<b>18</b> Grants payable.....	25,881,722.	<b>18</b>	32,465,623.
	<b>19</b> Deferred revenue.....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> 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.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> 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.....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	26,735,039.	<b>26</b>	32,964,242.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	1,130,585,959.	<b>27</b>	1,236,171,447.
	<b>28</b> Temporarily restricted net assets.....		<b>28</b>	
	<b>29</b> Permanently restricted net assets.....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
	<b>33</b> Total net assets or fund balances.....	1,130,585,959.	<b>33</b>	1,236,171,447.
	<b>34</b> Total liabilities and net assets/fund balances.....	1,157,320,998.	<b>34</b>	1,269,135,689.

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Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,319,371.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,584,159.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-17,264,788.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,130,585,959.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	122,850,276.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,236,171,447.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>Episcopal Health Foundation</b>	Employer identification number <b>46-2599162</b>
--	---

**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		51,197,384.	0.
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					51,197,384.	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2017.** 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—2016.** 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
<b>1</b> 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	
<b>2</b> 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
<b>3a</b> 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>b</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>		
<b>3c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9a</b> 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>b</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
<b>c</b> 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
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2017

**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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

**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.)

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**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 D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 7/25/06, 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.  Yes  No

**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     |    |

**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		10,684,474.	1,622,070.	9,062,404.
c Leasehold improvements				
d Equipment		264,360.	165,612.	98,748.
e Other		167,807.	44,079.	123,728.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>10,034,880.</b>

**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>	1106302085.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) ... ▶	1106302085.	

**Part VIII Investments – Program Related.**

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

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	148,419,191.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	122,850,276.
	<b>b</b> Donated services and use of facilities .....	<b>2b</b>	
	<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.) <u>See Part XIII</u> .....	<b>2d</b>	427,411.
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	123,277,687.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	25,141,504.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	9,177,867.
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	9,177,867.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	34,319,371.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	42,833,703.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities .....	<b>2a</b>	
	<b>b</b> Prior year adjustments .....	<b>2b</b>	
	<b>c</b> Other losses .....	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.) <u>See Part XIII</u> .....	<b>2d</b>	427,411.
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	427,411.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	42,406,292.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	9,177,867.
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	9,177,867.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	51,584,159.

**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 2d  
Other Revenue Included In F/S But Not Included On Form 990**

Rental expenses .....	\$ 427,411.
Total	<u>\$ 427,411.</u>

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

Rental expenses .....	\$ 427,411.
Total	<u>\$ 427,411.</u>



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2017**

**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) Alliance of Comm A Ministries 710 North Post Oak Road Ste 2 Houston, TX 77024	27-5410988	501 (c) (3)	305,000.	0.			Access to health services
(2) A. American Health Coalition 7001 Corporate Ste 120 Houston, TX 77036	31-1756818	501 (c) (3)	448,246.	0.			Comprehensive primary care
(3) A. American Health Coalition 7001 Corporate Ste 120 Houston, TX 77036	31-1756818	501 (c) (3)	349,501.	0.			Behavioral health
(4) Austin Child Guidance Center 810 W. 45th Street Austin, TX 78751	74-1166783	501 (c) (3)	121,855.	0.			Behavioral health
(5) Austin Community Foundation 4315 Guadalupe Street Ste 300 Austin, TX 78751	74-1934031	501 (c) (3)	25,000.	0.			Behavioral health
(6) Austin Interfaith 1301 South IH 35 Ste 313 Austin, TX 78741	74-2389210	501 (c) (3)	198,000.	0.			Community capacity building
(7) Austin Integral Care 1430 Collier Street Austin, TX 78704	74-1547909	501 (c) (3)	100,000.	0.			Access to health services
(8) Avenue 360 Health & Wellness 2150 West 18th St. Houston, TX 77008	76-0549240	501 (c) (3)	100,000.	0.			Comprehensive primary care

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **136**
- 3 Enter total number of other organizations listed in the line 1 table ..... ▶ **0**

**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)**

**2017**

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

Continuation Page 1 of 13

Name of the organization <b>Episcopal Health Foundation</b>	Employer identification number <b>46-2599162</b>
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<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (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
Avenue Community Development 2505 Washington Avenue Ste 40 Houston, TX 77007	76-0380602	501 (c) (3)	200,000.				Community capacity building
BakerRipley P.O. Box 271389 Bellaire, TX 77401	23-7062976	501 (c) (3)	200,000.				Community capacity building
Boat People SOS 11360 Bellaire Blvd. Ste. 910 Houston, TX 77072	54-1563619	501 (c) (3)	130,000.				Access to health services
Brazos Valley Com Act Agency 1500 University Drive E Ste 1 College Station, TX 77840	74-1715140	501 (c) (3)	241,985.				Comprehensive primary care
Casa Marianella 821 Gunter Street Austin, TX 78702	74-2377341	501 (c) (3)	85,000.				Access to health services
Catholic Charities Central TX 1625 Rutherford Lane Austin, TX 78754	74-2928450	501 (c) (3)	100,000.				Behavioral health
Change Happens 3353 Elgin Street Houston, TX 77004	76-0297531	501 (c) (3)	70,800.				Access to health services
Child Advocates of Fort Bend 5403 Avenue N Rosenberg, TX 77471	76-0337426	501 (c) (3)	100,000.				Behavioral health
Child and Family Research PTP LBJ School of Public Affairs Austin, TX 78713	74-6000203	501 (c) (3)	110,000.				Early childhood development
ChildBuilders 2425 Fountain View Ste 210 Houston, TX 77057	23-7442963	501 (c) (3)	100,000.				Behavioral health

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 2 of 13

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
Christ Clinic 25722 Kingsland Boulevard Ste Katy, TX 77494	90-0789318	501 (c) (3)	185,051.				Comprehensive primary care
Christ Clinic 25722 Kingsland Boulevard Ste Katy, TX 77494	90-0789318	501 (c) (3)	130,000.				Comprehensive primary care
Communities In Schools HOU 1235 North Loop West Houston, TX 77008	76-0031827	501 (c) (3)	100,000.				Behavioral health
Communities In Schools HOU 1235 North Loop West Houston, TX 77008	76-0031827	501 (c) (3)	37,500.				Comprehensive primary care
Communities in Schools TX 4520 E Ctl Tex Expwy Killeen, TX 76543	74-2650190	501 (c) (3)	70,000.				Access to health services
Dallas Foundation 3963 Maple Ave Ste 390 Dallas, TX 75219	75-2890371	501 (c) (3)	10,000.				Access to health services
Dell Medical School 1501 Red River Austin, TX 78701	74-6000203	Gov't	500,000.				Access to health services
E Texas Border Health Clinic 1500 W Grand Avenue Marshall, TX 75670	30-0538912	501 (c) (3)	107,000.				Comprehensive primary care
E Texas Human Needs Network 4910 Hightech Drive Tyler, TX 75703	47-3337214	501 (c) (3)	145,579.				Community capacity building
El Buen Samaritano 7000 Woodhue Drive Austin, TX 78745	74-2488682	501 (c) (3)	820,301.				Comprehensive primary care

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 3 of 13

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
El Centro de Corazon P. O. Box 230209 Houston, TX 77223	76-0442781	501 (c) (3)	185,213.				Comprehensive primary care
El Centro de Corazon P. O. Box 230209 Houston, TX 77223	76-0442781	501 (c) (3)	50,000.				Comprehensive primary care
Epiphany Community HOS 9600 S. Gessner Houston, TX 77071	76-0645238	501 (c) (3)	150,000.				Access to health services
Episcopal Diocese of Texas 1225 Texas Street Houston, TX 77002	74-1143081	501 (c) (3)	74,182.				Other
Episcopal Diocese of Texas 1225 Texas Street Houston, TX 77002	74-1143081	501 (c) (3)	322,000.				Other
EDOT Financial Services Corp 1225 Texas Street Houston, TX 77002	76-0658451	501 (c) (3)	5,000,000.				Access to health services
EDOT Financial Services Corp 1225 Texas Street Houston, TX 77002	76-0658451	501 (c) (3)	4,166,666.				Access to health services
EDOT Financial Services Corp 1225 Texas Street Houston, TX 77002	76-0658451	501 (c) (3)	833,334.				Access to health services
Episcopal Relief & Dev 815 Second Avenue New York, NY 10017	73-1635264	501 (c) (3)	200,000.				Early childhood development
Faith in Texas 1111 W. Mockingbird Lane Dallas, TX 75247	47-3005234	501 (c) (3)	435,000.				Community capacity building

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 4 of 13

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 Svc Ctr of Galveston 2200 Market Street Ste 600 Galveston, TX 77550	74-1157849	501 (c) (3)	179,825.				Behavioral health
Family Svc Ctr of Galveston 2200 Market Street Ste 600 Galveston, TX 77550	74-1157849	501 (c) (3)	134,867.				Behavioral health
Family Services of Gr HOU 4625 Lillian Street Houston, TX 77007	74-1152613	501 (c) (3)	50,000.				Behavioral health
First3Years 15851 Dallas Parkway # 106 Addison, TX 75001	75-2067421	501 (c) (3)	90,000.				Early childhood development
First3Years 15851 Dallas Parkway # 106 Addison, TX 75001	75-2067421	501 (c) (3)	30,000.				Early childhood development
First3Years 15851 Dallas Parkway # 106 Addison, TX 75001	75-2067421	501 (c) (3)	10,000.				Early childhood development
Fort Bend Family Health Ctr 400 Austin St. Richmond, TX 77469	74-1951476	501 (c) (3)	187,500.				Comprehensive primary care
Fort Bend Family Health Ctr 400 Austin St. Richmond, TX 77469	74-1951476	501 (c) (3)	50,000.				Comprehensive primary care
Grantmakers in Health 1100 Connecticut Ave Washington, DC 20036	13-3206571	501 (c) (3)	10,000.				Organizational capacity building
Greater Killeen Free Clinic 718 N 2Nd Street Ste A Killeen, TX 76541	74-2724725	501 (c) (3)	95,630.				Comprehensive primary care

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 5 of 13

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
Green & Healthy Homes Init 2714 Hudson Street Baltimore, MD 21224	52-1786577	501 (c) (3)	224,733.				Comprehensive primary care
Gulf Coast Leadership Council 4141 SW Freeway Ste 650 Houston, TX 77027	74-1905927	501 (c) (3)	200,000.				Community capacity building
Harris Health System 2525 Holly Hall Houston, TX 77054	74-1536936	509 (a) (1)	187,500.				Comprehensive primary care
Health Care For Sp Population 3701 Kirby Drive Ste 600 Houston, TX 77098	80-0515910	501 (c) (3)	200,000.				Comprehensive primary care
Healthcare for the Homeless 1934 Caroline St. Houston, TX 77002	76-0647934	501 (c) (3)	150,000.				Comprehensive primary care
Healthy Futures of Texas 2300 W Commerce Street Ste 21 San Antonio, TX 78207	20-5793076	501 (c) (3)	75,000.				Community capacity building
Heart of Texas Com Health Ctr 1600 Providence Drive Waco, TX 76707	74-2867580	501 (c) (3)	450,000.				Comprehensive primary care
Heart of Texas Com Health Ctr 1600 Providence Drive Waco, TX 76707	74-2867580	501 (c) (3)	347,731.				Behavioral health
Hope and Healing Ctr & Inst 717 Sage Road Houston, TX 77056	45-3305276	501 (c) (3)	168,675.				Behavioral health
HOPE Project 157 Wall St Tenaha, TX 75974	32-0086739	501 (c) (3)	200,000.				Behavioral health



## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 6 of 13

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 Galveston Institute</u> <u>2990 Richmond Ave Ste 530</u> Houston, TX 77098	74-2044953	501 (c) (3)	333,000.				Behavioral health
<u>Houston Galveston Institute</u> <u>2990 Richmond Avenue Ste 530</u> Houston, TX 77098	74-2044953	501 (c) (3)	110,778.				Behavioral health
<u>Houston Health Foundation</u> <u>PO Box 20272</u> Houston, TX 77225	27-2920745	501 (c) (3)	272,775.				Community capacity building
<u>Ibn Sina Foundation</u> <u>11226 South Wilcrest Dr.</u> Houston, TX 77099	76-0698464	501 (c) (3)	75,000.				Comprehensive primary care
<u>Innovative Alternatives</u> <u>1335 Regents Park Dr</u> Houston, TX 77058	76-0284343	501 (c) (3)	245,000.				Behavioral health
<u>Interface Samaritan Coun Ctrs</u> <u>4803 San Felipe St</u> Houston, TX 77056	74-1734082	501 (c) (3)	100,000.				Behavioral health
<u>Jewish Family Service</u> <u>4131 S Braeswood Blvd</u> Houston, TX 77025	74-1152607	501 (c) (3)	125,000.				Behavioral health
<u>K Samaritan Counseling Ctr</u> <u>16441 Space Center Blvd</u> Houston, TX 77058	76-0173176	501 (c) (3)	150,000.				Behavioral health
<u>Legacy Community Health</u> <u>P.O. Box 66308</u> Houston, TX 77266	76-0009637	501 (c) (3)	370,760.				Behavioral health
<u>Local Initiatives Spt Corp</u> <u>1111 North Loop West</u> Houston, TX 77008	13-3030229	501 (c) (3)	146,800.				Community capacity building

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 7 of 13

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>Lone Star Circle of Care</u> <u>205 E University Ave Ste 200</u> Georgetown, TX 78626	74-3001674	501 (c) (3)	187,500.				Comprehensive primary care
<u>Lone Star Family Health Ctr</u> <u>605 S Conroe Medical Drive</u> Conroe, TX 77304	30-0038860	501 (c) (3)	450,000.				Comprehensive primary care
<u>Memorial Assisctc Ministries</u> <u>1625 Blalock Road</u> Houston, TX 77080	76-0044172	501 (c) (3)	81,500.				Access to health services
<u>Memorial Assisctc Ministries</u> <u>1625 Blalock Road</u> Houston, TX 77080	76-0044172	501 (c) (3)	59,000.				Behavioral health
<u>Mem Hermann Comm Benf Co</u> <u>909 Frostwood Ste 2.205</u> Houston, TX 77024	68-0511504	501 (c) (3)	433,295.				Comprehensive primary care
<u>Mental Health Amer of Gr HOU</u> <u>2211 Norfolk St Ste 810</u> Houston, TX 77098	74-1272394	501 (c) (3)	1,080,000.				Behavioral health
<u>Montrose Counseling Center</u> <u>401 Branard Street</u> Houston, TX 77006	74-2050245	501 (c) (3)	384,436.				Behavioral health
<u>Ntl Acad of Sci Engr &amp; Med</u> <u>500 5th Street NW</u> Washington, DC 20001	53-0196932	501 (c) (3)	10,000.				Access to health services
<u>Ntl Alliance Mental Illness</u> <u>P.O. Box 66270</u> Houston, TX 77266	76-0242186	501 (c) (3)	25,000.				Behavioral health
<u>Ntl Comm for Res Philanthropy</u> <u>1900 L St Nw Ste 825</u> Washington, DC 20036	52-1072749	501 (c) (3)	7,500.				Organizational capacity building

## Continuation Sheet for Schedule I (Form 990)

# 2017

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

Continuation Page 8 of 13

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
Neighborhood Recovery CDC 5445 Almeda Road Ste 505 Houston, TX 77004	76-0377117	501 (c) (3)	254,509.				Community capacity building
Network Of Behavioral HP PO Box 980323 Houston, TX 77098	75-3220882	501 (c) (3)	150,000.				Behavioral health
N Pasadena Comm Outreach 703 1/2 Williams Street Pasadena, TX 77506	76-0560813	501 (c) (3)	100,000.				Access to health services
NE TX Public Health District 315 N. Broadway Ste 404 Tyler, TX 75702	75-2254544	Gov't	150,000.				Community capacity building
NE TX Public Health District 315 N. Broadway Ste 404 Tyler, TX 75702	75-2254544	Gov't	10,000.				Community capacity building
NW Assistance Ministries 15555 Kuykendahl Road Houston, TX 77090	76-0088702	501 (c) (3)	187,500.				Comprehensive primary care
NurseFamily Partnership 1900 Grant Street Ste 400 Denver, CO 80203	20-0234163	501 (c) (3)	299,430.				Early childhood development
Palacios Community Med Ctr 311 Green Avenue Palacios, TX 77465	76-0698013	501 (c) (3)	100,000.				Comprehensive primary care
People's Community Clinic 1101 Camino La Costa Austin, TX 78752	23-7087608	501 (c) (3)	500,890.				Comprehensive primary care
Phoenix Center P.O. Box 732 Marble Falls, TX 78654	26-0310507	501 (c) (3)	100,000.				Behavioral health

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 9 of 13

Name of the organization Episcopal Health Foundation	Employer identification number 46-2599162
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**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>Planned Living Assistance NCT</u> <u>PO Box 4755</u> <u>Austin, TX 78765</u>	74-2861614	501 (c) (3)	90,000.				Behavioral health
<u>Planned Living Assistance NCT</u> <u>PO Box 4755</u> <u>Austin, TX 78765</u>	74-2861614	501 (c) (3)	89,167.				Behavioral health
<u>Planned Parenthood Gulf Coast</u> <u>4600 Gulf Freeway</u> <u>Houston, TX 77023</u>	74-1100163	501 (c) (3)	300,000.				Comprehensive primary care
<u>Planned Parenthood of Gr TX</u> <u>7424 Greenville Ave. Ste.206</u> <u>Dallas, TX 75231</u>	52-1243220	501 (c) (3)	300,000.				Comprehensive primary care
<u>ProUnitas</u> <u>4802 Lockwood Drive</u> <u>Houston, TX 77026</u>	47-1573396	501 (c) (3)	279,000.				Community capacity building
<u>Rice University</u> <u>6100 Main Street</u> <u>Houston, TX 77005</u>	74-1109620	501 (c) (3)	1,117,876.				Early childhood development
<u>Rockefeller Philanthropy Adv</u> <u>6 West 48th Street 10th Fl</u> <u>New York, NY 10036</u>	13-3615533	501 (c) (3)	105,000.				Community capacity building
<u>Rupani Foundation</u> <u>8303 Southwest Fwy Ste 435</u> <u>Houston, TX 77074</u>	26-0476701	501 (c) (3)	50,000.				Early childhood development
<u>Sabine Valley Reg MHMR Ctr</u> <u>107 Woodbine Place</u> <u>Longview, TX 75601</u>	75-1724017	501 (c) (3)	252,622.				Behavioral health
<u>Samaritan Center</u> <u>8956 Research Blvd Bldg 2</u> <u>Austin, TX 78758</u>	74-1832864	501 (c) (3)	75,000.				Behavioral health

## Continuation Sheet for Schedule I (Form 990)

# 2017

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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 Ctr E TX</u> <u>218 N. College Street</u> Tyler, TX 75702	45-2047833	501 (c) (3)	165,231.				Behavioral health
<u>Samaritan Counseling Ct SE TX</u> <u>7980 Anchor Drive Building 50</u> Port Arthur, TX 77642	76-0068922	501 (c) (3)	100,000.				Behavioral health
<u>Santa Maria Hostel</u> <u>2605 Parker Road</u> Houston, TX 77093	74-1669131	501 (c) (3)	73,068.				Early childhood development
<u>S County Community Clinic</u> <u>101 Pine Manor Drive</u> Oak Ridge N, TX 77385	75-2634623	501 (c) (3)	50,000.				Comprehensive primary care
<u>Sp Health Resources for TX</u> <u>402 N. 7th Street</u> Longview, TX 75601	75-2405203	501 (c) (3)	175,000.				Comprehensive primary care
<u>Spring Branch Community HC</u> <u>800 W Sam Houston Pkwy S</u> Houston, TX 77042	30-0198705	501 (c) (3)	172,560.				Comprehensive primary care
<u>Spring Branch Community HC</u> <u>800 W Sam Houston Pkwy</u> Houston, TX 77042	30-0198705	501 (c) (3)	100,000.				Early childhood development
<u>St Luke's Foundation</u> <u>1213 Hermann Drive</u> Houston, TX 77004	45-3811485	501 (c) (3)	127,995.				Early childhood development
<u>St Paul Children's Foundation</u> <u>1358 East Richards Street</u> Tyler, TX 75702	75-2687636	501 (c) (3)	163,500.				Comprehensive primary care
<u>St Paul Children's Foundation</u> <u>1358 East Richards Street</u> Tyler, TX 75702	75-2687636	501 (c) (3)	50,000.				Comprehensive primary care

## Continuation Sheet for Schedule I (Form 990)

# 2017

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Continuation Page 11 of 13

Name of the organization <b>Episcopal Health Foundation</b>	Employer identification number <b>46-2599162</b>
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**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
St Vincent's House 2817 Post Office St Galveston, TX 77550	74-1384864	501 (c) (3)	100,000.				Access to health services
St Vincent's House 2817 Post Office St Galveston, TX 77550	74-1384864	501 (c) (3)	85,000.				Access to health services
Stephen F Austin Community HN 1111 W Adoue Street Alvin, TX 77511	41-2273820	501 (c) (3)	150,000.				Comprehensive primary care
Tejas Health Care 753. E. Travis Street La Grange, TX 78945	75-3260266	501 (c) (3)	150,000.				Behavioral health
Texans Care For Children 1106 Clayton Lane Austin, TX 78723	75-2687008	501 (c) (3)	400,000.				Early childhood development
TX Alliance For Health Care PO Box 1682 Austin, TX 78767	74-3002171	501 (c) (3)	80,000.				Access to health services
TX Alliance For Health Care PO Box 1682 Austin, TX 78767	74-3002171	501 (c) (3)	40,000.				Access to health services
TX Asoc of Charitable Clinics P.O. Box 684127 Austin, TX 78768	33-1115138	501 (c) (3)	65,000.				Comprehensive primary care
Texas Children's Hospital 1919 S. Braeswood Boulevard S Houston, TX 77030	74-1100555	501 (c) (3)	133,400.				Early childhood development
TX Org of Rural & Com Hosp P.O. Box 203878 Austin, TX 78720	20-8911377	501 (c) (3)	160,000.				Comprehensive primary care

## Continuation Sheet for Schedule I (Form 990)

# 2017

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Continuation Page 12 of 13

Name of the organization <b>Episcopal Health Foundation</b>	Employer identification number <b>46-2599162</b>
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**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 Organizing Proj Edu Fund 2404 Caroline Street Houston, TX 78212	27-1481855	501 (c) (3)	250,000.				Community capacity building
Texas Rural Leadership Pgm 2137 TAMU College Station, TX 77843	74-2581756	501 (c) (3)	315,000.				Community capacity building
TexProtects 1341 W. Mockingbird Ste 560 W Dallas, TX 75247	46-1332547	501 (c) (3)	30,000.				Early childhood development
The Beacon of DT Houston 1117 Texas Street Houston, TX 77002	71-0933434	501 (c) (3)	66,095.				Access to health services
The Council on Recovery P.O. Box 2768 Houston, TX 77252	74-1173235	501 (c) (3)	450,000.				Behavioral health
Faith Leaders Coalition 1212 Stanford Street Houston, TX 77019	81-5283965	501 (c) (3)	10,000.				Community capacity building
George Washington University 45155 Research Pl Ste 155 Ashburn, VA 20147	53-0196584	501 (c) (3)	100,163.				Comprehensive primary care
The Immunization Partnership PO Box 5168 Katy, TX 77491	76-0695612	501 (c) (3)	100,000.				Comprehensive primary care
The Rose 12700 N. Featherwood Drive St Houston, TX 77034	76-0193812	501 (c) (3)	250,000.				Comprehensive primary care
TX Int Inst of Health Prof 8121 Broadway Street Ste 103 Houston, TX 77061	46-1267820	501 (c) (3)	150,000.				Comprehensive primary care

## Continuation Sheet for Schedule I (Form 990)

# 2017

▶ Attach to Form 990 to list additional information for  
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Continuation Page 13 of 13

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
Trinity Center 304 E. 7th Street Austin, TX 78701	74-2960654	501 (c) (3)	20,000.				Access to health services
Tyler Family Circle Of Care 523 South Fannin Avenue Tyler, TX 75702	45-2578435	501 (c) (3)	183,328.				Behavioral health
Unity Partners P.O. Box 2812 Bryan, TX 77805	74-2932865	501 (c) (3)	10,000.				Community capacity building
Vecino Health Centers 424 Hahlo Street Houston, TX 77020	76-0622208	501 (c) (3)	50,000.				Comprehensive primary care
Vecino Health Centers 424 Hahlo Street Houston, TX 77020	76-0622208	501 (c) (3)	33,250.				Comprehensive primary care
Volunteers at the Creek 4110 Guadalupe Building 635 Austin, TX 78751	20-0620714	501 (c) (3)	150,000.				Behavioral health
Women's Health & Fam Planning 1114 Lost Creek Blvd Ste 110 Austin, TX 78746	74-1936078	501 (c) (3)	10,000.				Comprehensive primary care
Young Invincibles 3300 N Interstate Highway 35 Austin, TX 78705	46-2214021	501 (c) (3)	92,000.				Access to health services
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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Episcopal Health Foundation

Employer identification number

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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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. ....

**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 on line 1a? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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**

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

**Schedule J (Form 990) 2017**

**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 aren't 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				
Rt Rev. C. Andrew Doyle 1 Chair	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	300,425.	0.	0.	155,493.	29,392.	485,310.	0.
Elena M. Marks 2 President & CEO	(i)	483,513.	0.	0.	43,516.	29,152.	556,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Linda Riley Mitchell 3 Treasurer & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,228.	0.	0.	22,881.	11,256.	288,365.	0.
David Fisher 4 Asst. Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,534.	0.	0.	14,088.	29,392.	200,014.	0.
Alexandra Nolen 5 VP Impace	(i)	220,275.	0.	0.	19,825.	29,152.	269,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Jo Carcedo 6 VP Grants	(i)	220,156.	0.	0.	19,814.	13,536.	253,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Shao-Chee Sim 7 VP Research	(i)	208,766.	0.	0.	18,789.	29,152.	256,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Susybelle Gosslee 8 Chief Adm Ofc	(i)	205,524.	0.	0.	18,497.	21,100.	245,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Suzanne Leahy 9 Evaluation Officer	(i)	131,359.	0.	0.	11,822.	12,600.	155,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Episcopal Health Foundation

Employer identification number

46-2599162

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Bishop Andrew Doyle, David Fisher and Linda Mitchell are employed by the Episcopal Diocese of Texas in senior positions.

**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 presents 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).

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**

An independent consultant was retained to evaluate compensation for the President & CEO in 2017. The Compensation Committee met to discuss the results. Compensation for the 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

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2017**

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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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) <u>EHI Fund, LP</u> <u>1 Maritime Plaza</u> <u>San Francisco, CA</u> <u>38-3930311</u>	Investment	DE	Episcopal Health Fd	Excluded	54,225,293.	1107587537.		X	-70,956.		X	99.89
(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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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.

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**Part III - Partnership Full Name, Address, FEIN**

EHI 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.