

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization Episcopal Health Foundation		D Employer identification number 46-2599162	
<input type="checkbox"/> Address change	Doing business as		E Telephone number (713) 225-0900	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 500 Fannin, Ste 300		F Gross receipts \$ 88,717,449.	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Houston, TX 77002		G Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: Ann Barnes same as C above		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	I 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		If "No," attach a list. See instructions	
<input type="checkbox"/> Application pending	J Website: www.episcopalhealth.org		H(c) Group exemption number	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2013		M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 32	
	6 Total number of volunteers (estimate if necessary)	6 13	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 300,036.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 52,926.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 500,000.	Current Year 500,000.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,362,518.	87,892,278.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	434,784.	325,171.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,297,302.	88,717,449.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,454,447.	37,949,042.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,072,401.	6,119,781.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,504,239.	13,329,963.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,031,087.	57,398,786.
19 Revenue less expenses. Subtract line 18 from line 12	-26,733,785.	31,318,663.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,173,234,386.	1,224,869,133.
	21 Total liabilities (Part X, line 26)	18,764,977.	12,999,941.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,154,469,409.	1,211,869,192.

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.

Electronically Filed

Sign Here	Signature of officer		Date		
	Ann Barnes, President & CEO				
Type or print name and title					
Paid	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Kurt Coburn	Kurt Coburn	11/13/25		P01638285
Preparer	Firm's name	Firm's EIN			76-0269860
	Blazek & Vetterling				
Use Only	Firm's address	Phone no.			713-439-5739
	2900 Weslayan, Suite 200 Houston, TX 77027				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
 Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
 Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 40,638,713. including grants of \$ 37,949,042.) (Revenue \$ _____)

Episcopal Health Foundation works to improve the health of the 15 million people in the 81 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 \$ 6,647,312. including grants of \$ _____) (Revenue \$ _____)

Episcopal Health Foundation works to improve the health of the 15 million people in the 81 counties of the Episcopal Diocese of Texas in furtherance of our mission and charter by conducting research and evaluation.

4c (Code: _____) (Expenses \$ 2,444,902. including grants of \$ _____) (Revenue \$ _____)

Episcopal Health Foundation works to improve the health of the 15 million people in the 81 counties of the Episcopal Diocese of Texas in furtherance of our mission and charter through community and congregational engagement.

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

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

4e Total program service expenses 49,730,927.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
11b X	11b X	
11c X	11c X	
11d X	11d X	
11e X	11e X	
11f X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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> 	14a X	
14b X	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b X	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	48
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b <input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a <input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b <input checked="" type="checkbox"/>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a <input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a <input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b <input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a <input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b
7 Organizations that may receive deductible contributions under section 170(c).			7a <input checked="" type="checkbox"/>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7b
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7c <input checked="" type="checkbox"/>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7e <input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		7f <input checked="" type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7g
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7h
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			8
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			9a
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			9b
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			13a
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a <input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			15 <input checked="" type="checkbox"/>
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16 <input checked="" type="checkbox"/>
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17
If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI
Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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 on Schedule O.			
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	9	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	Linda Mitchell - (713) 225-0900	
	500 Fannin St, Ste 300, Houston, TX 77002	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Rt. Rev. C. Andrew Doyle Chair	10.00	X	X				0.	556,781.	209,723.
	30.00								
(2) Ann Barnes President & CEO	40.00	X	X				613,034.	0.	78,084.
	0.00								
(3) Linda Riley Mitchell Treasurer & CFO	10.00		X				0.	457,010.	54,502.
	30.00								
(4) Shao-Chee Sim VP Research	40.00			X			342,435.	0.	68,634.
	0.00								
(5) Susybelle Gosslee Chief Administrative Officer	40.00			X			302,522.	0.	65,042.
	0.00								
(6) Michael Walsh VP Grants	40.00			X			268,583.	0.	28,921.
	0.00								
(7) David Fisher Assistant Treasurer	10.00		X				0.	211,849.	53,341.
	30.00								
(8) Robert Sasser Chief Communications Officer	40.00			X			189,393.	0.	54,755.
	0.00								
(9) Dale Dodds Director of Finance	40.00			X			202,251.	0.	41,114.
	0.00								
(10) Bill Montgomery Executive Chair	2.00	X	X				0.	0.	0.
	0.00								
(11) Maria Boyce Secretary	2.00	X	X				0.	0.	0.
	0.00								
(12) Rev. Bill Carroll Director	2.00	X					0.	0.	0.
	0.00								
(13) Catherine Crain Director	2.00	X					0.	0.	0.
	0.00								
(14) Simone Flowers Director	2.00	X					0.	0.	0.
	0.00								
(15) Roland Goertz Director	2.00	X					0.	0.	0.
	0.00								
(16) Rev. Peggy Lo Director	2.00	X					0.	0.	0.
	0.00								
(17) Michele Lyn Director	2.00	X					0.	0.	0.
	0.00								

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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) Daisy Morales Director	2.00	X							
	0.00						0.	0.	0.
(19) Precious Williams Owodunni Director	2.00	X							
	0.00						0.	0.	0.
(20) Arthur Sherman Director	2.00	X							
	0.00						0.	0.	0.
(21) Patricia Snyder Director	2.00	X							
	0.00						0.	0.	0.
(22) Rev. Francene Young Director	2.00	X							
	0.00						0.	0.	0.
1b Subtotal							1,918,218.	1,225,640.	654,116.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,918,218.	1,225,640.	654,116.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

21

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
Upstream Thinking, LLC 5409 Woodrow Ave D, Austin, TX 78756	Consulting	447,000.
Treaty Oak Strategies 2317 Amur Dr, Austin, TX 78745	Consulting	346,625.
UT Health Science Center Houston 7000 Fannin, Ste 1200, Houston, TX 77030	Consulting	317,352.
SSRS Inc.	Consulting	312,945.
155 Gaither Dr, Ste A, Mt. Laurel, NJ 08054	Consulting	257,000.
Shannon Ghangurde 3403 Windsor Rd, Austin, TX 78703	Consulting	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	22	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 500,000.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		500,000.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,162,880.		-55,165. 9,218,045.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses	6a				
	c Rental income or (loss)	6b				
	d Net rental income or (loss)	6c				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7a 78,729,398.				
	c Gain or (loss)	7b 0.				
d Net gain or (loss)	7c 78,729,398.		78,729,398.	355,201.	78,374,197.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a Returned grants	900099	325,171.		325,171.	
	b					
	c					
	d All other revenue		325,171.			
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		88,717,449.	0.	300,036.	87,917,413.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,949,042.	37,949,042.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	691,118.	552,894.	138,224.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,215,461.	3,287,091.	928,370.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	374,157.	291,743.	82,414.	
9 Other employee benefits	541,013.	422,850.	118,163.	
10 Payroll taxes	298,032.	233,162.	64,870.	
11 Fees for services (nonemployees):				
a Management				
b Legal	56,680.		56,680.	
c Accounting	44,150.		44,150.	
d Lobbying	215,231.	215,231.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,194,582.		4,194,582.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,481,914.	1,880,883.	601,031.	
12 Advertising and promotion	113,907.		113,907.	
13 Office expenses	43,048.	5,626.	37,422.	
14 Information technology	309,015.	243,611.	65,404.	
15 Royalties				
16 Occupancy	322,189.	234,276.	87,913.	
17 Travel	88,741.	80,302.	8,439.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	119,561.	71,743.	47,818.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	358,023.	282,246.	75,777.	
23 Insurance	129,913.	22,491.	107,422.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Research projects	3,889,949.	3,889,949.		
b EDOT admin services	805,454.		805,454.	
c Prof development, educ.	85,512.	67,787.	17,725.	
d Membership dues	72,094.		72,094.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	57,398,786.	49,730,927.	7,667,859.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	15,781,113.	2	11,809,104.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	137,789.	4	468,251.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	241,653.	9	206,795.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,947,703.		
	b Less: accumulated depreciation	10b 5,934,629.	7,177,359.	10c 7,013,074.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,145,944,335.	12	1,202,186,292.
	13 Investments - program-related. See Part IV, line 11	3,952,137.	13	3,185,617.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,173,234,386.	16	1,224,869,133.
Liabilities	17 Accounts payable and accrued expenses	849,445.	17	1,497,303.
	18 Grants payable	17,915,532.	18	11,502,638.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	18,764,977.	26	12,999,941.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,154,469,409.	27	1,211,869,192.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,154,469,409.	32	1,211,869,192.
	33 Total liabilities and net assets/fund balances	1,173,234,386.	33	1,224,869,133.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	88,717,449.
2 Total expenses (must equal Part IX, column (A), line 25)	2	57,398,786.
3 Revenue less expenses. Subtract line 2 from line 1	3	31,318,663.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,154,469,409.
5 Net unrealized gains (losses) on investments	5	26,081,120.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,211,869,192.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	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		
2b Were the organization's financial statements audited by an independent accountant?	2b	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		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 on 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		
Episcopal Diocese of Texas	74-1143081	1	<input checked="" type="checkbox"/>		57,040,763.	
Total					57,040,763.	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete **Part I of Schedule L (Form 990)**.

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I of Schedule L (Form 990)**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2	X	
3a	X	
3b		
3c		
4a	X	
4b		
4c		
5a	X	
5b		
5c		
6	X	
7	X	
8	X	
9a	X	
9b	X	
9c	X	
10a	X	
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1	X	
2		X

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- 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? If "Yes" or "No," provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV, Section A, Line 6 - Support Provided to Others

The Foundation made grants to the organizations listed on Schedule I.

Such grants were made in furtherance of the missions of both the

Foundation and its supported organization.

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

Organization type (check one):

Filers of:Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Episcopal Health Foundation

Employer identification number

46-2599162

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Episcopal Health Foundation	46-2599162

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Episcopal Health Foundation

Employer identification number

46-2599162

Part III

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

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

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

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization

Employer identification number (EIN)

46-2599162

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$ _____
3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

Schedule C (Form 990) 2024

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		836.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		214,395.	
c Total lobbying expenditures (add lines 1a and 1b)		215,231.	
d Other exempt purpose expenditures		52,988,973.	
e Total exempt purpose expenditures (add lines 1c and 1d)		53,204,204.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	21,923.	175,593.	210,586.	215,231.	623,333.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	21,923.	2,076.	2,179.	836.	27,014.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A answered "Yes."

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

Part IV Supplemental Information

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection**Name of the organization**

Episcopal Health Foundation

Employer identification number

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 (for example, 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

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 make 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 program
 e Other _____

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

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

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

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

(i) Unrelated organizations? _____
 (ii) Related organizations? _____

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

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

	Yes	No
3a(i)		
3a(ii)		
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.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	750,000.			750,000.
1b Buildings	10,994,351.	4,970,758.		6,023,593.
1c Leasehold improvements				
1d Equipment	960,746.	767,407.		193,339.
1e Other	242,606.	196,464.		46,142.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,013,074.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (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		
(A) EH Investment Fund, LP	1,202,186,292.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,202,186,292.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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.

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	110,603,987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	26,081,120.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,081,120.
3	Subtract line 2e from line 1	3	84,522,867.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,194,582.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,194,582.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	88,717,449.

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

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

1	Total expenses and losses per audited financial statements	1	53,204,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	53,204,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,194,582.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,194,582.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	57,398,786.

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 I
(Form 990)

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990.

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes No**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alliance for African-American Health in Central TX - 2112 E 21st St - Austin, TX 78722	20-3820579	501(c)(3)	75,000.	0.			Raise Community Voices
American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	200,000.	0.			Raise Community Voices
Angelina County & Cities Health District - 503 Hill St - Lufkin, TX 75904	75-1244376	170(c)(1)	150,000.	0.			Support Comprehensive Clinics
Asian American Health Coalition - Greater Houston Area - 7001 Corporate, Ste 120 - Houston, TX 77036	31-1756818	501(c)(3)	75,000.	0.			Support Comprehensive Clinics
Asian American Health Coalition - Greater Houston Area - 7001 Corporate, Ste 120 - Houston, TX 77036	31-1756818	501(c)(3)	350,000.	0.			Support Comprehensive Clinics
Asian American Health Coalition - Greater Houston Area - 7001 Corporate, Ste 120 - Houston, TX 77036	31-1756818	501(c)(3)	350,000.	0.			Support Comprehensive Clinics

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 127.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Austin-Travis County Mental Health & Mental Retardation Center - 1430 Collier St - Austin, TX 78704	74-1547909	501(c)(3)	400,000.	0.			Support Change in Healthcare Financing
AVANCE Austin 745 Mansell Ave Austin, TX 78702	91-1916705	501(c)(3)	175,000.	0.			Building Brain Development-Community Orgs.
Avenue 360 Health & Wellness 2150 West 18th St, Ste 300 Houston, TX 77008	76-0549240	501(c)(3)	250,000.	0.			Building Brain Development-Providers
Avenue 360 Health & Wellness 2150 West 18th St, Ste 300 Houston, TX 77008	76-0549240	501(c)(3)	350,000.	0.			Support Comprehensive Clinics
Avenue Community Development Corp. 3517 Irvington Blvd Houston, TX 77009	76-0380602	501(c)(3)	300,000.	0.			Raise Community Voices
Avenue Community Development Corp. 3517 Irvington Blvd Houston, TX 77009	76-0380602	501(c)(3)	400,000.	0.			Support Change in Healthcare Financing
Babycakes and Brunch 3303 FM 1960 W Ste 140 Houston, TX 77068	47-1005042	501(c)(3)	10,000.	0.			Program Support
Babycakes and Brunch 3303 FM 1960 W, Ste 140 Houston, TX 77068	47-1005042	501(c)(3)	375,000.	0.			Program Support
BakerRipley PO Box 231808 Houston, TX 77223	23-7062976	501(c)(3)	250,000.	0.			Raise Community Voices

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bastrop County Cares 806 Water St Bastrop, TX 78602	47-3250104	501(c)(3)	175,000.	0.			Raise Community Voices
Bastrop County Cares 806 Water St Bastrop, TX 78602	47-3250104	501(c)(3)	400,000.	0.			Support Change in Healthcare Financing
Baylor College of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501(c)(3)	350,000.	0.			Building Brain Development Providers
Baylor College of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501(c)(3)	200,000.	0.			Program Support
Baylor University One Bear Place #97310 Waco, TX 76798	74-1159753	501(c)(3)	225,000.	0.			Program Support
Bayside Healthcare Foundation PO Box 398 Anahuac, TX 77514	20-5853573	501(c)(3)	150,000.	0.			Support Comprehensive Clinics
BCM - Teen Health Clinic 3200 Southwest Freeway Houston, TX 77027	74-1613878	501(c)(3)	140,000.	0.			Support Comprehensive Clinics
Boat People S.O.S. 11360 Bellaire Blvd, Ste 910 Houston, TX 77072	45-4040991	501(c)(3)	140,000.	0.			Expand Health Coverage & Benefits
Bread of Life Inc. 2019 Crawford St Houston, TX 77002	76-0386510	501(c)(3)	280,000.	0.			Expand Health Coverage & Benefits

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Casa Marianella 821 Gunter St Austin, TX 78702	74-2377341	501(c)(3)	163,000.	0.			Expand Health Coverage & Benefits
Center for Urban Transformation 3300 Lyons Ave, Ste 103 Houston, TX 77020	84-2355032	501(c)(3)	150,000.	0.			Raise Community Voices
Children at Risk PO Box 56003 Houston, TX 77256	76-0360533	501(c)(3)	240,625.	0.			Building Brain Development-Community Orgs.
Children's Defense Fund 840 First St NE, Ste 300 Washington, DC 20002	52-0895622	501(c)(3)	500,000.	0.			Expand Health Coverage & Benefits
Children's Defense Fund 840 First St NE, Ste 300 Washington, DC 20002	52-0895622	501(c)(3)	150,000.	0.			Raise Community Voices
City of Longview 300 W Cotton St Longview, TX 75601		170(c)(1)	400,000.	0.			Support Change in Healthcare Financing
Coalition For The Homeless of Houston/Harris Cty. - 2000 Crawford St, Ste 700 - Houston, TX 77002	76-0257018	501(c)(3)	450,000.	0.			Work Upstream
Community Doulas of Waco 4300 W Waco Dr, Ste B2 WACO, TX 76710	83-3463594	501(c)(3)	184,600.	0.			Building Brain Development-Community Orgs.
Community Doulas of Waco 4300 W Waco Dr, Ste B2 WACO, TX 76710	83-3463594	501(c)(3)	10,000.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Resource Center of Robertson Cty. - 1002 W Brown St - Hearne, TX 77859	35-2725888	501(c)(3)	150,000.	0.			Strengthen Rural Health
Community Resource Center of Robertson Cty. - 1002 W Brown St - Hearne, TX 77859	35-2725888	501(c)(3)	150,000.	0.			Strengthen Rural Health
CommunityCare dba Central Texas Community Health Centers - 2115 Kramer, Ste 100 - Austin, TX 78758	55-0853118	501(c)(3)	450,000.	0.			Work Upstream
CommunityCare dba Central TX Community Health Centers - 2115 Kramer, Ste 100 - Austin, TX 78758	55-0853118	501(c)(3)	200,000.	0.			Work Upstream
Connective 515 Post Oak Blvd, Ste 1000 Houston, TX 77027	84-3567749	501(c)(3)	100,000.	0.			Support Change in Healthcare Financing
Dallas Area Interfaith 1104 Lupo Dr Dallas, TX 75207	75-2409130	501(c)(3)	300,000.	0.			Raise Community Voices
East Harris County Empowerment Council - 11821 East Freeway, Ste 500 - Houston, TX 77029	27-0377576	501(c)(3)	400,000.	0.			Raise Community Voices
East Texas Food Bank 3201 Robertson Rd Tyler, TX 75701	20-3700295	501(c)(3)	201,200.	0.			Work Upstream
East Texas Sheltering Arms Coalition - 701 South Main St - JACKSONVILLE, TX 75766	81-4853822	501(c)(3)	10,000.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	150,000.	0.			Building Brain Development-Community Orgs.
ECHOs-Epiphany Community Health Outreach Services - 9894 Bissonnet, 9th Fl - Houston, TX 77036	76-0645238	501(c)(3)	600,000.	0.			Expand Health Coverage & Benefits
El Centro de Corazon PO Box 230209 Houston, TX 77223	76-0442781	501(c)(3)	250,000.	0.			Support Comprehensive Clinics
El Centro de Corazon PO Box 230209 Houston, TX 77223	76-0442781	501(c)(3)	100,000.	0.			Work Upstream
Episcopal Diocese of Texas 1225 Texas St Houston, TX 77002	74-1143081	501(c)(3)	500,000.	0.			Operating and Program Support
Episcopal Relief & Development 815 Second Ave New York, NY 10017	73-1635264	501(c)(3)	200,000.	0.			Building Brain Development-Community Orgs.
Every Body Texas fka Women's Health and Family Planning Assoc. TX - 314 E Highland Mall Blvd, Ste 400 - Austin, TX 78752	74-1936078	501(c)(3)	120,000.	0.			Support Comprehensive Clinics
Family Service Center Of Galveston County - 2200 Market St, Ste 600 - Galveston, TX 77550	74-1157849	501(c)(3)	225,000.	0.			Support Comprehensive Clinics
Fayette Community Foundation PO Box 664 La Grange, TX 78945	74-2997477	501(c)(3)	150,000.	0.			Strengthen Rural Health

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feeding Texas PO Box 152245 Austin, TX 78715	82-4308154	501(c)(3)	200,000.	0.			Program Support
Finca Tres Robles 5715 Canal St Houston, TX 77011	85-4185029	501(c)(3)	10,000.	0.			Program Support
First3Years 6119 Greenville Ave, PMB 14 Dallas, TX 75206	75-2067421	501(c)(3)	100,000.	0.			Building Brain Development-Community Orgs.
Fit Houston, Inc. 2527 Bandelier Dr Houston, TX 77080	92-0331205	501(c)(3)	250,000.	0.			Program Support
Fort Bend Family Health Center dba AccessHealth - 400 Austin St - Richmond, TX 77469	74-1951476	501(c)(3)	450,000.	0.			Work Upstream
Galveston Children's Museum 2618 Broadway St Galveston, TX 77550	46-3344556	501(c)(3)	100,000.	0.			Building Brain Development-Community Orgs.
GAVA Go! Austin/Vamos! Austin 3710 Cedar St, Ste 230 Austin, TX 78705	83-0915321	501(c)(3)	200,000.	0.			Support Change in Healthcare Financing
Giving Austin Labor Support (GALS) PO Box 41074 Austin, TX 78704	27-3448123	501(c)(3)	500,000.	0.			Program Support
Gulfton Home Community 6635 Alder Dr Houston, TX 77081	86-2681829	501(c)(3)	250,000.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Alliance for Austin Musicians (HAAM) - 3036 S 1st St - Austin, TX 78704	80-0147620	501(c)(3)	340,000.	0.			Expand Health Coverage & Benefits
HealthCode 1607 Waterston Ave Austin, TX 78703	27-1310367	501(c)(3)	10,000.	0.			Program Support
Healthy Futures of Texas 2300 W Commerce St, Ste 212 San Antonio, TX 78207	20-5793076	501(c)(3)	100,000.	0.			Raise Community Voices
Houston Area Urban League 1301 Texas Houston, TX 77002	74-1611455	501(c)(3)	150,000.	0.			Expand Health Coverage & Benefits
Houston Health Foundation PO Box 20272 Houston, TX 77225	27-2920745	501(c)(3)	225,000.	0.			Building Brain Development-Providers
Houston Immigration Legal Services Collaborative - 3605 Katy Fwy #100 - Houston, TX 77007	30-0098254	501(c)(3)	432,000.	0.			Expand Health Coverage & Benefits
Ibn Sina Foundation 11226 S Wilcrest Dr Houston, TX 77099	76-0698464	501(c)(3)	250,000.	0.			Support Comprehensive Clinics
Katy Christian Ministries 3506 Porter Rd Katy, TX 77493	76-0157123	501(c)(3)	100,000.	0.			Expand Health Coverage & Benefits
Legacy Community Health PO Box 66308 Houston, TX 77266	76-0009637	501(c)(3)	200,000.	0.			Work Upstream

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Light & Salt Association 3535 Briarpark Dr, Ste 135 Houston, TX 77042	76-0604950	501(c)(3)	240,000.	0.			Expand Health Coverage & Benefits
Local Initiatives Support Corporation (LISC) - 602 Sawyer St, Ste 205 - Houston, TX 77007	13-3030229	501(c)(3)	200,000.	0.			Raise Community Voices
Lone Star Circle of Care 2423 Williams Dr, Ste 107 Georgetown, TX 78628	74-3001674	501(c)(3)	200,000.	0.			Program Support
Lone Star Circle of Care 2423 Williams Dr, Ste 107 Georgetown, TX 78628	74-3001674	501(c)(3)	1,000,000.	0.			Work Upstream
Lone Star Family Health Center 605 S Conroe Medical Dr Conroe, TX 77304	30-0038860	501(c)(3)	200,000.	0.			Support Comprehensive Clinics
Lone Star Family Health Center 605 S Conroe Medical Dr Conroe, TX 77304	30-0038860	501(c)(3)	350,000.	0.			Support Comprehensive Clinics
Luz de Atabey Midwifery Project (LAMP) - 8401 N IH 35, Bldg 2 - Austin, TX 78753	87-3712077	501(c)(3)	200,000.	0.			Program Support
Mama Sana Vibrant Woman PO Box 301018 AUSTIN, TX 78703	45-5638520	501(c)(3)	10,000.	0.			Program Support
Mama Sana Vibrant Woman PO Box 301018 AUSTIN, TX 78703	45-5638520	501(c)(3)	350,000.	0.			Support Comprehensive Clinics

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Matagorda Episcopal Health Outreach Program - 101 Ave F North - Bay City, TX 77414	20-0537948	501(c)(3)	350,000.	0.			Support Comprehensive Clinics
Meadows Mental Health Policy Institute - PO Box 140836 - Dallas, TX 75214	46-3992618	501(c)(3)	200,000.	0.			Building Brain Development-Community Orgs.
Mental Health America of Greater Houston - 2211 Norfolk St, Ste 810 - Houston, TX 77098	74-1272394	501(c)(3)	200,000.	0.			Support Comprehensive Clinics
Mi Familia en Accion 7500 Bellaire Blvd, Ste 762 Houston, TX 77036	20-0182824	501(c)(3)	125,000.	0.			Raise Community Voices
National Alliance on Mental Illness TX (NAMI) - PO Box 300817 - Austin, TX 78703	74-2380175	501(c)(3)	50,000.	0.			Raise Community Voices
Neighborhood Recovery CDC 5445 Almeda Rd, Ste 505 Houston, TX 77004	76-0377117	501(c)(3)	250,000.	0.			Raise Community Voices
North Pasadena Community Outreach 705 1/2 Williams St Pasadena, TX 77506	76-0560813	501(c)(3)	469,000.	0.			Expand Health Coverage & Benefits
Palacios Community Hub PO Box 385 Palacios, TX 77465	46-4903441	501(c)(3)	150,000.	0.			Strengthen Rural Health
Partners in Parenting PO Box 49877 Austin, TX 78765	30-0809437	501(c)(3)	187,500.	0.			Building Brain Development-Community Orgs.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partners in Parenting PO Box 49877 Austin, TX 78765	30-0809437	501(c)(3)	10,000.	0.			Program Support
People's Community Clinic 1101 Camino La Costa Austin, TX 78752	23-7087608	501(c)(3)	450,000.	0.			Support Comprehensive Clinics
People's Community Clinic 1101 Camino La Costa Austin, TX 78752	23-7087608	501(c)(3)	448,000.	0.			Building Brain Development Providers
Planned Parenthood Gulf Coast 4600 Gulf Freeway Houston, TX 77023	74-1100163	501(c)(3)	600,000.	0.			Support Comprehensive Clinics
Planned Parenthood of Greater Texas - 7424 Greenville Ave, Ste 206 - Dallas, TX 75231	52-1243220	501(c)(3)	915,000.	0.			Support Comprehensive Clinics
PPHA-Pregnancy & Postpartum Health Alliance TX - 5900 Balcones Dr #14839 - Austin, TX 78731	82-5195108	501(c)(3)	10,000.	0.			Program Support
Preeclampsia Foundation 3840 West Eau Gallie, Ste 104 Melbourne, FL 32934	91-2073087	501(c)(3)	250,000.	0.			Program Support
Project HOPE-The People To People Health Foundation, Inc. - 1220 19th St NW, Ste 800 - Washington, DC 20036	53-0242962	501(c)(3)	70,000.	0.			Support Change in Healthcare Financing
Public Health Watch 52 White Magnolia Cir Austin, TX 78734	88-0600656	501(c)(3)	10,000.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUSH Birth Partners 11011 Richmond Ave, Ste 890 Houston, TX 77042	85-0924351	501(c)(3)	10,000.	0.			Program Support
PUSH Birth Partners 11011 Richmond Ave, Ste 890 Houston, TX 77042	85-0924351	501(c)(3)	100,000.	0.			Support Comprehensive Clinics
Rice University 6100 Main St, Ste 120L Houston, TX 77005	74-1109620	501(c)(3)	10,000.	0.			Program Support
Rupani Foundation 8303 Southwest Fwy, Ste 495 Houston, TX 77074	26-0476701	501(c)(3)	300,000.	0.			Building Brain Development-Community Orgs.
Sabine Valley Regional MHMR Ctr dba Community Healthcore - 107 Woodbine Pl - Longview, TX 75601	75-1724017	501(c)(3)	200,000.	0.			Raise Community Voices
Saint Louise House PO Box 150637 Austin, TX 78715	74-2968167	501(c)(3)	90,000.	0.			Expand Health Coverage & Benefits
Santa Maria Hostel, Inc. 2605 Parker Rd Houston, TX 77093	74-1669131	501(c)(3)	500,000.	0.			Building Brain Development-Community Orgs.
Special Health Resources for Texas PO Box 2709 Longview, TX 75606	75-2405203	501(c)(3)	237,000.	0.			Work Upstream
Special Health Resources for Texas PO Box 2709 Longview, TX 75606	75-2405203	501(c)(3)	400,000.	0.			Support Comprehensive Clinics

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Health Resources for Texas, Inc. - PO Box 2709 - Longview, TX 75606	75-2405203	501(c)(3)	10,000.	0.			Program Support
Spindletop Center (MHR) PO Box 3846 Beaumont, TX 77704	74-1684198	501(c)(3)	750,000.	0.			Support Change in Healthcare Financing
Spring Branch Community Health Center - 902 Frostwood, Ste 108 - Houston, TX 77024	30-0198705	501(c)(3)	200,000.	0.			Support Comprehensive Clinics
St. Paul Children's Medical Corporation - PO Box 1238 - Tyler, TX 75710	27-0954405	501(c)(3)	200,000.	0.			Support Comprehensive Clinics
St. Peter's Episcopal Church Pasadena - 705 Williams St - Pasadena, TX 77506		501(c)(3)	10,000.	0.			Program Support
Stephen F. Austin Community Health Network - 2552 E Broadway, Ste 102 - Pearland, TX 77581	41-2273820	501(c)(3)	450,000.	0.			Support Comprehensive Clinics
Stephen F. Austin Community Health Network - 2552 E Broadway, Ste 102 - Pearland, TX 77581	41-2273820	501(c)(3)	60,000.	0.			Support Comprehensive Clinics
Sunrise Homeless Navigation Center 4430 Manchaca Rd Austin, TX 78745	31-1249618	501(c)(3)	150,000.	0.			Expand Health Coverage & Benefits
Sustainable Food Center Inc. 2921 E 17th St, Bldg C Austin, TX 78702	74-2441468	501(c)(3)	500,000.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Talitha Koum Institute PO Box 2202 Waco, TX 76706	75-2849153	501(c)(3)	65,000.	0.			Building Brain Development-Community Orgs.
Tarrant Area Food Bank 2525 Cullen St Fort Worth, TX 76107	75-1822473	501(c)(3)	100,000.	0.			Program Support
Taste Project 1200 South Main St Fort Worth, TX 76104	45-5471587	501(c)(3)	10,000.	0.			Program Support
Texans Care for Children 1016 La Posada Dr, Ste 240 Austin, TX 78752	75-2687008	501(c)(3)	650,000.	0.			Building Brain Development-Providers
Texas 2036 3889 Maple Ave, Ste 210 Dallas, TX 75219	81-3063099	501(c)(3)	100,000.	0.			Support Change in Healthcare Financing
Texas Alliance For Health Care 15012 West Hwy 71 Austin, TX 78738	74-3002171	501(c)(3)	10,000.	0.			Program Support
Texas Association of Community Health Centers - 5900 Southwest Parkway, Bldg 3 - Austin, TX 78735	74-2308695	501(c)(3)	250,000.	0.			Support Change in Healthcare Financing
Texas Association of Community Health Centers - 5900 Southwest Parkway, Bldg 3 - Austin, TX 78735	74-2308695	501(c)(3)	300,000.	0.			Support Change in Healthcare Financing
Texas Children's Hospital 1919 S Braeswood Blvd, Ste 5214 Houston, TX 77030	74-1100555	501(c)(3)	250,000.	0.			Building Brain Development-Community Orgs.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Doula Association 6521 Legato Curve San Antonio, TX 78252	92-2277334	501(c)(3)	100,000.	0.			Program Support
Texas Network of Youth Services PO Box 26855 Austin, TX 78755	75-1791374	501(c)(3)	150,000.	0.			Raise Community Voices
Texas Organization of Rural & Community Hospitals (TORCH) - PO Box 203878 - Austin, TX 78720	20-8911377	501(c)(3)	250,000.	0.			Support Change in Healthcare Financing
The Beacon of Downtown Houston 1117 Texas Ave Houston, TX 77002	71-0933434	501(c)(3)	55,000.	0.			Expand Health Coverage & Benefits
The Council on Recovery PO Box 2768 Houston, TX 77252	74-1173235	501(c)(3)	140,000.	0.			Support Comprehensive Clinics
The George Washington University 1922 F St NW, 4th Fl Washington, DC 20052	53-0196584	501(c)(3)	150,000.	0.			Support Change in Healthcare Financing
The Georgetown Project PO Box 957 Georgetown, TX 78627	74-2807713	501(c)(3)	150,000.	0.			Building Brain Development-Community Orgs.
The Harris Center for Mental Health and IDD - 9401 Southwest Freeway - Houston, TX 77074	74-1603950	501(c)(3)	375,000.	0.			Support Comprehensive Clinics
The Immunization Partnership (TIP) PO Box 346 Houston, TX 77001	76-0695612	501(c)(3)	225,000.	0.			Raise Community Voices

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Neighborhood Garden Project 5806 Dahlia Ln Katy, TX 77493	87-4746812	501(c)(3)	150,000.	0.			Program Support
The Network Of Behavioral Health Providers - 9401 Southwest Freeway, Ste 1242 - Houston, TX 77074	75-3220882	501(c)(3)	10,000.	0.			Program Support
The Network Of Behavioral Health Providers - 9401 Southwest Freeway, Ste 1242 - Houston, TX 77074	75-3220882	501(c)(3)	500,000.	0.			Support Change in Healthcare Financing
The Rose 12700 N Featherwood Dr #260 Houston, TX 77034	76-0193812	501(c)(3)	400,000.	0.			Support Comprehensive Clinics
The Seattle Foundation 1601 Fifth Ave Seattle, WA 98101	91-6013536	501(c)(3)	375,000.	0.			Program Support
The Texas A&M University System Health Science Ctr - 8441 Riverside Pkwy, Ste 3100 - Bryan, TX 77807	74-2907553	170(c)(1)	400,000.	0.			Support Change in Healthcare Financing
The TX International Institute of Health Professions - 8121 BRdway St, Ste 103 - Houston, TX 77061	46-1267820	501(c)(3)	60,000.	0.			Support Comprehensive Clinics
The University of Texas at Austin 110 Inner Campus Dr Austin, TX 78705	74-6000203	170(c)(1)	50,000.	0.			Building Brain Development-Providers
The University of Texas at Austin 110 Inner Campus Dr Austin, TX 78705	74-6000203	170(c)(1)	275,950.	0.			Program Support

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The UT Health Science Center at Houston - 7000 Fannin, Ste 1006 - Houston, TX 77030	74-1761309	170(c)(1)	250,000.	0.			Building Brain Development-Providers
The UT Health Science Center at Houston - 7000 Fannin, Ste 1006 - Houston, TX 77030	74-1761309	170(c)(1)	290,000.	0.			Support Change in Healthcare Financing
The UT Health Science Center at Houston - 7000 Fannin, Ste 1006 - Houston, TX 77030	74-1761309	170(c)(1)	250,000.	0.			Support Comprehensive Clinics
The Women's Home 607 Westheimer Rd Houston, TX 77006	74-1467811	501(c)(3)	250,000.	0.			Support Comprehensive Clinics
Todos Juntos Learning Center PO Box 41213 Austin, TX 78704	46-3028927	501(c)(3)	80,000.	0.			Building Brain Development-Community Orgs.
UHPhealth Inc. 110 Rockleigh Pl Houston, TX 77017	61-1757254	501(c)(3)	200,000.	0.			Strengthen Rural Health
Un-Included Inc. 1000 S Knob St Temple, TX 76501	32-0273066	501(c)(3)	175,000.	0.			Program Support
United Way for Greater Austin 5930 Middle Fiskville Rd Austin, TX 78752	74-1193439	501(c)(3)	100,000.	0.			Work Upstream
United Way for Greater Austin 5930 Middle Fiskville Rd Austin, TX 78752	74-1193439	501(c)(3)	400,000.	0.			Support Change in Healthcare Financing

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way for Greater Austin 5930 Middle Fiskville Rd Austin, TX 78752	74-1193439	501(c)(3)	250,000.	0.			Raise Community Voices
United Way for Greater Austin 5930 Middle Fiskville Rd Austin, TX 78752	74-1193439	501(c)(3)	425,000.	0.			Work Upstream
Vecino Health Centers 424 Hahlo St Houston, TX 77020	76-0622208	501(c)(3)	600,000.	0.			Support Comprehensive Clinics
Waco Family Medicine 1600 Providence Dr Waco, TX 76707	74-2867580	501(c)(3)	215,000.	0.			Building Brain Development-Providers
Waco Family Medicine 1600 Providence Dr Waco, TX 76707	74-2867580	501(c)(3)	150,000.	0.			Support Comprehensive Clinics
Waco Family Medicine 1600 Providence Dr Waco, TX 76707	74-2867580	501(c)(3)	500,000.	0.			Support Comprehensive Clinics
Waco Foundation 1224 Austin Ave, Ste 100 Waco, TX 76701	74-6054628	501(c)(3)	150,000.	0.			Raise Community Voices
World Hunger Relief Institute 356 Spring Lake Rd Waco, TX 76705	74-1880456	501(c)(3)	250,000.	0.			Work Upstream

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

The Foundation asks grant recipients to measure their success in attaining program goals. The purpose of 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 outcome measurement during and at the end of the grant period. The evaluation plan also sets the report criteria for the six-month and annual progress reports. The evaluation plan/report components include an outcomes statement (who or what is expected to change as a result of the grant), measurable goals for the project, activities to achieve the goals, information needed, methods to be used to gather the information and who will be responsible for gathering it. The six-month and annual progress 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.

SCHEDULE J
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<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)

Yes

No

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 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

1b

2

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?

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

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

4a

X

4b

X

4c

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?

b Any related organization?

5a

X

5b

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?

b Any related organization?

6a

X

6b

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

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

Schedule J (Form 990) (Rev. 12-2024)

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.

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

Form 990, Part I, Line 1, Description of Organization 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.

Form 990, Part VI, Section A, line 1a:

Episcopal Health Foundation (EHF) has an Executive Committee that includes the Board Chair (who serves as Executive Committee Chair), the Executive Chair, and four other members of the Board appointed by the Chair of the Board. The Committee may meet at stated times or by notice. During intervals between meetings of the Board of Directors, the Executive Committee has and may exercise the powers of the Board of Directors in the management of the business and affairs of EHF.

Form 990, Part VI, Section A, line 2:

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

Form 990, Part VI, Section A, line 6:

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, Section A, line 7a:

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

Form 990, Part VI, Section A, line 7b:

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 EHF.

Form 990, Part VI, Section B, line 11b:

EHF's President/CEO presents the draft 990 to the Board prior to filing with IRS.

Form 990, Part VI, Section B, Line 12c:

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

Form 990, Part VI, Section B, Line 15:

An independent consultant was retained to evaluate compensation for the President/CEO. The Compensation Committee meets to discuss the CEO's compensation which is ultimately approved by the Board of Directors.

The independent consultant was also retained to evaluate compensation for senior management. The Compensation Committee meets to discuss the results

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**Schedule O (Form 990) (Rev. 12-2024)**

Name of the organization

Episcopal Health Foundation

Employer identification number

46-2599162

of the six leadership team members. Staff compensation is determined by the CEO.

Form 990, Part VI, Section C, Line 19:

Available on the EHF website and upon request at the front desk office of EHF.

Name of the organization

Episcopal Health Foundation

Employer identification number
46-2599162

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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.

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

Schedule R (Form 990) (Rev. 1-2025)

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.

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.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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) EH Investment Fund, LP	S	53,000,000.	FMV
(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.

Part VII Supplemental Information

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

Schedule R, Part II - Related Tax-Exempt Organizations

There are 254 brother-sister organizations controlled by the Episcopal

Diocese of Texas which have not been reported on this schedule.