Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, *e.g.*, Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

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

C Name of organization CREATE HEALTHY MANAGEMENT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 1339

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: FREDERICKSBURG, TX 78624

D Employer identification number: [redacted]

E Telephone number: (830) 997-1297

G Gross receipts $ 204,701,382

F Name and address of principal officer: JAYNE POPE
P.O. BOX 1339, FREDERICKSBURG 78624

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.CREATEHEALTHY.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1994

M State of legal domicile: TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CREATE HEALTHY IS ON A MISSION FOR HEALTH AND WELLNESS IN OUR COMMUNITY; INVESTING IN WELLNESS AND EMPOWERING COMMUNITIES. CH IS (CONTINUED ON SCHEDULE O)		
2	Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	651
6	Total number of volunteers (estimate if necessary)	6	34
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,817,603	161,104
9	Program service revenue (Part VIII, line 2g)	95,161,603	21,940,433
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,617,172	41,719,560
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(3,464,773)	4,608,875
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,131,605	68,429,972
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,105	2,468,600
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,972,787	11,657,567
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)	62,417,181	18,378,037
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	99,453,073	32,504,204
19	Revenue less expenses. Subtract line 18 from line 12	1,678,532	35,925,768

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	231,936,244	207,017,901
21	Total liabilities (Part X, line 26)	21,861,780	3,638,894
22	Net assets or fund balances. Subtract line 21 from line 20	210,074,464	203,379,007

Part II Signature Block

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

Sign Here

Signature of officer — Date

JAYNE POPE, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEANETTE VERRELLI	JEANETTE VERRELLI	11/15/2024		P00742631

Firm's name: FORVIS MAZARS, LLP — Firm's EIN: 44-0160260

Firm's address: 14221 DALLAS PARKWAY SUITE 400, DALLAS, TX 75254 — Phone no.: (972) 702-8262

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CREATE HEALTHY IS ON A MISSION FOR HEALTH AND WELLNESS IN OUR COMMUNITY; INVESTING IN WELLNESS, EMPOWERING COMMUNITIES . WE ARE INVESTING IN AND SUPPORTING LOCAL PROGRAMS, ORGANIZATIONS, AND VENTURES THAT ALIGN WITH THE PRIORITIES OF OUR COMMUNITY AND PROMOTE HEALTH AND WELLNESS IN THE HILL COUNTRY. OUR VISION FOR THE FUTURE: A HILL COUNTRY WHERE ALL CONTRIBUTE AND THRIVE.

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 $ 2,468,600 including grants of $ 2,468,600) (Revenue $)

IN PARTNERSHIP WITH THE ENTIRE HILL COUNTRY REGION, CREATE HEALTHY SPENT ITS' FIRST YEAR IDENTIFYING AREAS OF GREATEST OPPORTUNITY TO ENHANCE THE COMMUNITY'S HEALTH AND WELLNESS. CREATE HEALTHY FUNDED COMMUNITY PROJECTS AND INITIATIVES IN THE AMOUNT OF $2,468,600 AND DONATED HOURS OF SERVICE TO THE COMMUNITY.

4b (Code:) (Expenses $ 19,885,242 including grants of $) (Revenue $ 24,874,889)

MEDICAL CARE SERVICES - PROVIDED HEALTH CARE SERVICES TO LOCAL RESIDENTS. DAYS OF CARE INCLUDED: ROUTINE AND OB - 944; INTENSIVE AND CRITICAL CARE UNITS - 219; NURSERY - 153; EMERGENCY ROOM CARE WAS PROVIDED FOR 3,003 VISITS; 58,517 LABORATORY TESTS WERE PERFORMED; 12,627 IMAGING PROCEDURES (ALL MODALITIES) WERE PERFORMED; 3,058 PHYSICAL/OCCUPATIONAL/SPEECH THERAPY VISITS WERE PROVIDED; 189 OPERATIONS AND 2,846 OUTPATIENT PROCEDURES WERE PERFORMED AND 99 BABIES WERE DELIVERED.

4c (Code:) (Expenses $ 536,492 including grants of $) (Revenue $ 355,338)

SURGERY CENTER INCOME

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,053,541 including grants of $ 0) (Revenue $ 1,302,958)

4e Total program service expenses 23,943,875

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✔
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✔	
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? *If "Yes," complete Schedule C, Part III*	5		✔
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✔	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	✔	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✔
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		✔
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✔
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✔
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		✔
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✔
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✔	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✔	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✔	

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	✔	
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	✔	
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		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
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		✔
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		✔
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		✔
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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
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		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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	✔	
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	✔	
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	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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	✔	
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		✔
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		✔
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	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	91		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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 651			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
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		
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		✔
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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
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		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
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? If "Yes," complete Form 6069.		17		

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

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		✔
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	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13		✔
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	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?	16a		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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.

CHRIS SEMMLER, 101 IDA MAE DRIVE, FREDERICKSBURG, TX 78624, (830) 997-1297

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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	Former			
(1) JAYNE POPE	37.0									
CEO	2.8			✔				789,610	0	29,489
(2) CLINTON KOTAL	20.8									
CHIEF INTEGRATION OFFICER	19.2				✔			417,519	0	20,578
(3) SUSAN NEVES	39.0									
CFO	1.0			✔				415,975	0	19,892
(4) AMANDA STEVENS	30.0									
CHIEF STRATEGY OFFICER	10.0				✔			181,856	91,303	33,907
(5) MAUREEN O POLIVKA	40.0									
CNO	0.0				✔			182,203	0	17,049
(6) CHRIS SEMMLER	38.0									
VP OF FINANCE	2.0			✔				180,351	0	8,830
(7) JANICE MENKING	32.0									
CONTROLLER	0.0					✔		148,981	0	12,698
(8) CHRIS SCHOESSOW	0.5									
DIRECTOR, VICE PRESIDENT	1.0	✔		✔				0	0	0
(9) JENNY WEISER, PHD	0.9									
CHAIRMAN	1.0	✔		✔				0	0	0
(10) JOEL JUNKER	0.5									
SECRETARY	1.0	✔		✔				0	0	0
(11) CARLIN FRIAR	0.5									
DIRECTOR	1.0	✔						0	0	0
(12) DALE CRENWELGE	0.5									
DIRECTOR	1.0	✔						0	0	0
(13) DAN SECHRIST	0.5									
DIRECTOR	1.0	✔						0	0	0
(14) DR. KEVIN GALLAGHER	0.5									
DIRECTOR	1.0	✔						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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	Former			
(15) DR. MICHAEL JOHNSON	0.5									
DIRECTOR	1.0	✔						0	0	0
(16) DRAKE MCLEAN	0.5									
DIRECTOR	1.0	✔						0	0	0
(17) JANE MORGAN	0.5									
DIRECTOR	1.0	✔						0	0	0
(18) JOHN WILLOME	0.5									
DIRECTOR	1.0	✔						0	0	0
(19) PENNY MCBRIDE	0.6									
DIRECTOR	1.0	✔						0	0	0
(20) ROYCE HUNTER	0.5									
DIRECTOR	1.0	✔						0	0	0
(21) TODD WILLINGHAM	0.5									
DIRECTOR	1.0	✔						0	0	0
(22)										
(23)										
(24)										
(25)										
1b Subtotal								2,316,495	91,303	142,443
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,316,495	91,303	142,443

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 7

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		✔
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

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
CAIN BROTHERS & COMPANY, INCORPORATED, 360 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10017	CONSULTING	1,535,628
TEXAS SELECT STAFFING LLC, PO BOX 577, WEST BEND, WI 53095	AGENCY NURSING	570,188
REED CLAYMON MEEKER & HARGETT, 5608 PARKCREST DRIVE, SUITE 200, AUSTIN, TX 78731	ATTORNEY SERVICES	391,744
FORVIS, LLP, P. O. BOX 200870, DALLAS,, TX 75320-0870	ACCOUNTING AND AUDITING SERVICES	302,254
ENDEAVOR HEALTHCARE, 28 HUNTERS POINT, NEW BRAUNFELS, TX 28260	REVENUE CYCLE SVC	212,910

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 16

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	161,104				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			161,104			
Program Service Revenue				Business Code				
	2a	NET PATIENT HOSPITAL REVENUE		621110	20,282,137	20,282,137		
	b	HOME HEALTH CARE REVENUE		621610	722,960	722,960		
	c	WELLNESS CENTER SERVICE REVENUE		624100	303,408	303,408		
	d	WIC PROGRAM REVENUE		624100	64,660	64,660		
	e	CLINIC RENT REVENUE		531120	211,930	211,930		
	f	All other program service revenue		624100	355,338	355,338	0	0
	g	**Total.** Add lines 2a–2f			21,940,433			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,096,072			5,096,072
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	98,056,743	74,748,028			
	b	Less: cost or other basis and sales expenses	7b	97,962,308	38,218,975			
	c	Gain or (loss)	7c	94,435	36,529,053			
	d	Net gain or (loss)				36,623,488			36,623,488
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a	440,882				
	b	Less: cost of goods sold	10b	90,127				
	c	Net income or (loss) from sales of inventory				350,755	350,755		
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	3,801,285	3,785,162		16,123
	b	BAD DEBT RECOVERY		900099	454,590	454,590		
	c	AUXILIARY REVENUE		900099	1,950	1,950		
	d	All other revenue		561000	295	295	0	0
	e	**Total.** Add lines 11a–11d			4,258,120			
	12	**Total revenue.** See instructions			68,429,972	26,533,185	0	41,735,683

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,418,408	2,418,408		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,192	50,192		
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	2,286,661		2,286,661	
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	6,867,624	6,073,032	794,592	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,952	83,952		
9 Other employee benefits	1,713,952	1,526,848	187,104	
10 Payroll taxes	705,378	446,400	258,978	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,330,083		2,330,083	
c Accounting	54,715		54,715	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,389,161	3,381,247	1,007,914	0
12 Advertising and promotion	259,776	42,982	216,794	
13 Office expenses	1,292,323	948,803	343,520	
14 Information technology	183,968	67,043	116,925	
15 Royalties				
16 Occupancy	1,695,007	1,182,300	512,707	
17 Travel	37,965	20,499	17,466	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,928	18,928		
20 Interest	17,515		17,515	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,478,872	1,278,718	200,154	
23 Insurance	106,784	48,253	58,531	
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 11g expenses on Schedule O.)				
a MEDICAL SUPPLIES	5,174,703	5,174,703		
b OTHER EXPENSES	1,232,339	1,151,231	81,108	
c RECRUITMENT & RECOGNITION	44,900	13,270	31,630	
d DUES & SUBSCRIPTIONS	41,223	9,208	32,015	
e All other expenses	19,775	7,858	11,917	0
25 **Total functional expenses.** Add lines 1 through 24e	32,504,204	23,943,875	8,560,329	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,478,630	1	9,091,501
	2	Savings and temporary cash investments		54,512,803	2	137,401,735
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,789,526	4	2,915,570
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,810,440	8	0
	9	Prepaid expenses and deferred charges		6,491,190	9	118,192
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,257,163			
	b	Less: accumulated depreciation	10b 1,454,271	44,917,706	10c	11,802,892
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		33,491,388	12	40,934,766
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		73,444,561	15	4,753,245
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		231,936,244	16	207,017,901
Liabilities	17	Accounts payable and accrued expenses		13,980,095	17	1,904,712
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	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		7,881,685	25	1,734,182
	26	**Total liabilities.** Add lines 17 through 25		21,861,780	26	3,638,894
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		176,583,076	27	203,379,007
	28	Net assets with donor restrictions		33,491,388	28	0
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		210,074,464	32	203,379,007
	33	Total liabilities and net assets/fund balances		231,936,244	33	207,017,901

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,429,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,504,204
3	Revenue less expenses. Subtract line 2 from line 1	3	35,925,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	210,074,464
5	Net unrealized gains (losses) on investments	5	3,263,986
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	(45,885,211)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	203,379,007

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	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		✔
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2023

Open to Public Inspection

Name of the organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

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 . . . . . .

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2023.** 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—2022.** 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined 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****.*	9b		
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****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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.*	2a		
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.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 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 ☐ 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—*provide details in* ***Part VI***)	**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 (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2023 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-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . .			
b	Excess from 2020 . . .			
c	Excess from 2021 . . .			
d	Excess from 2022 . . .			
e	Excess from 2023 . . .			

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

Schedule B (Form 990)

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

2023

Name of the organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

Organization type (check one):

Filers of:	**Section:**
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 organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% 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).

Name of organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

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		$ 161,104	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

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
		$	

Name of organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

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

(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

(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

(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

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
CREATE HEALTHY MANAGEMENT	[redacted]

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✔	
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?	✔		4,153
j Total. Add lines 1c through 1i			4,153
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, line 3, is answered "Yes."**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	CREATE HEALTHY MANAGEMENT PAID DUES TO ORGANIZATIONS, A PORTION OF WHICH IS DESIGNATED FOR LOBBYING EXPENSES. THA DUES: $47,521 LOBBYING %: 8.74% LOBBYING $: $4,153

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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 $

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

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" 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	19,422,665	24,315,719	21,012,569	18,879,729	15,042,722
b Contributions	1,524,910	14,850	20,555	7,535	113,054
c Net investment earnings, gains, and losses	4,071,399	(4,318,366)	3,534,951	2,307,819	3,679,370
d Grants or scholarships					
e Other expenditures for facilities and programs	2,831	589,538	252,356	182,514	(44,583)
f Administrative expenses					
g End of year balance	25,016,143	19,422,665	24,315,719	21,012,569	18,879,729

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 21.00 %
b Permanent endowment 42.00 %
c Term endowment 37.00 %

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:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)	✔	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	✔	

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,775,906		4,775,906
b Buildings		7,523,271	1,216,615	6,306,656
c Leasehold improvements				
d Equipment		874,578	237,656	636,922
e Other		83,408		83,408
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				11,802,892

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) INTEREST IN NET ASSETS OF FOUNDATION	40,934,766	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	40,934,766	

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. *(Column (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) DEFERRED COMPENSATION PLAN LIABILITY	1,213,118
(3) EST AMOUNT DUE TO THIRD PARTIES	92,700
(4) LEASE LIABILITY	428,364
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,734,182

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

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

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

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

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	CREATE HEALTHY FOUNDATION HOLDS AND MAINTAINS ENDOWMENT FUNDS FOR THE BENEFIT OF CERTAIN COMMUNITY NEEDS. CERTAIN ENDOWMENTS ARE BOARD DIRECTED, WHILE OTHERS ARE DONOR RESTRICTED. ENDOWMENT FUNDS ARE DESIGNATED FOR EQUIPMENT AND TECHNOLOGY, NURSE STIPENDS, SCHOLARSHIPS, HEALTH RELATED PROFESSIONAL CERTIFICATIONS, AND STROKE EDUCATION AND AWARENESS. ADDITIONALLY THERE ARE SEVERAL UNRESTRICTED ENDOWMENT FUNDS.
SCHEDULE D, PART X, LINE 2 - ASC 740 FOOTNOTE:	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	✔	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	✔	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✔	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✔
6a	Did the organization prepare a community benefit report during the tax year?	6a	✔	
b	If "Yes," did the organization make it available to the public?	6b	✔	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,995,236	0	1,995,236	6.14
b Medicaid (from Worksheet 3, column a)			861,953	891,253	0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)			34,984	16,588	18,396	0.06
d **Total.** Financial Assistance and Means-Tested Government Programs	0	0	2,892,173	907,841	2,013,632	6.19
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)					0	0.00
f Health professions education (from Worksheet 5)			0	0	0	0.00
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,468,600	0	2,468,600	7.59
j **Total.** Other Benefits	0	0	2,468,600	0	2,468,600	7.59
k **Total.** Add lines 7d and 7j	0	0	5,360,773	907,841	4,482,232	13.79

Part II Community Building Activities.

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development					0	0.00
3	Community support					0	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy					0	0.00
8	Workforce development					0	0.00
9	Other					0	0.00
10	**Total**	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	☐	☑
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 0		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any,	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	6,108,241
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,139,308
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(2,031,067)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	☑	☐
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	☑	☐

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	General medica	Children's hos	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HILL COUNTRY MEMORIAL HOSPITAL P.O. BOX 1339, FREDERICKSBURG, TX 78624 WWW.CREATEHEALTHY.ORG STATE LICENSE NO. : 00219	✔	✔					✔			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: HILL COUNTRY MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		✔
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		✔
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✔	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✔	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		✔
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		✔
7	Did the hospital facility make its CHNA report widely available to the public?	7	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☐ Hospital facility's website (list url):			
b	☐ Other website (list url):			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✔	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		✔
a	If "Yes," (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	✔	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		✔
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: HILL COUNTRY MEMORIAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✔	
15	Explained the method for applying for financial assistance?	15	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: HILL COUNTRY MEMORIAL HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	✔	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		✔
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	✔	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: HILL COUNTRY MEMORIAL HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	**23**		✔
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	**24**		✔

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: HILL COUNTRY MEMORIAL HOSPITAL DESCRIPTION: IN APRIL 2022, THE HOSPITAL BEGAN A COMMUNITY HEALTH NEEDS ASSESSMENT FOR GILLESPIE, BLANCO AND KENDALL COUNTIES AND SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY USING SEVERAL METHODS: -INFORMATION GATHERING, USING SECONDARY PUBLIC HEALTH SOURCES, OCCURRED IN JUNE - JULY 2022. -23 COMMUNITY MEMBERS PARTICIPATED IN INDIVIDUAL INTERVIEWS FOR THEIR PERSPECTIVES ON COMMUNITY HEALTH NEEDS AND ISSUES FROM JULY 25-29, 2022. -423 SURVEYS WERE COMPLETED: 178 LANDLINE PHONE, 97 CELL PHONE, 148 WEB-BASED (23 VIA SURVEYMONKEY) FROM JULY 1-AUGUST 19, 2022. -VIDEOS WERE PRODUCED TO EDUCATE THE BOARD AND COMMUNITY ABOUT THE SECONDARY COMMUNITY HEALTH DATA AS WELL AS THE RESULTS OF THE COMMUNITY INTERVIEWS AND SURVEYS. -INPUT OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WAS RECEIVED THOUGH INTERVIEWS AND THE COMMUNITY SURVEY. AGENCIES REPRESENTING THESE POPULATION GROUPS WERE INTENTIONALLY INVITED TO THE INTERVIEWS. THE COMMUNITY SURVEY WAS REPRESENTATIVE OF THE WHOLE COMMUNITY - BY AGE, INCOME, AND EDUCATION. -THE TEXAS DEPARTMENT OF HEALTH PARTICIPATED IN THE INTERVIEWS. BELOW IS A LIST OF ALL THE ORGANIZATIONS THAT GAVE INPUT INTO THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN: -BETHANY PRESCHOOL, SCHOOL DISTRICT, RED CROSS, GOLDEN HUB, ST. BARNABAS EPISCOPAL CHURCH, BETHANY LUTHERAN CHURCH, GILLESPIE COUNTY VETERANS SERVICE OFFICER, ECONOMIC DEVELOPMENT COMMISSON, EMERGENCY MEDICAL SERVICES, TEXAS A&M EXTENSION, GOOD SAMARITAN CLINIC, POLICE CHIEF, VICTORY FELLOWSHIP, ST. THOMAS ORTHODOX CHURCH, MAYOR, HOLY GHOST LUTHERAN CHURCH, CHAMBER OF COMMERCE, GILLESPIE COUNTY HEALTH DIVISION, EMERGENCY SERVICES DISTRICT BOARD, FREDERICKSBURG CITY COUNCIL; ST. BARNABAS EPISCOPAL CHURCH, NEEDS COUNCIL, FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT, AND EMERGENCY SERVICES.
SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	FACILITY NAME: HILL COUNTRY MEMORIAL HOSPITAL DESCRIPTION: AT THE BEGINNING OF THE 2023 TAX YEAR, CREATE HEALTHY MANAGEMENT COMPLETED ITS SALE OF THE HOSPITAL. AS THE ORGANIZATION IS NOT CURRENTLY A HOSPITAL, THESE DOCUMENTS ARE NO LONGER POSTED TO THE WEBSITE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: HILL COUNTRY MEMORIAL HOSPITAL DESCRIPTION: BASED ON THE RESULTS OF THE CHNA, THE HOSPITAL HAS SELECTED FOUR OF THE IDENTIFIED SIGNIFICANT HEALTH NEEDS TO ADDRESS. 1. ACCESS TO AFFORDABLE CARE AND INSURANCE A) FOCUS, DEVELOP, AND IMPLEMENT HEALTHCARE RESOURCES AND HEALTHCARE LITERACY FOR THE UNDERSERVED 1. HAVE AN ACTION FAIR WITH INSURANCE PROVIDERS TO PROVIDE INFORMATION, IMPROVE LITERACY, AND INCREASE PREVENTION- TRANSLATE INTO MULTIPLE LANGUAGES, INCLUDE CHIP PROGRAM, MEDICARE ADVANTAGE, ETC 2. SELECT A COMMUNITY EXPERT/EDUCATOR TO PROVIDE COMMUNITY EDUCATION ON HEALTHCARE ACCESS, COVERAGE, RESOURCES, ETC 3. UTILIZE MEDICARE ADVANTAGE COMMUNITY LIAISONS TO HELP EDUCATE PEOPLE ON MEDICARE OPTIONS 4. WRITE REGULAR ARTICLES FOR THE NEWSPAPER TO IMPROVE HEALTH AND HEALTH INSURANCE LITERACY B) INCREASE ACCESS TO HEALTHCARE OUTSIDE THE HOSPITAL 1. DEVELOP A COALITION FOR TRANSPORTATION WITH A FOCUS ON GERIATRIC CARE AND FAMILY SUPPORT 2. CREATE A LIST OF VOLUNTEERS TO BRIDGE THE GAP OF CARE AND SUPPORT TO IMPROVE SENIOR SOCIALIZATION 2. BEHAVIORAL/MENTAL HEALTH A) INCREASE THE NUMBER OF BEHAVIORAL HEALTH PROVIDERS 1. FORM RELATIONSHIPS WITH ESTABLISHED FACILITIES IN AUSTIN, KERRVILLE, AND SAN ANTONIO TO PROVIDE POSSIBLE SERVICES (TEXAS ADVISORY COUNCIL IN SAN ANTONIO) 2. EXPLORE TELE-HEALTH OPTIONS AND EDUCATION, INCLUDING SCHOOL COUNSELORS, JAILS, AND OTHER MEMBERS OF THE COMMUNITY 3. INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE OFFICES TO INCREASE ACCESS AND DECREASE STIGMA 4. PROVIDE MENTAL HEALTH FIRST AID IN THE COMMUNITY - POLICE, SCHOOLS, PUBLIC B) IMPROVE SUICIDE PREVENTION EDUCATION 1. REVIEW THE CURRENT SUICIDE PREVENTION EDUCATION PROCESS AND EXPLORE NEW OPPORTUNITIES FOR COMMUNICATION 2. FIND RESOURCES AND MAKE CONNECTIONS 3. SHARE THE INFORMATION AND MAKE ONE CENTRAL FACILITY/ORGANIZATION FOR REFERRALS AND NAVIGATION FOR PROVIDERS AND THE PUBLIC. CREATE A SHARED INFORMATION CENTER: "ONE CALL, THAT'S ALL". 3. HEALTHY EATING - ACTIVE LIVING A) INCREASE NUTRITION EDUCATION FOR THE YOUTH AND FAMILIES- EDUCATE 1,500 YOUTH AND FAMILIES ON NUTRITION, SHOPPING, SIMPLE MEALS, ETC. 1. INVITE MAJOR EMPLOYERS TO CREATE A HEALTH COUNCIL 2. CATALOG EXISTING RESOURCES AND WORK WITH MDS TO CREATE ACCESS TO FAMILIES WITH EDUCATION SESSIONS ON HEALTHY EATING B) INCREASE KNOWLEDGE OF THE ACCESS AND RESOURCES AVAILABLE. CREATE AN EXERCISE FAIR WITH NEW EXERCISE OPPORTUNITIES ACROSS THE COMMUNITY. MAKE A CULTURAL CHANGE FOR PHYSICAL ACTIVITY. 1. CREATE AN ONLINE RESOURCE OF ALL EXERCISE GROUPS/OPPORTUNITIES 2. ENCOURAGE EMPLOYERS TO INCENTIVIZE EXERCISE IN FAMILIES 3. ENCOURAGE MDS TO WRITE PRESCRIPTIONS FOR EXERCISE 4. INTEGRATE WITH INSURANCE PLANS FOR DISCOUNTS 4. ENVIRONMENTAL FACTORS A) INCREASE EDUCATION ON VAPING AMONG YOUTH WITHIN 3 YEARS 1. INCREASING YOUTH TO YOUTH EDUCATION TO REDUCE/PREVENT SUBSTANCE ABUSE/MISUSE BY UTILIZING HEALTHY TEXAN YOUTH AMBASSADORS. INCREASE NUMBER OF BILINGUAL AMBASSADORS 2. ENCOURAGE YOUTH TO EDUCATE COMMUNITY, PARENTS, GRANDPARENTS. B) REDUCE INJURY AND POOR HEALTH OUTCOMES RELATED TO SUBSTANCE ABUSE AMONG ADULTS WITHIN 3 YEARS 1. CATALOG AVAILABLE RESOURCES, EXPLORE GRANTS, EXPAND AVAILABLE RESOURCES, SERVICES, AND DONATIONS 2. COLLABORATE WITH BEHAVIORAL HEALTH PROVIDERS, LAW ENFORCEMENT, FAITH-BASED COMMUNITIES AND MEDICAL PROVIDERS. LINKAGE TO TREATMENT FOR THE ADDICTED C) HOUSING GOAL - INCREASE PERCENTAGE OF HOUSING STOCK THAT IS AFFORDABLE AT 30% OF THE MEDIAN HOUSEHOLD INCOME 1. CREATE/FOCUS ON MULTI-FAMILY INCOME-BASED HOUSING 2. RECRUIT OUTSIDE INVESTMENTS SUCH AS PHILANTHROPY, CITY DEVELOPMENT, CONSTRUCTION GROUPS TO INCREASE SUPPLY OF APPROPRIATE LOT TYPES 3. INCREASE BROADBAND SUPPLY AND RECRUIT ALTERNATIVE INDUSTRIES TO INCREASE JOB DIVERSITY D) WATER QUALITY GOAL - EVALUATE WATER QUALITY NEEDS ACROSS THE COUNTIES 1. IDENTIFY AREAS THAT NEED SUPPORT E) CHILDCARE GOAL - OPEN MORE THAN 300 SPACES IN PRE-SCHOOLS/DAY CARES 1. OBTAIN FUNDING FROM STATE AND FOUNDATIONS FOR CHILDCARE EFFORTS 2. PARTNER WITH CHURCHES, BUSINESSES, AND ORGANIZATIONS FOR EXPANDED AND NEWLY INFORMED PROGRAMS. CREATE INCENTIVES FOR EMPLOYEES F) HEALTH LITERACY FOR SENIORS GOAL - ESTABLISH A COMMUNITY LIAISON PROGRAM TO PREVENT ISOLATION AND PERFORM WELLNESS CHECKS 1. ASK THE LOCAL MAYOR'S OFFICE TO ESTABLISH A GRID SYSTEM TO CREATE REPS IN EACH GRID FOR COMMUNICATION 2. HIRE A COMMUNITY LIAISON TO COORDINATE PROGRAMS AND BE THE EYES AND EARS ACROSS THE COMMUNITY HILL COUNTRY MEMORIAL HOSPITAL DOES NOT INTEND TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS DUE TO LACK OF EXPERTISE AND RESOURCES: 1. ACCESS TO CARE AND INSURANCE IS A HEALTH NEED THAT HCM CANNOT DIRECTLY IMPACT AT THIS TIME. HILL COUNTRY MEMORIAL HOSPITAL WILL CONTINUE TO PROVIDE MORE ACCESS TO AFFORDABLE

Return Reference - Identifier	Explanation
	HEALTHCARE BY RECRUITING PRIMARY CARE DOCTORS TO EXPAND ACCESS AND CONTINUING TO OFFER ITS FINANCIAL ASSISTANCE PROGRAM. 2. SUBSTANCE USE: DUE TO RESOURCE LIMITATIONS, HILL COUNTRY MEMORIAL HOSPITAL IS NOT DIRECTLY ADDRESSING SUBSTANCE ABUSE/ADDITION HEALTH NEEDS AT THIS TIME. HILL COUNTRY MEMORIAL HOSPITAL WILL CONTINUE TO PARTNER WITH LOCAL REHABILITATION CENTERS AND SOCIAL SERVICES BETTER POSITIONED TO DIRECTLY ADDRESS THIS HEALTH NEED. 3. AFFORDABLE HOUSING: WHILE THIS IS IMPORTANT TO OUR COMMUNITY IT IS A DIFFICULT ITEM FOR HCM TO DIRECTLY ADDRESS. JILL COUNTRY MEMORIAL HOSPITAL WILL CONTINUE TO PARTNER WITH LOCAL GOVERNMENT AND COMMUNITY LEADERS SEEKING SOLUTIONS TO MAKE AFFORDABLE HOUSING AVAILABLE IN THE COMMUNITY. 4. CHILD CARE: WHILE WE AGREE THAT THIS IS A NEED IN OUR COMMUNITY, WE SEE OTHERS IN OUR COMMUNITY BETTER-POSITIONED TO FILL THE GAP AT THIS TIME. HILL COUNTRY MEMORIAL HOSPITAL WILL CONTINUE TO OFFER CHILDREN'S PROGRAMMING DURING CERTAIN SCHOOL HOLIDAYS AT OUR WELLNESS CENTER AND CONTINUE TO COLLABORATE WITH SOCIAL SERVICES FOCUSING ON CHILDREN. 5. SENIOR CARE: DUE TO RESOURCE LIMITATIONS, WE ARE NOT ADDRESSING GERIATRIC HEALTHCARE SERVICES AT THIS TIME. THE HOSPITAL WILL CONTINUE TO PARTNER WITH LOCAL SENIOR SERVICES AND COMMUNITY LEADERS SEEKING SOLUTIONS TO MAKE GERIATRIC HEALTHCARE SERVICES AVAILABLE IN THE COMMUNITY.
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: HILL COUNTRY MEMORIAL HOSPITAL DESCRIPTION: THE NUMBER OF MEMBERS OF A HOUSEHOLD ARE ALSO CONSIDERED IN CALCULATING THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	SEE SECTION C, LINE 16J
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	SEE SECTION C, LINE 16J
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	SEE SECTION C, LINE 16J
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: HILL COUNTRY MEMORIAL HOSPITAL DESCRIPTION: AT THE BEGINNING OF THE 2023 TAX YEAR, CREATE HEALTHY MANAGEMENT COMPLETED ITS SALE OF THE HOSPITAL. AS THE ORGANIZATION IS NOT CURRENTLY A HOSPITAL, THESE DOCUMENTS ARE NO LONGER POSTED TO THE WEBSITE.

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of facility (describe)
1 HCM HOME CARE 808 REUBEN STREET FREDERICKSBURG, TX 78624	HOME HEALTH
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information.

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FACTORS OTHER THAN FPG DETERMINING FREE OR DISCOUNTED CARE:	THE HOSPITAL USES THE FOLLOWING OTHER CRITERIA TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE: -ASSET LEVEL -MEDICAL INDIGENCY -INSURANCE STATUS -UNDERINSURANCE STATUS -NUMBER OF HOUSEHOLD MEMBERS
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3. THE COST COMPUTED ON IRS WORKSHEET 4 FROM THE GOOD SAMARITAN CENTER IS BASED ON CHARGES WRITTEN OFF. ALL OTHER ACTIVITY IS ACTUAL CASH COSTS. WORKSHEET 6 PULLED THE DATA FROM THE COST ACCOUNTING SYSTEM CONSISTING OF ACTUAL CHARGES AND RECEIPTS, ACTUAL COSTS AND OVERHEAD COSTS. WORKSHEET 8 IS CALCULATED USING THE INCOME STATEMENT AND INTERNAL COSTS SYSTEM.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	FOR GENERAL LEDGER PURPOSES, THE HOSPITAL ESTIMATES THE BAD DEBTS EXPENSE BASED ON HISTORY. A MONTHLY REPORT DETERMINES THE PERCENTAGE OF COLLECTIONS ON EVERY PAYOR FOR THE LAST SIX MONTHS. THIS HISTORY OF THE PERCENTAGE OF UNCOLLECTIBLE CHARGES IS USED TO ESTIMATE THE BAD DEBT EXPENSE.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE ORGANIZATION IS UNABLE TO ESTIMATE THE AMOUNT FOR LINE 3 AND HAS ELECTED TO LEAVE IT BLANK.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	NOT APPLICABLE DUE TO ADOPTION OF ASU 606 REVENUE FROM CONTRACTS WITH CUSTOMERS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE HOSPITAL USES COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES. THE ORGANIZATION HAD A MEDICARE SHORTFALL IN THE AMOUNT OF $2,031,067. THE STATE OF TEXAS TREATS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR MEETING STATUTORY REQUIREMENTS FOR CHARITY CARE AND COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE HOSPITAL'S COLLECTION POLICY EXCLUDES PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. OTHER FACTORS ARE USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	THE HOSPITAL ASSESSES THE NEEDS OF THE COMMUNITIES IT SERVES THROUGH A TRIENNIAL COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT, CONDUCTED BY A THIRD PARTY IN COLLABORATION WITH INTERNAL STAKEHOLDERS. ADDITIONALLY, THE HOSPITAL ACCESSES AND REVIEWS THE COMMUNITY HEALTH NEEDS ASSESSMENTS PUBLICALLY POSTED BY HEALTH ENTITIES IN OUR MORE DISTANT SERVICE AREAS. THESE ITEMS ARE INCORPORATED INTO OUR STRATEGIC PLAN. FINALLY, THE HOSPITAL CONDUCTS ANNUAL SWOT ASSESSMENTS WITH MORE THAN 100 KEY STAKEHOLDERS TO DETERMINE HEALTHCARE NEEDS BEFORE SETTING ITS ANNUAL STRATEGY.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	THE HOSPITAL'S PATIENTS SPEAK WITH A HOSPITAL BUSINESS OFFICE REPRESENTATIVE BEFORE CARE TO DETERMINE IF THEY ARE ELIGIBLE FOR ASSISTANCE UNDER THE FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS OR THE ORGANIZATION'S CHARITY CARE POLICY. THE PATIENT'S ELIGIBILITY IS ASSESSED AND CAREFULLY MANAGED, SO THAT IF HE/SHE OVERPAYS, HE/SHE IS REIMBURSED THE RECONCILING AMOUNT. UPON DISCHARGE, PATIENTS ARE GIVEN THE INFORMATION, AND IT IS THEIR DECISION WHETHER OR NOT TO CONTACT THE HOSPITAL.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE POPULATION OF THE THREE COUNTIES IS PROJECTED TO INCREASE FROM 2021 TO 2026 (2.57% PER YEAR). TEXAS IS PROJECTED TO INCREASE 1.5% PER YEAR. THE U.S. IS PROJECTED TO INCREASE 0.70% PER YEAR. THE THREE COUNTIES HAD A HIGHER MEDIAN AGE (48.7 MEDIAN AGE) THAN TX (35.3) AND THE U.S. (38.8). IN THE THREE COUNTIES THE PERCENTAGE OF THE POPULATION 65 AND OVER WAS 26%, HIGHER THAN THE U.S. POPULATION 65 AND OVER AT 17.2%. THE THREE COUNTIES' MEDIAN HOUSEHOLD INCOME AT $74,906 WAS HIGHER THAN TX ($63,524) AND THE U.S. ($64,730). THE RATES OF POVERTY IN GILLESPIE, BLANCO AND KENDALL RESPECTIVELY WERE 9.2%, 9.8% AND 6.7% WHICH WERE ALL LOWER THAN TX (13.4%) AND THE U.S. (11.9%). THE HOUSEHOLD INCOME DISTRIBUTION OF THE THREE COUNTIES WAS 37% HIGHER INCOME (OVER $100,000), 51% MIDDLE INCOME, AND 12% LOWER INCOME (UNDER $25,000). THE LARGEST INCOME GROUP IS THE 19% MAKING $50,000 TO $74,999. THE HEALTH CARE INDEX MEASURES HOW MUCH THE POPULATIONS SPENT OUT-OF-POCKET ON HEALTH CARE SERVICES INCLUDING INSURANCE PREMIUMS. THE U.S. INDEX WAS 100. THE THREE COUNTIES' INDEX WAS 122, INDICATING 22% MORE SPENT OUT OF POCKET THAN THE AVERAGE U.S. HOUSEHOLD ON MEDICAL CARE (DOCTOR'S OFFICE VISITS, PRESCRIPTIONS, HOSPITAL VISITS) AND INSURANCE PREMIUMS. THE RACIAL AND ETHNIC MAKE-UP OF GILLESPIE, BLANCO AND KENDALL COUNTIES WAS 89% WHITE, 1% BLACK, 1% AMERICAN INDIAN, 1% ASIAN, 25% HISPANIC ORIGIN, 2% MORE THAN ONE RACE, AND 7% OTHER. (THESE PERCENTAGES TOTAL TO OVER 100% BECAUSE HISPANIC IS AN ETHNICITY, NOT A RACE.)
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE HOSPITAL'S VISION IS TO EMPOWER OTHERS, CREATE HEALTHY. ENCOURAGING WELLNESS IS AN INVESTMENT IN OUR COMMUNITIES' HEALTH. WE EMPOWER OTHERS BY HOLDING EDUCATIONAL/COMMUNITY EVENTS. 2022 WAS A CHALLENGING YEAR FOR CREATING HEALTHY WITH THE END OF OUTBREAK OF COVID 19 IN OUR WORLD. THE HEALTHYU PROGRAM, HYPERTENSION MANAGEMENT THROUGH BEHAVIORAL CHANGES, CONTINUED WITH 150 PARTICIPANTS WITH REMOTE WEBINARS, NUTRITIONAL CONSULTATIONS, OFF SITE FITNESS ACTIVITIES. THE WELLNESS CENTER COMPLIED WITH PANDEMIC SAFETY PROTOCOLS TO PROVIDE A RESOURCE FOR WELLNESS ACTIVITIES; OUTDOOR GROUP EXERCISE CLASSES, SMALLER AQUA CLASSES, FITNESS EQUIPMENT SANITATION PROTOCOLS, AND TWO HOUR RESERVATION BLOCKS TO REDUCE THE USER INTERACTION. EMBRACING ITS VALUE OF OWNERSHIP, CHM PROACTIVELY INITIATED THE HILL COUNTRY COMMUNITY RESPONSE TO COVID-19 BY ORGANIZING REGULAR STAKEHOLDER MEETINGS WITH KEY COMMUNITY LEADERS; DISSEMINATING TRANSPARENT, RESEARCH BASED EDUCATION; IMPLEMENTING INNOVATIVE AND EXPANDED APPROACHES TO ACCESS CARE; AND SHARING BEST PRACTICES AT THE LOCAL, STATE, AND NATIONAL LEVEL. THESE MEETINGS CONTINUED INTO 2022. THE HOSPITAL COLLABORATES WITH CITY AND COUNTY OFFICIALS TO PREPARE FOR EMERGENCY SCENARIOS. CHM INVITES CITY AND COUNTY EMERGENCY OFFICIALS TO PARTICIPATE IN MOCK EMERGENCY SITUATIONS TO PREPARE FOR ACTUAL, LIKELY EMERGENCY BASED ON THE GEOGRAPHIC PROXIMITY OF THE HOSPIAL, SUCH AS A TORNADO OR MAJOR CHEMICAL SPILL. STARTING IN EARLY 2022 CHM HAS BEEN COLLABORATING WITH THOSE AGENCIES TO PREPARE FOR THE POTENTIAL HEALTH NEEDS OF THE INFLUX OF TENS OF THOUSANDS OF VISITORS FOR THE PARTIAL ECLIPSE IN FALL OF 2023 AND THE TOTAL ECLIPSE IN APRIL OF 2024 AS FREDERICKSBURG IS IN THE DIRECT PATH OF THE VIEWING AREA. THE HOSPITAL'S PURPOSE IS TO SERVE AND PARTNER WITH OTHERS TO CREATE HEALTHY COMMUNITIES FOR GENERATIONS TO COME. THE ORGANIZATION DOES THIS BY HAVING AN OPEN MEDICAL STAFF AND COMMUNITY BOARD. CHM ALSO PROVIDES MILLIONS OF DOLLARS OF CHARITY CARE EACH YEAR. AS A NOT-FOR PROFIT HEATLH CARE ORGANIZATION, OUR EARNINGS ARE INVESTED BACK INTO THE ORGANIZATION FOR IMPROVEMENTS TO THE FACILITIES, TECHNOLOGY AND THOSE WHO DELIVER CARE. IN 2022, CHM INVESTED IN CATH LAB AND SURGERY EQUIPMENT, NEW IT EQUIPMENT AND OPENED THE DEBBYE DOOLEY SIMULATION LAB TO TRAIN MEDICAL TEAMS THROUGHOUT THE HILL COUNTRY. FOR ADDITIONAL INFORMATION ABOUT ACTIVITIES THE HOSPITAL CONDUCTED TO PROMOTE COMMUNITY HEALTH, SEE THE SCHEDULE H, PART V, SECTION B, LINE 11 DISCLOSURE.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	THE HOSPITAL IS PART OF A SYSTEM WHICH INCLUDES SIX ORGANIZATIONS. CREATE HEALTHY MANAGEMENT PROVIDES HEALTHCARE; CREATE HEALTHY FOUNDATION PROVIDES FUNDRAISING; FREDERICKSBURG PHYSICIANS NO 1 PROVIDES HEALTHCARE; FREDERICKSBURG PHYSICIANS NO 2 PROVIDES HEALTHCARE; AND FREDERICKSBURG HOSPICE NO 1 PROVIDES HOSPICE SERVICE. FREDERICKSBURG ACO, LLC & MARBLE FALLS ASC, LLC ARE FULLY OWNED BY THE HOSPITAL.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	TX

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CREATE HEALTHY MANAGEMENT

Employer identification number

[redacted]

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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
(1) (SEE STATEMENT)	87-2770300	501(C)(3)	900,000				(SEE STATEMENT)
(2) LITTLE HEARTS CHILD DEVELOPMENT CENTER P O BOX 2107, FREDERICKSBURG, TX 78624	92-0825896	501(C)(3)	500,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	74-1246245	501(C)(3)	500,000				(SEE STATEMENT)
(4) (SEE STATEMENT)	74-1036549	501(C)(3)	50,000				SCHOLARSHIPS
(5) (SEE STATEMENT)	74-3069497	501(C)(3)	75,000				SCHOLARSHIPS
(6) (SEE STATEMENT)	74-2276776	501(C)(3)	45,000				(SEE STATEMENT)
(7) (SEE STATEMENT)	91-2129853	501(C)(3)	25,000				(SEE STATEMENT)
(8) GRACE CENTER OF FREDERICKSBURG P O BOX 3433, FREDERICKSBURG, TX 78624	35-2639189	501(C)(3)	35,000				GENERAL SUPPORT
(9) COMMUNITY RESOURCE CENTER OF TEXAS 1016 BROADWAY, MARBLE FALLS, TX 78624	47-0946288	501(C)(3)	25,000				GENERAL SUPPORT
(10) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE, AUSTIN, TX 78624	74-2217350	501(C)(3)	25,000				(SEE STATEMENT)
(11) (SEE STATEMENT)	74-2758055	501(C)(3)	65,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	HEALTH IMPROVEMENT PROGRAM	1,100		43,352	(SEE STATEMENT)	(SEE STATEMENT)
2	GYM CLUB MEMBERSHIP	153		6,840	(SEE STATEMENT)	(SEE STATEMENT)
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) GOLDEN HUB COMMUNITY CENTER 1009 N LINCOLN STREET, FREDERICKSBURG, TX 78624	84-3438428	501(C)(3)	25,000				SUPPORT - MEALS FOR SENIORS
(13) FREDERICKSBURG ISD EDUCATION FOUNDATION P O BOX 3446, FREDERICKSBURG, TX 78624	82-5436079	501(C)(3)	25,000				GENERAL SUPPORT
(14) TEXAS WINE AUCTION P O BOX 2651, FREDERICKSBURG, TX 78624	87-3707415	501(C)(3)	75,000				SUPPORT - HEALTHCARE FOR WORKERS
(15) FISD BILLIE BOOSTERS, INC. P O BOX 2135, FREDERICKSBURG, TX 78624	74-2617557	501(C)(3)	15,000				GENERAL SUPPORT - HEALTHY LIVING
(16) FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT 234 FRIENDSHIP LAND, FREDERICKSBURG, TX 78624	74-6000876	501(C)(3)	15,000				SCHOOL SUPPLIES FOR LOCAL STUDENTS

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	CREATE HEALTHY PARTNERS WITH ORGANIZATIONS WHICH RECEIVE GRANT FUNDING TO REVIEW REPORTS OUTLINING HOW THEY USED THE GRANT FUNDS RECEIVED. THESE REPORTS INCLUDE KEY DATA POINTS AND ARE PROVIDED TO CREATE HEALTHY AT LEAST ANNUALLY AND AT THE CONCLUSION OF THEIR GRANT PERIOD. THESE REPORTS ARE REVIEWED BY THE CREATE HEALTHY COUNCILS AND LEADERSHIP AND IN AGGREGATE BY THE CREATE HEALTHY BOARD.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FREDERICKSBURG FRIENDS OF THE FIELDS C/O SECURITY STATE BANK, P O BOX 471, FREDERICKSBURG, TX 78624
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BETHANY PRESCHOOL 110 W. AUSTIN STREET, FREDERICKSBURG, TX 78624
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GILLESPIE COUNTY FAIR AND FESTIVALS ASSOCIATION SCHOLARSHIP FEST P O BOX 526, FREDERICKSBURG, TX 78624
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HILL COUNTRY UNIVERSITY CENTER FOUNDATION 2818 E HIGHWAY 290, FREDERICKSBURG, TX 78624
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE HILL COUNTRY COMMUNITY NEEDS COUNCIL P O BOX 73, FREDERICKSBURG, TX 78624
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, SUITE 100, FREDERICKSBURG, TX 78624
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOYS AND GIRLS CLUB OF TEXAS HILL COUNTRY P O BOX 2307, FREDERICKSBURG, TX 78624
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FREDERICKSBURG FRIENDS OF THE FIELDS: CONSTRUCTION OF COMMUNITY SOCCER FIELDS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LITTLE HEARTS CHILD DEVELOPMENT CENTER: CONSTRUCTION OF CHILD CARE FACILITY
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHANY PRESCHOOL: CONSTRUCTION OF CHILD CARE FACILITY
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE HILL COUNTRY COMMUNITY NEEDS COUNCIL: $25K GENERAL SUPPORT FOCUSING ON CHILDREN'S COUNSELING, $20K WEEKEND BACKPACKS FOR CHILDREN'S MEALS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GOOD SAMARITAN CENTER: MEDICAL CARE FOR INDIGENT PATIENTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CENTRAL TEXAS FOOD BANK: SUPPORT - LOCAL DELIVERY OF MOBILE FOOD PANTRY FOR THANKSGIVING FOOD
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	HEALTH IMPROVEMENT PROGRAM : ACTUAL NUMBER OF REGISTERED PARTICIPANTS
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	GYM CLUB MEMBERSHIP : ACTUAL NUMBER OF REGISTERED PARTICIPANTS
SCHEDULE I, PART III, COLUMN E - METHOD OF VALUATION	HEALTH IMPROVEMENT PROGRAM: COST OF STAFF, LABS AND VALUE OF MEMBERSHIPS
SCHEDULE I, PART III, COLUMN E - METHOD OF VALUATION	GYM CLUB MEMBERSHIP: VALUE OF MEMBERSHIPS AT RETAIL
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	HEALTH IMPROVEMENT PROGRAM: FREE MEMBERSHIP IN HYPERTENSION MANAGEMENT PROGRAM

Return Reference - Identifier	Explanation
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	GYM CLUB MEMBERSHIP: FREE MEMBERSHIP PROVIDED TO LAW ENFORCEMENT AND EMS PERSONNEL

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CREATE HEALTHY MANAGEMENT

Employer identification number

[redacted]

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	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		✔
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		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JAYNE POPE CEO	(i)	379,610	0	410,000	18,151	11,337	819,098	0
		(ii)	0	0	0	0	0	0	0
2	CLINTON KOTAL CHIEF INTEGRATION OFFICER	(i)	92,519	0	325,000	12,200	8,378	438,097	0
		(ii)	0	0	0	0	0	0	0
3	SUSAN NEVES CFO	(i)	90,975	0	325,000	12,200	7,692	435,867	0
		(ii)	0	0	0	0	0	0	0
4	AMANDA STEVENS CHIEF STRATEGY OFFICER	(i)	135,607	0	46,249	8,309	15,002	205,167	0
		(ii)	45,054	0	46,249	4,505	6,091	101,899	0
5	MAUREEN O POLIVKA CNO	(i)	66,077	0	116,126	9,358	7,691	199,253	0
		(ii)	0	0	0	0	0	0	0
6	CHRIS SEMMLER VP OF FINANCE	(i)	160,557	19,793	0	8,830	0	189,180	0
		(ii)	0	0	0	0	0	0	0
7	JANICE MENKING CONTROLLER	(i)	108,191	21,861	18,929	5,495	7,203	161,679	0
		(ii)	0	0	0	0	0	0	0
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - CHANGE-OF-CONTROL PAYMENT	THE BOARD OF DIRECTORS CONSULTED WITH LEGAL COUNSEL AND APPROVED RETENTION/CHANGE OF CONTROL PAYMENTS IN ADVANCE OF THE TRANSACTION IN AN EFFORT TO RETAIN KEY SENIOR STAFF IN PLACE FOR THE DURATION OF THE TRANSACTION. RETENTION AGREEMENTS ARE KEY ELEMENTS IN SUCH TRANSACTIONS. THE LOSS OF KEY STAFF DURING THE EIGHTEEN MONTHS OF NEGOTIATION, DILIGENCE AND CLOSING, HAD THE POTENTIAL TO RESULT IN AN ECONOMIC LOSS THROUGH EITHER DIMINISHED OPERATIONS OR A REDUCTION IN THE PURCHASE PRICE OR BOTH IN EXCESS OF 10 MILLION DOLLARS. THE AMOUNT OF THE RETENTION AGREEMENTS WAS CONFIRMED THROUGH AN INDEPENDENT THIRD PARTY NATIONAL COMPENSATION CONSULTANT. THE COST OF THE RETENTION AGREEMENTS WAS REASONABLE AND APPROPRIATE IN LIGHT OF THE MATERIAL POTENTIAL ENTERPRISE RISK. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT: JAYNE POPE $410,000 SUSAN NEVES $325,000 CLINTON KOTAL $325,000 MAUREEN POLIVKA $116,126 AMANDA STEVENS $92,498

SCHEDULE N (Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
Attach certified copies of any articles of dissolution, resolutions, or plans.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CREATE HEALTHY MANAGEMENT

Employer identification number

[redacted]

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization? **2a**		
b	Become an employee of, or independent contractor for, a successor or transferee organization? **2b**		
c	Become a direct or indirect owner of a successor or transferee organization? **2c**		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? **2d**		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III		

Part I Liquidation, Termination, or Dissolution *(continued)*

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax exempt) or type of entity
LAND, BUILDINGS, FURNITURE, FIXTURES	03/31/2023	51,385,843	APPRAISAL, FAIR MARKET VALUE	74-2730328	METHODIST HEALTHCARE SYSTEM P O BOX 570, NASHVILLE, TN 37202	LIMITED LIABILITY PARTNERSHIP
ACCOUNTS RECEIVABLE	03/31/2023	6,828,065	ACTUAL COLLECTIONS	74-2730328	METHODIST HEALTHCARE SYSTEM P O BOX 570, NASHVILLE, TN 37202	LIMITED LIABILITY PARTNERSHIP
INVENTORY, PREPAID ASSETS	03/31/2023	3,631,799	ACTUAL VALUE	74-2730328	METHODIST HEALTHCARE SYSTEM P O BOX 570, NASHVILLE, TN 37202	LIMITED LIABILITY PARTNERSHIP

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a	✔	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	✔	
c	Become a direct or indirect owner of a successor or transferee organization?	2c		✔
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	✔	

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Part III

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE N, PART II, LINE 2A - INTERESTED PERSON IS A DIRECTOR OR TRUSTEE OF TRANSFEREE ORG.	JENNY WEISER, BOARD CHAIR JOEL JUNKER, SECRETARY CARLIN FRIAR, TRUSTEE DAN SECHRIST, TRUSTEE
SCHEDULE N, PART II, LINE 2B - INTERESTED PERSON IS AN EMPLOYEE OF IND. CONTRACTOR OF TRANSFEREE ORG.	JAYNE POPE, PRESIDENT & CEO AMANDA STEVENS, VICE PRESIDENT OF STRATEGIC PHILANTHROPY
SCHEDULE N, PART II, LINE 2D - INTERESTED PERSON RECEIVED COMPENSATION FROM SIGNIFICANT DISPOSITION	THE BOARD OF DIRECTORS CONSULTED WITH LEGAL COUNSEL AND APPROVED RETENTION/CHANGE OF CONTROL PAYMENTS IN ADVANCE OF THE TRANSACTION IN AN EFFORT TO RETAIN KEY SENIOR STAFF IN PLACE FOR THE DURATION OF THE TRANSACTION. RETENTION AGREEMENTS ARE KEY ELEMENTS IN SUCH TRANSACTIONS. THE LOSS OF KEY STAFF DURING THE EIGHTEEN MONTHS OF NEGOTIATION, DILIGENCE AND CLOSING, HAD THE POTENTIAL TO RESULT IN AN ECONOMIC LOSS THROUGH EITHER DIMINISHED OPERATIONS OR A REDUCTION IN THE PURCHASE PRICE OR BOTH IN EXCESS OF 10 MILLION DOLLARS. THE AMOUNT OF THE RETENTION AGREEMENTS WAS CONFIRMED THROUGH AN INDEPENDENT THIRD PARTY NATIONAL COMPENSATION CONSULTANT. THE COST OF THE RETENTION AGREEMENTS WAS REASONABLE AND APPROPRIATE IN LIGHT OF THE MATERIAL POTENTIAL ENTERPRISE RISK. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT: JAYNE POPE, CEO SUSAN NEVES, CFO CLINTON KOTAL, CIO MAUREEN POLIVKA, CNO AMANDA STEVENS, CHIEF STRATEGY OFFICER

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection

Name of the Organization
CREATE HEALTHY MANAGEMENT

[redacted]ication Number

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	INVESTING IN AND SUPPORTING LOCAL PROGRAMS, ORGANIZATIONS, AND VENTURES THAT ALIGN WITH THE PRIORITIES OF OUR COMMUNITY AND PROMOTE HEALTH AND WELLNESS IN THE HILL COUNTRY.
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	HOSPITAL OPERATIONS AND ASSETS SOLD TO METHODIST/HCA ON 3/31/23. REMAINING ASSETS TO BE USED FOR THE NEW MISSION OF CREATE HEALTHY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $532,544 INCLUDING GRANTS OF)(REVENUE $722,960) HOME CARE SERVICES - PROVIDE NURSES AND THERAPISTS TO ASSIST PATIENTS IN THEIR HOMES WITH EDUCATION, ASSESSMENT AND OBSERVATION OF WOUNDS, RESPIRATORY STATUS, CARDIAC STATUS AND OTHER BODY SYSTEMS. NURSES ALSO ADMINISTER IVS, WOUND CARE, COLOSTOMY CARE, AND CATHETER CARE. A TOTAL OF 2,304 HOME CARE VISITS WERE MADE.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $426,330 INCLUDING GRANTS OF)(REVENUE $303,408) WELLNESS CENTER - PROMOTES HEALTH AND WELLNESS BY PROVIDING FITNESS EQUIPMENT AND CLASSES; CONDUCTING HEALTH SEMINARS AND CPR/FIRST AID CLASSES; PROVIDING NUTRITION INFORMATION THROUGH EDUCATION CLASSES AND DIETARY CONSULTATIONS; CONDUCTING HEALTH AND FITNESS SCREENINGS, FREE BLOOD PRESSURE CHECKS AND COUNSELING SEMINARS; AND OFFERING BREAST FEEDING SUPPLIES AND BREAST PUMP RENTALS, CHILDCARE AND YOUTH DAY CAMPS AS WELL AS MASSAGE THERAPY. DURING 2023 THERE WERE 77,224 VISITS IN WELLNESS CENTER PROGRAMS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $72,282 INCLUDING GRANTS OF)(REVENUE $64,660) WIC PROGRAM
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $22,189 INCLUDING GRANTS OF)(REVENUE $211,930) CLINIC RENT INCOME
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $196 INCLUDING GRANTS OF)(REVENUE) ACO SERVICE INCOME
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRMAN, VICE CHAIRMAN, SECRETARY. THE CEO SHALL BE EX-OFFICIO, NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE COMMITTEE SHALL HAVE THE POWER TO TRANSACT BUSINESS OF THE CORPORATION AND THE ORGANIZATION SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH ADDITIONAL DUTIES AND RESPONSIBILITIES AS MAY BE SET FORTH IN THE BYLAWS. MINUTES OF THE EC MEETINGS SHALL BE SUBMITTED TO THE BOARD AND ITS ACTIONS SHALL BE BROUGHT TO THE BOARD AT THE NEXT REGULAR MEETING FOR RATIFICATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE CREATE HEALTHY MANAGEMENT BOARD MEMBERS ARE PROVIDED ELECTRONIC ACCESS TO THE FORM 990 IN ADVANCE OF A BOARD MEETING. FORMAL REVIEW IS THEN HELD AT A MEETING PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	CONFLICT OF INTEREST FORMS ARE COMPLETED BY BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES ON AN ANNUAL BASIS. ALL DISCLOSURES ARE REVIEWED BY THE BOARD GOVERNANCE COMMITTEE AND REPORTED TO THE BOARD. BOARD MEMBERS MUST RECUSE THEMSELVES FROM VOTING ON ISSUES RELATED TO THEIR CONFLICT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD REVIEWS RELEVANT WAGE SURVEY AND DATA TO DETERMINE CEO COMPENSATION. DATA AND SURVEYS ARE SUPPLIED BY A NATIONAL COMPENSATION FIRM THAT SPECIALIZES IN COMPENSATION CONSULTING. THE COMPENSATION EVALUATION PROCESS IS AS FOLLOWS: THE CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS. SALARY IS ACCOUNTED FOR THE SIZE AND COMPLEXITY OF THE ORGANIZATION AND THE KNOWLEDGE AND EXPERIENCE OF THE EMPLOYEE. ALL SALARIES ARE REFLECTIVE OF THE MARKET. LEADERSHIP COMPENSATION IS REVIEWED ANNUALLY.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	ALL LEADERSHIP POSITIONS WERE EVALUATED UTILIZING DATA FROM A NATIONAL COMPENSATION CONSULTING FIRM TO ENSURE ALL SALARIES ARE REFLECTIVE OF THE MARKET AND THE COMPLEXITY OF THE ORGANIZATION AS WELL AS THE KNOWLEDGE AND EXPERIENCE OF THE EMPLOYEE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS INCLUDING BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST. FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER CERTAIN SUMMARY FINANCIAL INFORMATION MAY BE AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT TO THE COMMUNITY.

Return Reference - Identifier	Explanation
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
PURCHASED SERVICES	4,389,161	3,381,247	1,007,914	
Total	**4,389,161**	**3,381,247**	**1,007,914**	**0**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	(b) Amount
LOSS FROM DISCONTINUED OPERATIONS	4,011,312
OTHER RECONCILING DIFFERENCES	51,659
CLOSING OF RECEIVABLES	- 64,818,707
CHANGE IN NET ASSETS OF FOUNDATION	7,443,378
CHANGE IN NET ASSETS OF MFASC	1,412,366
CHANGE IN NET ASSETS OF ACO	- 24,856
CHANGE IN OPERATING LEASE	6,039,637

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CREATE HEALTHY MANAGEMENT

Employer identification number
[redacted]

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FREDERICKSBURG ACO, LLC (83-3115572) P.O. BOX 1339, FREDERICKSBURG, TX 78624	ACO	TX	0	0	CHM
(2) MARBLE FALLS ASC, LLC (33-1039828) P.O. BOX 1339, FREDERICKSBURG, TX 78624	SURGERY CTR	TX	355,338	0	CHM
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CREATE HEALTHY FOUNDATION ([redacted]) P.O. BOX 1339, FREDERICKSBURG, TX 78624	FUNDRAISING	TX	501(C)(3)	12 TYPE I	CHM	✔	
(2) FREDERICKSBURG HOSPICE NO 1 (17-4291264) P.O. BOX 1339, FREDERICKSBURG, TX 78624	HOSPICE	TX	501(C)(3)	3	CHM	✔	
(3) FREDERICKSBURG PHYSICIANS NO 2 (22-6255319) P.O. BOX 1339, FREDERICKSBURG, TX 78624	HEALTHCARE	TX	501(C)(3)	12 TYPE I	CHM	✔	
(4) FREDERICKSBURG PHYSICIANS NO 1 (12-7286010) P.O. BOX 1339, FREDERICKSBURG, TX 78624	HEALTHCARE	TX	501(C)(3)	3	CHM	✔	
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d	✔	
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✔	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q	✔	
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

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)	FREDERICKSBURG HOSPICE NO. 1	Q	1,812,664	ACTUAL CASH
(2)	FREDERICKSBURG HOSPICE NO. 1	S	6,554,200	ACTUAL CASH
(3)	FREDERICKSBURG PHYSICIANS NO. 1	R	2,773,355	FMV
(4)	CREATE HEALTHY FOUNDATION	Q	157,080	CASH PAID
(5)	CREATE HEALTHY FOUNDATION	C	161,104	CASH PAID
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
CREATE HEALTHY MANAGEMENT	[redacted]
Number, street, and room or suite no. If a P.O. box, see instructions.	
P.O. BOX 1339	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
FREDERICKSBURG,, TX 78624	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ▶ CHRIS SEMMLER, 200 W. WINDCREST, FREDERICKSBURG,, TX 78624

Telephone No. ▶ (830) 997-1297 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☑ calendar year 20 23 or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	**$**
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	**$**
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	**$**

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**