

GOOD HEALTH FOUNDATION BOARD
AGENDA
July 30, 2019
Hilton West Palm Beach
600 Okeechobee Boulevard
West Palm Beach, FL 33401

1. Call to Order – Ed Sabin

A. Roll Call

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

A. Employee Assistance Fund Video

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of May 28, 2019. [Pages 1 - 4]

7. Consent Agenda - Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

July 30, 2019 Internet Posting of Good Health Foundation Board Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=284&m=0|0&DisplayType=C>

7B-2 **RECEIVE AND FILE:**

Health Care District Employee Assistance Fund
(Thomas Cleare) [Pages 5 – 13]

7B-3 **RECEIVE AND FILE:**

Health Care District Investment Policy
(Thomas Cleare) [Pages 14 - 36]

8. Regular Agenda

A. **ADMINISTRATION**

8A-1 **Staff Recommends a MOTION TO APPROVE:**

Good Health Foundation Tax Form 990
(RSM) [Pages 37 - 78]

8A-2 **Staff Recommends a MOTION TO APPROVE:**

Amendment to the Good Health Foundation Articles of Incorporation
(Thomas Cleare) [Pages 79 - 86]

8A-3 **Staff Recommends a MOTION TO APPROVE:**

Temporary Restricted Funds
(Thomas Cleare) [Pages 87 - 89]

9. Board Member Comments

10. Establishment of Upcoming Meetings

TBD

11. Motion to Adjourn

GOOD HEALTH FOUNDATION BOARD
May 28, 2019
1515 N. Flagler Drive
West Palm Beach, FL33401

1. Call to Order

Mr. Sabin called the meeting to order at 11:00 A.M.

A. Roll Call

Board Members Present: Edward Sabin, Chair; Joseph Bergeron; Michael Burke; Mark Marciano; Richard Sartory, Nancy Banner and Leslie Daniels.

Staff and Guests: Darcy Davis, Chief Executive Officer; Tom Cleare, VP of Strategy; Dawn Richards, VP & Chief Financial Officer; Valerie Shahriari, VP and General Counsel; Cindy Yarbrough, Chief Information Officer; Karen Harris, VP of Field Operations; Stephanie Dardanella, Administrator of Lakeside Medical Center; Robin Kish, Sr. Corporate Communications Strategist; Steven Hurwitz, VP, CHRO & CCO of HR & Communications

Recording Secretary: Tanya McCain

2. Election of Officers

- A. A vote was taken to select the Chair of the Board. Joseph Bergeron made a motion to nominate Edward Sabin as Chair. Motion was duly seconded by Michael Burke. A vote was called and the motion passed unanimously.
- B. A vote was taken to select the Secretary of the Board. Leslie Daniels made a motion to nominate Michael Burke as the Secretary. Motion was duly seconded by Joseph Bergeron. A vote was called and the motion passed unanimously.
- C. A vote was taken to select the Treasurer of the Board. Michael Burke made a motion to nominate Joseph Bergeron as Treasurer. Motion was duly seconded by Leslie Daniels. A vote was called and motion passed unanimously.

3. Agenda Approval

- A. Additions/Deletions/Substitutions

None.
- B. Motion to Approve Agenda

CONCLUSION/ACTION: Mr. Bergeron made a motion to approve the agenda as presented. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

4. Awards, Introductions and Presentations

A. None.

5. Disclosure of Voting Conflict

A. None.

6. Public Comment

A. None.

7. Meeting Minutes

Staff Recommends a MOTION TO APPROVE:

Good Health Foundation Board Meeting Minutes of March 29, 2016

CONCLUSION/ACTION: Upon Ms. Davis attesting to their accuracy, Mr. Bergeron made a motion to approve the minutes of the March 29, 2016 meeting as presented. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

8. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Mr. Bergeron made a motion to approve the minutes of the March 29, 2016 meeting as presented. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

May 28, 2019 Internet Posting of Good Health Foundation Board Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=266&m=010&DisplayType=C>

CONCLUSION/ACTION: Received and Filed.

8A-2 RECEIVE AND FILE:

Good Health Foundation Bylaws

CONCLUSION/ACTION: Received and Filed.

9. Regular Agenda

9A-1 RECEIVE AND FILE:

Historical and Philosophical Approach to the Foundation

Dr. Cleare discussed the historical summary of the Foundation as well as the purpose of the Foundation going forward and responded to questions.

CONCLUSION/ACTION: Received and Filed

9A-2 MOTION TO APPROVE:

Good Health Foundation Annual Audit

Ms. Richards reported on the completed external audit of the Foundation's financial report for fiscal year ended September 30, 2018 and responded to questions.

CONCLUSION/ACTION: Mr. Bergeron made a motion to approve the Good Health Foundation Annual Audit. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

9A-3 RECEIVE AND FILE:

Good Health Foundation Form 990

Ms. Richards discussed the filing of Form 990 for fiscal year ended December 30, 2017. Ms. Richards reported that the Foundation received an extension for the tax filing for fiscal year September 2018 and responded to questions.

CONCLUSION/ACTION: Received and Filed

10. Board Member Comments

None.

11. Establishment of Upcoming Meetings

Date:

July 30, 2019

Time:

4:00 P.M. (Immediately following the Joint Board Meeting with the Finance and Audit Committee)

12. **Motion to Adjourn**

There being no further business, the meeting was adjourned.

Michael Burke, Secretary

Date

GOOD HEALTH FOUNDATION BOARD
July 30, 2019

1. Description: Health Care District Employee Assistance Fund

2. Summary:

This agenda item presents the procedure and application for assistance for the District's employee assistance fund. The employee assistance fund was developed to assist District employees who have experienced a hardship that may require emergency financial assistance.

3. Substantive Analysis:

The Health Care District established an Employee Assistance Fund (EAF) for District employees who have experienced a hardship that may require emergency financial assistance in 2018. The Health Care District provided initial funding of \$25,000 for the EAF with the expectation that future funding will be provided by donations to the program through employee generosity in the form of PTO donations or cash to support employees during times of need. The Good Health Foundation serves as the recipient of the donated funds and disperses the funds to eligible employees.

Eligibility criteria requires that:

- the employee be a full or part-time employee
- experience a family crisis (i.e. critical injury, serious illness, natural disaster)
- have not received EAF funding in the prior year
- have submitted no more than three applications during their employment term

Employees may be granted no more than the documented amount needed up to a maximum of \$2,000 within a 12-month period (unless an additional amount is approved by the EAF committee and/or the VP, Human Resources in extreme extenuating circumstances).

To request assistance, an employee must complete the application for EAF and provide the required documentation. The EAF committee, comprised of non-management employees, will meet to review and make a decisions on the request.

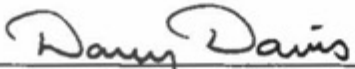
A copy of the full EAF Procedure and EAF Application are included with this agenda item.

GOOD HEALTH FOUNDATION BOARD
July 30, 2019

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

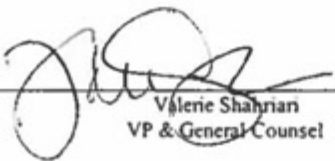
Committee Name

Date

6. Recommendation:

Staff recommends the Board receive and file the information on Health Care District's the Employee Assistance Fund.

Approved for Legal sufficiency:



Valene Shahrman
VP & General Counsel



Thomas Cleare
VP of Strategy

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 10/1/2018
Department: **Human Resources** Policy Number: N/A

APPLICABILITY

This procedure applies to all Health Care District Employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

PROCEDURE

The District recognizes employees may experience hardships that may require emergency financial assistance. The Employee Emergency Assistance Fund (EAF) is a program available to assist employees who are experiencing personal financial crisis. The EAF is allocated to employees who demonstrate an emergency financial need, it is designed to provide limited assistance and is not a loan. The EAF is designed to address an event or catastrophe that is sudden, unexpected, and critical, such as a family crisis, acute illness, natural disaster or fire. Funds are donated to the program through employee generosity in the form of PTO donations or cash to support employees during times of need.

Definitions

An emergency would be defined as situations beyond an employee's control such as a flood, hurricane, theft, loss of essential property or primary residence, death within the immediate family, accident, illness, disability, etc.

Eligibility criteria

1. All regular employees full-time and part-time who have been employed for a minimum of one year. Employees are not required to be benefit-eligible. Temporary and per diem employees are not eligible.
2. Family crisis can include situations involving the employee, their spouse, their legal dependent(s), or a parent for whom they are the primary caregiver.
3. Employees must not have received funds in the past year.
4. Employees may submit one application within a six month period. No more than three applications may be submitted within the employee's total term of employment.
5. Employees may be granted no more than the documented amount needed up to a maximum limit of \$2,000 within a 12-month period (the maximum amount may be increased given extreme extenuating circumstances and approved by the EAF Committee and/or VP, Human Resources). No more than one application may be submitted per emergency situation. The amount awarded to applicants cannot exceed the available fund balance.

Examples of an emergency

1. Critical injury
2. Serious illness

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 10/1/2018

Department: **Human Resources** Policy Number: N/A

3. Natural disaster
4. Death of an immediate family member as defined under the Compassionate Leave policy.
5. Domestic violence

Examples of events not covered by the EAF

1. Chronic debt or sustained financial short-falls
2. Legal fees or fines (garnishments)
3. Any event that is a result of an illegal activity committed by the staff member or their dependents

Process

1. Employees must complete an application for EAF which will include appropriate documentation to the Human Resources Department for verification. Examples of documentation may include death certificates, insurance claims statements, or police reports.
2. A committee appointed by the Vice President, HR will review for consideration. Committee will be comprised of a representative set of non-management employees. Committee members may delegate authority in their absence. Meetings may be held electronically as needed.
3. Requests will be reviewed as soon as possible given the urgency of need. In most cases, decisions should be reached within three working days of the committee receiving all necessary information. In almost all situations, a decision should be reached before the end of ten working days.
4. Once approved, employee will be notified by phone with written notification to follow. Payment will be processed through the accounts payable department and as a one-time payment. Funds are treated as taxable income and will be subject to IRS regulations.
5. All decisions of the committee are final. Committee may review multiple requests at any given time and it may not always be possible to approve all requests given limited fund availability.

Donations

Employees may contribute to the EAF via one time or recurring payroll deductions. Additionally PTO may be donated through this process. Donations made can be considered tax deductible/charitable contributions. The accounts payable department will provide receipts at year end for all contributions. All donations must be made to the Good Health Foundation.

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 10/1/2018
Department: **Human Resources** Policy Number: N/A

RESPONSIBILITY

Employee Responsibilities:

1. Complete Employee Assistance Fund Application.
2. Provide adequate documentation to support need.

Human Resources Responsibility:

1. Track submissions approved per the procedure.
2. Maintain appropriate documentation.

Committee Responsibility:

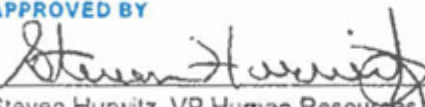
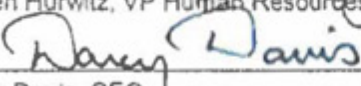
1. Review and process submissions for EAF within time frames recommended.

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
 Steven Hurwitz, VP Human Resources	10/1/2018
 Darcy Davis, CEO	10/1/2018

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 10/1/2018

Department: **Human Resources** Policy Number: N/A

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
{REQUIRED}	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"



Employee Assistance Fund Application

Personal Data:

(All information will remain confidential. All personal information is redacted prior to submission to committee for review)

Employee Name _____ Date: _____

Employee's ID # _____ Last Four Digits of SS# _____

Home Address _____

City _____ Zip _____ Phone # _____

Email Address _____

Home Phone _____ Mobile Phone _____

Criteria:

1. Applicant is employed full or part time with the Health Care District of Palm Beach County, and has been employed for a minimum of one year.
(Employees are not required to be benefit-eligible. Temporary employees are not eligible.)
2. Applications can include situations involving the employee, their spouse, their legal dependent(s), or a parent for whom they are the primary caregiver.
3. You must apply within 90 days of the qualifying incident.
4. You must not have received funds within the last 12 months.
5. The maximum amount available for assistance per application is \$2,000. The maximum award is not guaranteed, and in many cases, a lesser amount will be awarded. No more than one application may be submitted per emergency.

Qualifying Events:

Natural Disasters – These events can include hurricanes, floods, severe storms, wildfires, lightning strikes, house fires, tornados, etc. that affect your primary residence. The fund will not pay to repair other properties, or replace any items such as electronics or furnishings.

Life Threatening or Serious Illness or Injury – Examples include heart attack, car accidents, emergency room visits, etc., for the employee, spouse, or eligible dependents. The fund is not a substitute for medical insurance, and is not intended to cover deductibles.

Death Incident – This includes the death of an employee, spouse, or eligible dependent. Qualifying incidents include cost of burial or funeral expenses, or resulting medical bills preventing an employee from affording basic living expenses.

Catastrophes or Extreme Circumstances – This includes but is not limited to – fires, major home damage that could not be prevented, serious crime against the employee (robbery, arson, assault, domestic abuse, extreme vandalism) or any reportable incident beyond the employees control that impacts the ability to afford basic needs. Catastrophes or extreme circumstances do not include credit card debt, home foreclosure, wage garnishment, bankruptcy, child support payment, car repair, taxes, or accumulated financial distress.

Examples of Incidents that do not qualify:

1. Credit card bills, vehicle purchases, or home foreclosures.
2. Expenses due to lack of homeowners or medical insurance.
3. Chronic debt or sustained financial short falls.
4. Any event that is a result of illegal activity committed by staff member or their dependents.

Information needed to complete an Application:

1. Complete and signed application
2. Typed or legibly printed 8 ½ X 11 page which describes the following in detail:
 - Incident Description
 - Date of Incident
 - Is the affected person(s) covered by medical or disability insurance?
 - Describe how the incident has caused your financial hardship. How has it made it hard to afford basic living needs?
 - Estimate the financial impact of the incident.
 - Please tell us anything else that would help us understand the hardship you and/or your family are experiencing.

****In order to help the committee understand the need please explain to us what has transpired or how this became an unexpected emergency. Please include as much detail as you are comfortable sharing****
3. Copies of bills or statements that reflect the costs that you are seeking assistance with (examples: utilities, rent/mortgage payments, doctor/hospital bills).

Application Submission:

All applications are due to the Human Resources within 90 days of the qualifying incident. The Committee will make every attempt to convene within a week of the submission. The Human Resources office will notify all applicants on the status of their application within 2 days of the Committee meeting.

Completed applications with all supporting documents should be submitted to Human Resources:

Email - Lgoff@hcdobc.org

Fax: 561-804-5660

Your signature below signifies that:

1. All information provided by me is truthful.
2. I understand the application process.
3. I release the Health Care District and persons administering the program from liability or harm.
4. I know that my application will be denied if all required information is not provided.
5. The Human Resources department has my permission to verify information in my application.

Applicant (Print Name)

Signature

Date

GOOD HEALTH FOUNDATION BOARD
July 30, 2019

1. Description: Health Care District Investment Policy

2. Summary:

This agenda item presents the Health Care District's Investment Policy.

3. Substantive Analysis:

At the May meeting of the Good Health Foundation Board, a request was made to bring back the Health Care District's Investment Policy so that the Foundation Board could review it and consider whether a similar policy should be established by the Foundation.

The Investment Policy's primary objective is the safety of capital, liquidity of funds, and then return on investment. The policy designates the District CFO as the investment officer, establishes maturity and liquidity requirements, designates suitable and authorized investments, the role of the investment advisor, and the requirements for an authorized investment institution and dealer amount other provisions.

A copy of the District's full Investment Policy is included with this agenda item.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date

GOOD HEALTH FOUNDATION BOARD

July 30, 2019


6. Recommendation:

Staff recommends the Board receive and file the information on Health Care District's Investment Policy.

Approved for Legal sufficiency:



Valerie Shahriani
VP & General Counsel



Thomas Cleare
VP of Strategy

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

I. SCOPE

This Investment Policy ("Policy") applies to all transactions involving the financial assets held or controlled by the Health Care District of Palm Beach County ("District") and its component units. These assets and related activity are accounted for in the District's annual financial report in the following funds:

- General Fund.
- Capital Projects Fund(s).
- Special Revenue Funds.
- Proprietary Funds.
- Fiduciary Funds.
- Component Units.
- Any new funds created by the District, unless specifically exempted.

This Policy shall not apply to fiduciary funds, including pension funds. It shall not apply to debt service funds or other funds related to the issuance of debt where there are other existing policies or indentures in effect for such funds or assets held by third parties (custodians or money managers) under Bond Trust/Indenture Agreements. Cash and investment balances as defined in this Section are entirely known as "Available Funds".

II. OBJECTIVES

The primary objectives, in priority order, of investment activities shall be safety of capital, liquidity of funds and then return on investment.

Safety of Capital

Safety of capital is the primary objective of the investment program. Accordingly, the overall investment portfolio shall be managed to ensure capital (principal) losses are avoided by mitigating credit risk and interest rate risk.

Credit Risk and Concentration of credit risk

Credit risk is the risk of loss due to the failure of the security issuer or supporter. Concentration of credit risk is the risk associated with risk of loss due to lack of diversification. Credit risk and concentration of credit risk are mitigated by the following:

- Limiting investments to the safest types of securities.
- Pre-qualifying financial institutions, broker/dealers, intermediaries, and advisors with which the District will do business.
- Diversifying the investment portfolio to minimize potential losses on individual securities.
- Monitoring investments to anticipate and respond appropriately to changing market conditions.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

Interest Rate Risk

Interest rate risk is the risk that the market value of securities in the portfolio will fall due to changes in general interest rates. Interest rate risk may be mitigated by:

- Structuring portfolio maturities to match cashflow requirements for ongoing operations, thereby avoiding the need to sell securities on the open market prior to maturity.
- Investing operating funds primarily in shorter-term securities.

Liquidity

The investment portfolio shall remain sufficiently liquid to meet all operating, payroll, and capital requirements that may be reasonably anticipated. The District's portfolio should always encompass the ability for quick conversion to cash without loss of principal to meet cashflow requirements. The District will attempt to forecast expected cashflows by major categories in as much detail and with as much precision as possible. The District will monitor the findings of the cashflow forecast and make revisions as appropriate.

To the extent possible, the District will attempt to match its investments with anticipated cash flow requirements. Unless matched to a specific cashflow requirement or otherwise approved by the District Board, the District will not directly invest in securities maturing more than five (5) years from the date of purchase.

Return on Investment

The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Return on investment is of least importance compared to the safety and liquidity objectives described above. The core of investments are limited to relatively low-risk securities in anticipation of earning a fair return relative to the risk being assumed.

From time to time, securities may be traded for other similar securities to improve yield, maturity, or reduce investment risks. For these transactions, a loss may be incurred for accounting purposes, provided any of the following occurs with respect to the replacement security:

- The yield has been increased, or
- The maturity has been reduced, or lengthened, or
- The quality of the investment has been improved

III. PRUDENCE AND ETHICAL STANDARDS

Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation, but

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

for investment, considering the safety of capital, liquidity needs, and the expected income to be derived from the investment.

Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with State Statutes and other laws, proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the District.

While the standard of prudence to be used by the District's staff is the Prudent Person standard, any person or firm hired or retained to invest, monitor, or advise concerning these assets shall be held to the higher standard of "Prudent Expert." The standard shall be that in investing and reinvesting moneys and in acquiring, retaining, managing, and disposing of investments of these funds, the contractor shall exercise the judgment, care, skill, prudence, and diligence under the circumstances then prevailing, which persons of prudence, discretion, and intelligence, acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of like character and with like aims by diversifying the investments of the funds, so as to minimize the risk, considering the probable income as well as the probable safety of their capital.

IV. AUTHORITY AND RESPONSIBILITY

The Chief Financial Officer is designated as the investment officer of the District and is responsible to manage the investment portfolio and to establish and maintain internal controls over the investment process consistent with this Policy. The Chief Financial Officer shall be responsible for all transactions undertaken, including the activities of subordinate officials, and may delegate authority and responsibility for certain procedures. The District may employ investment managers to assist in investing and investment advisors to assist in monitoring and advising on the District's investments. Such managers and advisors must be registered under the Investment Advisors Act of 1940. The Chief Financial Officer may designate all or a portion of these responsibilities to an investment manager or investment advisor. The Chief Financial Officer may also designate investment transaction authority to the investment manager for discretionary managed assets. The Chief Financial Officer shall provide written documentation to the investment manager delegating the duties for discretionary investment management. The Chief Financial Officer retains transaction approval authority for all non-discretionary assets.

The District maintains employee dishonesty insurance for all employees and officials with signatory authority. The District's investment manager is required to maintain professional liability insurance and is required to provide the District evidence of insurance on an annual basis.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

V. MATURITY AND LIQUIDITY REQUIREMENTS

Each year a cash flow analysis will be completed to determine the acceptable allocation and balances for each of the following funds.

Operating Funds

To the extent possible, an attempt will be made to match investment maturities with known cash needs and anticipated cash flow requirements. Individual investments of current operating funds shall have maturities of no longer than twenty-four (24) months ("Short-Term Portfolio").

Core Funds

Investments of reserves, capital funds, and other non-operating funds ("Long-Term Portfolio") shall have a term appropriate to the need for funds, but in no event shall the maturity of any individual security exceed five (5) years.

VI. SUITABLE AND AUTHORIZED INVESTMENTS

The following are the investment instrument parameters and allocation limits on security types, issuers, and maturities, as established by the District. For the purpose of complying with allocation limits, the term "Available Funds" shall include balances invested in all overnight sweep investment accounts, money market accounts and banking accounts including interest bearing and non-interest bearing accounts.

The Chief Financial Officer shall have the option to further restrict investment percentages from time to time based on market conditions, risk and diversification investment strategies. The percentage allocation requirements for investment types and issuers are calculated based on the market value of each investment as of the purchase date. Investments not listed in this Policy are prohibited.

	Security Type	Minimum Rating Requirement*	Maturity Limits	Maximum Allocation Limit	Maximum Issuer Limit
A	Florida PRIME	AAAm	N/A	25%	N/A
B	United States Government Securities	N/A	5 Years	100%	N/A
C	United States Government Agencies (full faith and credit of the United States Government)	N/A	5 Years	50%	25%
D	Federal Instrumentalities (United States Government Sponsored Enterprises ("GSE") which are non-full faith and credit) *	N/A	5 Years	80%	40%

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

E	Mortgage-Backed Securities (MBS) *	N/A	5 Years	30%	20%
F	Non-Negotiable Interest Bearing Time Deposits or Savings Accounts	N/A	1 Year	25%	15%
G	Commercial Paper**	A-1	270 days	35%	5%
H	Corporate Notes**	A	5 Years	35%	5%
I	Asset Backed Corporate Notes**	AA	5 Years	20%	5%
J	State and or Local Government Taxable and or Tax-Exempt Debt	A rated	5 Years	25%	10%
J	Registered Investment Companies (Money Market Mutual Funds)	AAAm	N/A	75%	25%
K	Registered Investment Companies (Mutual Funds)	AAAF	N/A	25%	25%
L	Intergovernmental Investment Pool	AAA	N/A	25%	25%

* National Recognized Statistical Rating Organization (NRSRO)

** A maximum of 80% may be invested in Federal Instrumentalities including callable and MBS securities.

** A maximum of 40% may be invested in the credit sector including commercial paper, corporate notes and asset backed securities.

VII. INDEPENDENT INVESTMENT ADVISOR

An Investment Advisor may be retained and will assist the District Finance and Audit Committee or designee with the following:

- Modifications to the investment policy.
- Discretionary and/or non-discretionary investment management.
- Investment recommendations and monitoring
- Conducting investment activities.
- Preparing a comprehensive set of reports designed to keep the District Finance and Audit Committee or designee fully informed of all investment transactions and current status of the investment portfolio.
- Monitoring compliance with the District Investment Policy.
- District Finance and Audit Committee or designee meetings as needed.

VIII. AUTHORIZED INVESTMENT INSTITUTIONS AND DEALERS

The District shall only purchase securities from financial institutions, which are qualified as public depositories by the Chief Financial Officer of the State of Florida or from primary securities dealers (or their agents) as designated by the Federal Reserve Bank of New York and regional dealers who meet the following conditions.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

Qualified Financial Institutions and Securities Dealers

A list will be maintained of qualified financial institutions and securities dealers authorized to provide investment services. This list will be maintained by the Chief Financial Officer. All financial institutions and securities dealers who desire to conduct business with the District must supply the following as appropriate:

- Most recent audited financial statements (must be provided annually).
- Proof of State Registration.
- Certification attesting that the individuals responsible for the District's account have reviewed the District's Policy, that they agree to comply with the Policy, that they agree to undertake reasonable efforts to preclude imprudent transactions involving the District's funds, and that they will disclose potential conflicts or risks that may arise out of business transactions between the District and their organization.
- Executed repurchase agreements, wire transfer agreements, collateral/depository agreements, and other banking services contracts as appropriate.

The District's Investment Advisor(s) shall utilize and maintain its own list of approved primary and non-primary securities dealers. Investment manager will provide the list of approved securities dealers to the Chief Financial Officer on an annual basis or as requested.

An annual review of the financial condition, registration, certification, and contracts of qualified financial institutions and securities dealers will be conducted by the Chief Financial Officer. The Chief Financial Officer may designate this annual review to the District's investment manager and the District's Investment Manager is required to provide the Chief Financial Officer with documentation of the annual review.

IX. THIRD-PARTY CUSTODIAL AGREEMENTS

All securities purchased by the District under this section shall be properly designated as an asset of the District and held in safekeeping by a third-party custodial bank or other third-party custodial institution, chartered by the United States Government or the State of Florida and no withdrawal of such securities, in whole or in part, shall be made from safekeeping except by the Chief Financial Officer. In addition, it may be found to be appropriate to accept confirmation from the trust company affiliated with the other party of the transaction if the structure of this affiliation is such that the two entities are fully independent of each other, that controls are adequate, and that the District's security interest in the assets is not lost.

Exceptions to this method of control will be the safekeeping of non-negotiable bank certificates of deposit, monies with the Florida State Board of Administration, and various mutual funds which would require physical delivery without systematic handling found commonly with book entry securities.

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Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

The District will execute third-party custodial agreements with its bank(s) and depository institutions(s). Such agreements will include designation of authority from the District, details as to responsibilities of each party, notification of security purchases, sales, delivery, repurchase agreements and wire transfers, safekeeping and transaction costs, procedures in case of wire failure, or other unforeseen conditions including liability of each party.

Delivery vs. Payment

All trades, where applicable, will be executed by delivery vs. payment (DVP) to ensure securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third-party custodian as evidenced by safekeeping receipts.

X. BID REQUIREMENTS

Where feasible and appropriate, purchases and sales of securities initiated by the District or Investment Manager should generally be accompanied by price quotes from three (3) separate brokers/dealers to ensure the acquisition of market-based prices. Documentation will be retained for all bids, with the winning bid clearly identified. Competitive bids are not applicable in instances where the District has executed a cash management agreement with an approved institution which addresses the considerations described in the third-party agreement section above.

Periodically, various government agencies announced the issue of new securities to the financial markets. Since all new issues are generally sold at par, the District would not realize any benefit by purchasing these securities through the competitive bid process. In the case of such new issues of "to be announced" (TBA) securities, the competitive bidding process need not apply.

XI. INTERNAL CONTROLS

The Chief Financial Officer is responsible for establishing a system of internal controls and operational procedures that are in writing and part of the District's operational procedures. The internal controls should be designed to prevent losses of funds, which might arise from fraud, employee error and misrepresentation by third parties, or imprudent actions by employees. The written procedures should include reference to safekeeping, separation of transaction authority from accounting and recordkeeping, wire transfer agreements, banking service contracts, collateral/depository agreements, and "delivery-vs-payment" procedures. No person may engage in an investment transaction except as authorized under the terms of this Policy.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
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All book entry securities shall be held by the third party custodian, and all book entry transactions will be completed on a "delivery-vs-payment" method.

Independent auditors as a normal part of the annual financial audit to the District shall conduct a review of the system of internal controls to ensure compliance with policies and procedures.

XII. CONTINUING EDUCATION

The Chief Financial Officer, Controller, Accounting & Financial Reporting Manager, Senior Account and other designees shall annually complete eight (8) hours of continuing education in subjects or courses related to investment practices and products.

XIII. REPORTING

The Chief Financial Officer shall prepare a quarterly investment report, which includes a succinct management summary that provides a clear picture of the status of the current investment portfolio and transactions made over the last quarter. This report will be prepared in a manner which will allow the District to ascertain whether investment activities during the reporting period have conformed to the Policy. The report shall be provided to the Chief Executive Officer and District Finance and Audit Committee. The report will include the following:

- A listing of individual securities held at the end of the reporting period indicating type, transactions which occurred during the period, par amount, market value and book value, accrued interest, purchased interest, book yield, market yield, maturity date, posted collateral, and net income.
- Unrealized gains or losses resulting from appreciation or depreciation by listing the amortized cost and market value.
- Realized gains and losses resulting from the sale off an investment during the reporting period.
- The percentage of the total portfolio which each type of investment represents.
- The Investment Manager will report on whether the District's investment are in compliance with the Policy.

Marking-to-Market

A statement of the market value of the portfolio shall be issued at least quarterly. This will ensure that the minimal amount of review has been performed on the investment portfolio in terms of value and subsequent price volatility.

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XIV. SECURITIES

Every security held on behalf of the District must be properly earmarked and comply with the following:

- If registered with the issuer or its agents, must be immediately placed for safekeeping in a location that protects the District's interest in the security.
- If in book entry form, must be held for the credit of the governing body by a depository chartered by the Federal Government, the State of Florida, or any other state or territory of the United States which has a branch or principal place of business in the State of Florida as defined in Florida Statutes, Section 658.12, or by a national association organized and existing under the laws of the United States which is authorized to accept and exercise trusts and which is doing business in the State of Florida, and must be kept in the depository in an account separate and apart from the assets of the financial institution; or
- If physically issued to the holder but not registered with the issuer or its agents, must be immediately placed for safekeeping in a secured vault.

The District may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the Federal Government, the State of Florida, or any other state as defined in Section 658.12, Florida State Statutes, or by a national association organized and existing under the laws of the United States which is authorized to accept and execute trusts and which is doing business in the State of Florida.

XV. PURCHASE OF SECURITIES

When funds are available for investment, the Chief Financial Officer or designated investment manager with discretionary investment authority may purchase investments consistent with this policy. For non-discretionary managed assets, the designated manager may purchase investments consistent with this policy after approval by the District Finance and Audit Committee or designee.

XVI. SALE OF SECURITIES

When invested funds are needed in whole or in part for the purposes originally intended or for more optimal investments, the Chief Financial Officer may sell, or direct the sale to the investment manager, such investments at the then-prevailing market price and place the proceeds into the proper account or fund after approval by the District Finance and Audit Committee or designee.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

XVII. PERFORMANCE MEASUREMENTS

In order to assist in the evaluation of the portfolios' performance, the District will use nationally recognized performance measurements ("benchmarks") for the Operating and Core portfolios. The use of benchmarks will allow the District to measure its returns against other investors in the same markets. Performance calculations will not include any balances invested in the overnight sweep accounts and savings accounts.

The District Finance and Audit Committee or designee will review returns against the benchmarks to ascertain their continued relevance based on the composition of the District's portfolio.

1. The **S&P Rated GIP Government Index** will be used as a benchmark as compared to the portfolios' net book value rate of return for the Short-Term Portfolio.
2. Investment performance of the Enhanced Cash Portfolio ("Enhanced Cash") will be compared to the index comprised of fixed income securities that are similar in diversification to the Enhanced Cash portfolio. The appropriate index will have a duration and asset mix that approximates the portfolio and will be utilized as a benchmark to be compared to the portfolio's total rate of return.
3. Investment performance of the Short Term Portfolio ("Short Term Core") will be compared to the Merrill Lynch's 1-3 Year Government/Corporate Index or an equivalent index comprised of fixed income securities that are similar in diversification to the Long Term Core portfolio. The appropriate index will have a duration and asset mix that approximates the portfolio and will be utilized as a benchmark to be compared to the portfolio's total rate of return.
4. Investment performance of the Long-Term Portfolio ("Long Term Core") will be compared to the Merrill Lynch's 1-5 Year Government/Corporate Index or an equivalent index comprised of fixed income securities that are similar in diversification to the Long Term Core portfolio. The appropriate index will have a duration and asset mix that approximates the portfolio and will be utilized as a benchmark to be compared to the portfolio's total rate of return.

XVIII. CASH FLOWS

The District's Chief Financial Officer or designee shall prepare annually, a cash flow analysis based on the historical monthly balances from the previous fiscal year. This cash flow analysis shall be reviewed and compared with the prior year cash flow analysis. This analysis shall be used as a tool for estimating the Available Funds needed to meet monthly liquidity needs and the Available Funds for longer term investing strategies.

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XIX. EXEMPTIONS

Any investment held that does not meet the guidelines of this Policy, at the time the Policy is adopted, shall be exempt from the requirements of this Policy. At maturity or liquidation, such moneys shall be reinvested only as provided by this Policy.

XX. AMENDMENTS

This Policy shall be reviewed on an annual basis. Any change must be approved by the Health Care District Board.

APPROVED BY	DATE
 Darcy J. Davis, Chief Executive Officer	7-25-17
Finance and Audit Committee	July 25, 2017
Health Care District Board	July 25, 2017

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

POLICY REVISION HISTORY

Original Policy Date

July 2007

Revisions

March 2008	
October 10, 2012	
April 9, 2013	
April 9, 2014	
July 25, 2017	

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

Appendix A

I. SUITABLE AND AUTHORIZED INVESTMENTS

The following are the investment instrument parameters and allocation limits on security types, issuers, and maturities, as established by the District. For the purpose of complying with allocation limits, the term "Available Funds" shall include balances invested in all overnight sweep investment accounts, money market accounts and banking accounts including interest bearing and non-interest bearing accounts.

The Chief Financial Officer shall have the option to further restrict investment percentages from time to time based on market conditions, risk and diversification investment strategies. The percentage allocation requirements for investment types and issuers are calculated based on the market value of each investment as of the purchase date. Investments not listed in this Policy are prohibited.

Portfolio Composition and Diversification

A. The Florida PRIME Fund

1. Investment Authorization

Invest in the Florida PRIME Fund. Any investment with the Florida PRIME Fund will be evaluated with the same criteria as Money Market Mutual Funds, detailed in section J.

2. Portfolio Composition

A maximum of 25% of Available Funds may be invested in the Florida PRIME Fund.

3. Rating Requirements

The Florida PRIME Fund shall be rated "AAAm" by Standard & Poor's or the equivalent by another Nationally Recognized Statistical Rating Organization ("NRSRO").

4. Due Diligence Requirements

A thorough investigation of the Florida PRIME Fund is required prior to investing, and on a continual basis. There shall be a questionnaire developed by the Chief Financial Officer that will contain a list of due diligence considerations that deal with the major aspects of any investment pool/fund. A current prospectus or portfolio information must be obtained.

B. United States Government Securities

1. Purchase Authorization

Invest in negotiable direct obligations, or obligations the principal and interest of which are unconditionally guaranteed by the United States Government. Such securities will include, but not be limited to the following:

- Cash Management Bills
- Treasury Securities – State and Local Government Series ("SLGS")

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- Treasury Bills
- Treasury Notes
- Treasury Bonds
- Treasury Strips

2. Portfolio Composition

A maximum of 100% of Available Funds may be invested in United States Government Securities.

3. Maturity Limitations

The maximum length to maturity of any direct investment in United States Government Securities is five (5) years from the date of purchase.

C. United States Government Agencies

1. Purchase Authorization

Invest in bonds, mortgage instruments, debentures or notes which may be subject to call, issued or guaranteed as to principal and interest by the United States Government Agencies, provided such obligations are backed by the full faith and credit of the United States Government. Such securities will include, but not be limited to the following:

- Government National Mortgage Association (GNMA)
- GNMA guaranteed mortgage-backed bonds
- GNMA guaranteed pass-through obligations
- United States Export – Import Bank
- Direct obligations or fully guaranteed certificates of beneficial ownership
- Farmer Home Administration
- Certificates of beneficial ownership
- Federal Financing Bank
- Discount notes, notes and bonds
- Federal Housing Administration Debentures
- General Services Administration
- United States Maritime Administration Guaranteed
- Title XI Financing
- New Communities Debentures
- United States Government guaranteed debentures
- United States Public Housing Notes and Bonds
- United States Government guaranteed public housing notes and bonds
- United States Department of Housing and Urban Development
- Project notes and local authority bonds

2. Portfolio Composition

A maximum of 100% of Available Funds may be invested in United States Government Agencies

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3. Limits on Individual Issuers

A maximum of 25% of Available Funds may be invested in individual United States Government Agencies.

4. Maturity Limitations

The maximum length to maturity for an investment in any United States Government Agency security is five (5) years from the date of purchase.

D. Federal Instrumentalities

1. Purchase Authorization

Invest in bonds or notes which may be subject to call, issued or guaranteed as to principal and interest by Federal Instrumentalities (United States Government Sponsored Enterprises (GSE)), which are non-full faith and credit agencies including the following:

- Federal Farm Credit Bank (FFCB)
- Federal Home Loan Banks (FHLB)
- Federal National Mortgage Association (FNMA)
- Federal Home Loan Mortgage Corporation (Freddie-Mac) including Federal-Home Loan Mortgage Corporation participation certificates

2. Portfolio Composition

A maximum of 80% of Available Funds may be invested in Federal Instrumentalities. Callable securities are limited to 30% of Available Funds. The combined total of Available Funds invested in Federal Instrumentalities and Mortgage-Backed Securities cannot be more than 80%.

3. Limits on Individual Issuers

A maximum of 40% of Available Funds may be invested in individual Federal Instrumentalities.

4. Maturity Limitations

The maximum length to maturity for an investment in any Federal Instrumentality security is five (5) years from the date of purchase.

E. Mortgage-Backed Securities (MBS)

1. Purchase Authorization

Invest in mortgage-backed securities (MBS) which are based on mortgages that are guaranteed by a government agency or GSE for payment of principal and a guarantee of timely payment.

2. Portfolio Composition

A maximum of 30% of Available Funds may be invested in MBS. The combined total of available funds invested in Federal Instrumentalities and Mortgage-Backed Securities cannot be more than 80%.

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3. Limits of Individual Issuers

A maximum of 20% of Available Funds may be invested with any one issuer.

4. Maturity Limitations

A maximum length to maturity for an investment in any MBS is five (5) years from the date of purchase.

The maturity of mortgage securities shall be considered the date corresponding to its average life. This date reflects the point at which an investor will have received back half of the original principal (face) amount. The average life may be different from the stated legal maturity included in a security's description.

F. Interest Bearing Time Certificates of Deposit or Saving Accounts

1. Purchase Authorization

Invest in non-negotiable interest bearing time certificates of deposit or savings accounts in banks organized under the laws of this state and/or in national banks organized under the laws of the United States and doing business and situated in the State of Florida, provided that any such deposits are secured by the Florida Security for Public Deposits Act, Chapter 280, Florida Statutes. Additionally, the bank shall not be listed with any recognized credit watch information service.

2. Portfolio Composition

A maximum of 25% of Available Funds may be invested in non-negotiable interest bearing time certificates of deposit or savings accounts.

3. Limits on Individual Issuers

A maximum of 15% of Available Funds may be deposited with any one issuer.

4. Maturity Limitations

The maximum maturity on any certificate of deposit shall be no greater than three (3) years from the date of purchase.

G. Commercial Paper

1. Purchase Authorization

Invest in commercial paper of any United States company that is rated, at the time of purchase, "Prime-1" by Moody's and "A-1" by Standard & Poor's (prime commercial paper) or the equivalent by another NRSRO.

2. Portfolio Composition

A maximum of 35% of Available Funds may be directly invested in prime commercial paper.

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3. Limits on Commercial Paper Sector

A maximum of 15% of Available Funds may be invested with any one sector.

4. Limits on Individual Issuers

A maximum of 5% of Available Funds may be invested with any one issuer.

5. Maturity Limitations

The maximum length to maturity for prime commercial paper shall be 270 days from the date of purchase.

H. Corporate Notes

1. Purchase Authorization

Invest in corporate notes issued by corporations organized and operating within the United States or by depository institutions licensed by the United States that have a long term debt rating, at the time of purchase, at a minimum single "A" category by any two NRSROs.

2. Portfolio Composition

A maximum of 35% of Available Funds may be directly invested in corporate notes.

3. Limits on Corporate Notes Sector

A maximum of 15% of Available Funds may be invested with any one sector.

4. Limits on Individual Issuers

A maximum of 5% of Available Funds may be invested with any one issuer.

5. Maturity Limitations

The maximum length to maturity for corporate notes shall be five (5) years from the date of purchase.

I. Asset-Backed Securities (ABS)

1. Purchase Authorization

The Financial Services Director may invest in asset-backed securities (ABS) which are bonds or notes backed by financial assets.

2. Portfolio Composition

A maximum of 20% of available funds may be invested in ABS.

3. Limits of Individual Issuers

A maximum of 5% of available funds may be invested with any one ABS.

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4. **Maturity Limitations**
A maximum length to maturity for an investment in any ABS is five (5) years from the date of purchase. The maturity of asset-backed securities shall be considered the date corresponding to its average life. This date reflects the point at which an investor will have received back half of the original principal (face) amount. The average life may be different from the stated legal maturity included in a security's description.
 5. **Rating Requirements**
ABS shall be Double-A rated or better by Standard & Poor's, or the equivalent by another rating agency.
- J. State and/or Local Government Taxable and/or Tax-Exempt Debt**
1. **Purchase Authorization**
Invest in state and/or local government taxable and/or tax-exempt debt, general obligation and/or revenue bonds, rated at least single "A" category by any two NRSROs, or rated at least "MIG-2" by Moody's and "SP-2" by Standard & Poor's for short-term debt or the equivalent by another NRSRO.
 2. **Portfolio Composition**
A maximum of 25% of Available Funds may be invested in taxable and tax-exempt debts.
 3. **Limits of Individual Issuers**
A maximum of 10% of Available Funds may be invested with any one issuer.
 4. **Maturity Limitations**
A maximum length to maturity for an investment in any state or local government debt security is five (5) years from the date of purchase.
- K. Registered Investment Companies (Money Market Mutual Funds)**
1. **Investment Authorization**
Invest in shares in open-end and no-load money market mutual funds provided such funds are registered under the Federal Investment Company Act of 1940 and operate in accordance with 17 C.F.R. § 270.2a-7, which stipulates that money market mutual funds must have an average weighted maturity of 60 days or less. The prospectus of such funds must indicate that the share value shall not fluctuate.

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Policy Title:	Investment Policy	Effective Date:	07/25/2017
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2. Portfolio Composition

A maximum of 75% of Available Funds may be invested in money market mutual funds

3. Limits of Individual Issuers

A maximum of 25% of Available Funds may be invested with any one money market mutual fund.

4. Rating Requirements

The money market mutual funds shall be rated, at a minimum, "AAAm" by Standard & Poor's or the equivalent by another NRSRO.

5. Due Diligence Requirements

A thorough investigation of any money market fund is required prior to investing, and on a continual basis. There shall be a questionnaire developed by the Chief Financial Officer that will contain a list of due diligence considerations that deal with the major aspects of any investment pool/fund. A current prospectus must be obtained

L. Registered Investment Companies (Mutual Funds)

1. Investment Authorization

Invest in shares in open-end and no-load mutual funds, with fluctuating net asset values, provided such funds are registered under the Federal Investment Company Act of 1940. Investments in mutual funds sponsored by the Florida League of Cities are specifically approved for investment of funds.

2. Portfolio Composition

A maximum of 25% of Available Funds may be invested in mutual funds.

3. Limits of Individual Issuers

A maximum of 10% of Available Funds may be invested with any one mutual fund

4. Rating Requirements

Mutual funds shall be rated "AAA" by Standard & Poor's or an equivalent rating by another NRSRO

5. Due Diligence Requirements

A thorough investigation of any mutual fund is required prior to investing and on a quarterly basis. There shall be a questionnaire developed by the Chief Financial Officer or the investment managers that will contain a list of due diligence considerations that deal with the major aspects of any investment mutual fund. A current prospectus must be obtained prior to investing.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
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M Intergovernmental Investment Pool

1 Purchase Authorization

Invest in intergovernmental investment pools that are authorized pursuant to the Florida Interlocal Cooperation Act of 1969, as provided in s. 163.01, F.S.

2 Portfolio Composition

A maximum of 25% of available funds may be invested in intergovernmental investment pools. A maximum of 25% may be invested in any individual intergovernmental investment pool.

3 Rating Requirements

The intergovernmental investment pool shall be rated "AAA" by Standard & Poor's or the equivalent by another NRSRO.

4 Due Diligence Requirements

A thorough review of any investment pool/fund is required prior to investing and on a continual basis. Attachment B is a questionnaire that contains a list of questions, to be answered prior to investing, that cover the major aspects of any investment pool/fund.

POLICY

Policy Title:	Investment Policy	Effective Date:	07/25/2017
Department:	Finance	Policy Number:	20121001

APPROVED BY	DATE
 Darcy J. Davis, Chief Executive Officer	7-25-17
Finance and Audit Committee	July 25, 2017
Health Care District Board	July 25, 2017

POLICY REVISION HISTORY

Original Policy Date

July 2007

Revisions

March 2008	
October 10, 2012	
April 10, 2013	
April 9, 2014	
July 25, 2017	

GOOD HEALTH FOUNDATION BOARD

July 30, 2019

1. Description: Good Health Foundation Tax Form 990

2. Summary:

The tax form 990 filing for Good Health Foundation, Inc. is being provided for Board review.

3. Substantive Analysis:

The District's external auditors, RSM US LLP, completed the tax filing for fiscal year ended September 30, 2018.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget	
Capital Requirements	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


Darryl J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

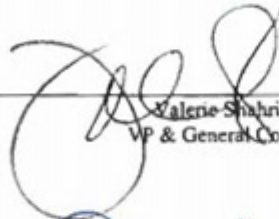
Date

GOOD HEALTH FOUNDATION BOARD
July 30, 2019

6. Recommendation:

Staff recommends the Board to receive and file the tax form 990 for Good Health Foundation, Inc.

Approved for Legal sufficiency:



Valerie Shahbani
VP & General Counsel



Darcy J. Davis
Chief Executive Officer

EXTENDED TO AUGUST 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD HEALTH FOUNDATION, INC.		D Employer identification number 65-0541467
	Doing business as		E Telephone number (561)659-1270
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1515 N FLAGLER DR., SUITE 101	G Gross receipts \$ 159,241.	
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: DARCY J. DAVIS SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2006 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	3
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 650.	Current Year 150,500.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,086.	8,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,736.	159,241.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	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-11g)	14,743.	3,940.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,743.	3,940.	
19 Revenue less expenses. Subtract line 18 from line 12	-9,007.	155,301.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,128,729.	End of Year 1,281,830.
	21 Total liabilities (Part X, line 26)	2,200.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,126,529.	1,281,830.

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			
	DARCY J. DAVIS, VICE CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK LUCAS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00995244
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 1555 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH, FL 33401	Phone no. (561) 697-1785			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Name of exempt organization or other filer (see instructions)	Employer identification number (EIN) or
	GOOD HEALTH FOUNDATION, INC.	65-0541467
	Number, street, and room or suite no. (If a P.O. box, see instructions)	Social security number (SSN)
	2501 10TH AVENUE NORTH, SUITE 100	
	City, town, or post office, state, and ZIP code (For a foreign address, see instructions)	
	PALM SPRINGS, FL 33461-3133	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-RF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JESSENIA BRINIO - 2501 10TH AVE NORTH, SUITE 100 - PALM

- The books are in the care of ► SPRINGS, FL 33461-3133
- Telephone No ► (561) 659-1270 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 4-digit Group Exemption Number (GEN) indicating for the whole group, check this box . If this is for part of the group, check this box and attach a list with the names and EINs of all the members and other applicants.

1. I request an automatic 6-month extension of time to file the exempt organization return for the organization named above. The extension for the organization's return for

► calendar year _____
 ► tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

2. Is the tax year entered on line 1 for less than 12 months? Check Yes No. If "Yes," enter the date of change in reporting period: _____

3a. If this application is for Forms 990-BL, 990-E, 990-T, 4720, or 8085, enter the tentative tax (less any nonrefundable credits. See instructions).	3a	\$	0.
3b. If this application is for Forms 990-RF, 990-T, 4720, or 8085, enter the tentative tax (less any estimated tax payments made) including any payments made on your behalf as a grantor.	3b	\$	0.
3c. Balance due. Subtract line 3b from line 3a. Compute 20% deposit with full form (see page 4). If filing EFIRS (Use to file Federal Tax returns), see instructions.	3c	\$	0.

Caution: If you are going to make an electronic filing, make a copy of this return with this Form 8868, see Form 5122-LC and Form 990-EQ for payment instructions.

Part III Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission: TO PROMOTE AND SUPPORT THE HEALTHCARE OF THE CITIZENS OF PALM BEACH COUNTY, AND ITS SURROUNDING AREAS THROUGH GRANTS, GIFTS, AND CHARITABLE CONTRIBUTIONS.

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

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

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 \$ including grants of \$) (Revenue \$) TO SUPPORT THE PRIMARY CARE PROGRAM OF LAKESIDE MEDICAL CENTER.

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

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

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

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JESENIA BRUNO - (561)659-1270**
1515 N FLAGLER DR, SUITE 101, WEST PALM BEACH, FL 33401

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	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 150,500.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	▶	150,500.		
Program Service Revenue	Business Code				
	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	8,741.		8,741.
	4 Income from investment of tax-exempt bond proceeds	▶			
	5 Royalties	▶			
		(i) Real (ii) Personal			
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	▶			
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	▶			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	▶			
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	159,241.	0.	0.	8,741.

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 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,415.		2,415.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,525.		1,525.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,940.	0.	3,940.	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		1
	2	Savings and temporary cash investments	1,128,729.	2 1,281,830.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	10c
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,128,729.	16	1,281,830.
Liabilities	17	Accounts payable and accrued expenses	2,200.	17 0.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	2,200.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	51,099.	27 56,400.
	28	Temporarily restricted net assets	1,075,430.	28 1,225,430.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	1,126,529.	33	1,281,830.
34	Total liabilities and net assets/fund balances	1,128,729.	34	1,281,830.

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	159,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,940.
3	Revenue less expenses. Subtract line 2 from line 1	3	155,301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,126,529.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,281,830.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	158,425.	2,000.	2,520.	650.	150,500.	314,095.
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	158,425.	2,000.	2,520.	650.	150,500.	314,095.
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						314,095.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	158,425.	2,000.	2,520.	650.	150,500.	314,095.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,180.	2,503.	3,263.	5,086.	8,741.	21,773.
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						335,868.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.52 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.73 %
16a 33 1/3% support test - 2017. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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. (Add lines 6 and 7c)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Lined area for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ S _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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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	<p><u>QUANTUM FOUNDATION INC.</u></p> <p><u>2701 NORTH AUSTRALIAN AVE #200</u></p> <p><u>WEST PALM BEACH, FL 33407</u></p>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) **\$** _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 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

2017
Open to Public Inspection

Name of the organization **GOOD HEALTH FOUNDATION, INC.** Employer identification number **65-0541467**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

732051 10-09-17

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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 on Part XIII

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

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

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

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	159,241.
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	0.
3	Subtract line 2e from line 1		3	159,241.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	159,241.

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	3,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,940.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,940.

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.

PART X, LINE 2:

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, WHICH STATES THAT MANAGEMENT'S DETERMINATION OF THE TAXABLE STATUS OF AN ENTITY, INCLUDING ITS STATUS AS A NONPROFIT ENTITY, IS A TAX POSITION SUBJECT TO THE STANDARDS REQUIRED FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE THAT THE FOUNDATION HAS ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY U.S. TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2015.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
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	X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
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	X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DARCY J. DAVIS VICE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	338,170.	6,740.	25,290.	52,187.	19,782.	442,169.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

FORM 990, PART I, LINE 1:

TO PROMOTE AND SUPPORT THE HEALTHCARE OF THE CITIZENS OF PALM BEACH
COUNTY, AND ITS SURROUNDING AREAS THROUGH GRANTS, GIFTS, AND CHARITABLE
CONTRIBUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY
FOR REVIEW PRIOR TO FILING OF THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COLLECTED FROM ALL BOARD MEMBERS UPON
INSTALLATION, AT ANNUAL INTERVALS AND WITHIN 10 DAYS OF ENGAGING IN NEW
ACTIVITIES THAT MAY PRESENT A CONFLICT. FORMS ARE FORWARDED TO THE
COMPLIANCE DEPARTMENT OF THE HEALTH CARE DISTRICT OF PALM BEACH COUNTY,
WHERE POTENTIAL CONFLICTS ARE IDENTIFIED AND NECESSARY INVESTIGATIONS ARE
CONDUCTED. A HOTLINE NUMBER IS MAINTAINED BY THE DISTRICT THAT IS DEDICATED
TO REPORTING ACTUAL OR SUSPECTED POLICY VIOLATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE HEALTH CARE DISTRICT'S COMPREHENSIVE FINANCIAL REPORT
(CAFR) INCLUDES THE FINANCIAL STATEMENT OF THE FOUNDATION. THE CAFR AND THE
FOUNDATION'S AUDIT REPORT ARE AVAILABLE TO VIEW AND TO PRINT ON THE
DISTRICT'S WEBSITE. A COPY CAN ALSO BE OBTAINED BY CALLING OR WRITING TO
THE FOUNDATION - ALL CONTACT INFORMATION IS FOUND IN THE CAFR. THE
FOUNDATION IS SUBJECT TO FLORIDA OPEN RECORDS AND SUNSHINE LAW. ALL

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE DISTRICT.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE
 ENTITY'S FINANCIAL STATEMENTS IS HELD BY THE FINANCE & AUDIT
 COMMITTEE, WHO ADDITIONALLY GOVERNS THE INTERNAL AUDIT FUNCTION. THE
 FINANCE & AUDIT COMMITTEE PROVIDES ADDITIONAL GUIDANCE AND OVERSIGHT.
 THE RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT INVOLVES
 MULTIPLE COMMITTEES AND INITIATES WITH AN RFP SELECTION COMMITTEE, WHO
 PROPOSES A PROCUREMENT RECOMMENDATION THAT MUST THEN BE ACCEPTED OR
 REJECTED BY THE FINANCE & AUDIT COMMITTEE.

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.

Name of the organization **GOOD HEALTH FOUNDATION, INC.** Employer identification number **65-0541467**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HEALTH CARE DISTRICT OF PALM BEACH COUNTY - 65-0145123, 1515 N FLAGLER DR, SUITE 101, WEST PALM BEACH, FL 33401	PROMOTE HEALTHCARE IN PALM BEACH COUNTY	FLORIDA	GOVERNMENTAL ORGANIZATION		N/A		X

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

7A

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

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

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

Part VII Supplemental Information.

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

Lined area for supplemental information.

GOOD HEALTH FOUNDATION BOARD

July 30, 2019

1. Description: Amendment to Good Health Foundation, Inc. Articles of Incorporation

2. Summary:

This agenda item presents a proposed amendment to the Good Health Foundation Articles of Incorporation.

3. Substantive Analysis:

The District proposes amending subsections (a) and (b) of Article V. titled, Purpose, to read as follows:

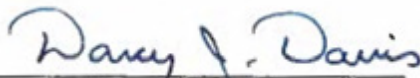
The purposes for which the Corporation is organized are as follows:

- (a) The Corporation is empowered to engage in any and all lawful activities consistent with its charitable purposes for which corporations may be organized under the Florida Not For Profit Corporation Act; and
- (b) The Corporation is organized for the purposes of advancing the health of residents and visitors of Palm Beach County through access to local quality health care and to advance the wellbeing of the employees of the Health Care District of Palm Beach County.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

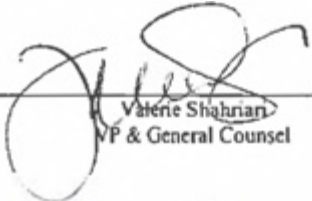
Date Approved

GOOD HEALTH FOUNDATION BOARD
July 30, 2019


6. Recommendation:

Staff recommends the Board approve the amendment to the Articles of Incorporation.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy



Danny J. Davis
Chief Executive Officer



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

**If a section is not being amended, enter N/A or Not Applicable.
The document must be typed or printed and must be legible.**

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$8.75
Certificate of Status (optional)	\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

CR2B009 (4/15)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Good Health Foundation, Inc.

DOCUMENT NUMBER: N94000004772

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Shahriari
(Name of Contact Person)

Healthcare District of Palm Beach County
(Firm/ Company)

1515 N Flagler Drive, Suite 101,
(Address)

West Palm Beach, Florida 33401
(City/ State and Zip Code)

legal@hcdpbc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Shahriari at 561 804 5955
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|--|--|

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Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Good Health Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N94000004772

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

I. To amend subsections (a) and (b) of ARTICLE V. PURPOSE to read as follows:

"ARTICLE V PURPOSE The purposes for which the Corporation is organized are as follows:

(a) The Corporation is empowered to engage in any or all lawful activities consistent with its charitable purposes for which corporations may be organized under the Florida Not For Profit Corporation Act; and

(b) The Corporation is organized for the purposes of advancing the health of residents and visitors of Palm beach county through access to local quality health care and to advance the wellbeing of the employees of the Health Care District of Palm Beach County;

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

GOOD HEALTH FOUNDATION BOARD

July 30, 2019

1. Description: Temporary Restricted Funds

2. Summary:

This agenda item presents the recommendation to transfer \$963,653 in Temporary Restricted Funds from the Good Health Foundation to the Health Care District to satisfy the donation requirement for expenses at Lakeside Medical Center.

3. Substantive Analysis:

During the early days of the Foundation, funds were raised to pay for the capital project for the new regional hospital in the Glades and for all other expenses and funds associated with the new facility and capital campaign. Over the years, donations were received from various fundraising efforts. Some of the donations were restricted for specific purposes. As the specific projects related to the donation were completed the Foundation would transfer funds to the District for the related project. Most of the projects have centered around capital projects or program expenses at Lakeside Medical Center. Though more recently, the Foundation has accepted funding for projects related to the Clinics. For example, \$150,000 in funding from the Quantum Foundation for the Mobile Clinic was received in FY2018 with the funds transferred to Clinics February 6, 2019.

This agenda item presents the recommendation to transfer the \$963,653 in temporarily restricted funds to the District that satisfy the purpose restrictions from the donations. Below is Note 3. Temporarily Restricted Net Assets from the Foundation's September 30, 2018 Financial Report.

Assets with purpose limitations:	2018	2017
Improvements for Lakeside Medical Center	\$728,894	\$728,894
Lakeside Medical Center primary care program	\$181,777	\$181,777
Diabetes outreach initiative at Lakeside MC	\$85,000	\$85,000
Purchase of capital assets for Lakeside MC	\$79,759	\$79,759
Mobile Clinic for the Homeless	\$150,000	
Total temporarily restricted net assets	\$1,225,430	\$1,075,430

GOOD HEALTH FOUNDATION BOARD

July 30, 2019

Expense's that Satisfy Donation Purpose Restrictions

The donation restrictions are presented below with the corresponding expense that satisfies the purpose restriction.

1. Improvements for Lakeside Medical Center \$728,894

Asset Description	Asset ID Number	Acquisition Date	Cost
Cooling Tower System	07880	9/29/2017	\$493,610.00
Security Camera/Alarm	07878	9/29/2017	\$132,817.39
OR Humidity AC Repair	07716	11/3/2016	\$67,812.50
Lift Station Pump & Valve Box	07772	02/18/2017	\$60,000
			\$754,239.89

2. Diabetes outreach initiative at Lakeside MC \$5,000

Expense Description	Date	Cost
Divabetic, LLC, Diabetes Community Outreach Event @ Dolly Hand Cultural Arts Center	1/28/2012	\$5,000
		\$5,000

3. Purchase of capital assets for Lakeside Medical Center \$79,759

Asset Description	Asset ID Number	Acquisition Date	Cost
Cardiopulmonary Pulmonary Function Tests (PFT) Machine	07979	7/17/2018	\$33,491.00
Steris 4085 Surgical Table	07938	12/1/2017	\$35,323.74
Bard Halcyon Ultrasound Machine	07975	6/11/2018	\$39,999.00
			\$108,813.74

4. Mobile Clinic for the Homeless \$150,000

The funding for the Mobile Clinic was already satisfied and the funds were transferred from the Foundation on February 6, 2019.

GOOD HEALTH FOUNDATION BOARD

July 30, 2019

After the transfer of \$963,653 from the Foundation, the remaining Temporarily Restricted Net Assets will be:

Assets with purpose limitations:	Amount
Lakeside Medical Center primary care program	\$181,777
Diabetes outreach initiative at Lakeside MC	\$80,000
Total temporarily restricted net assets	\$261,777

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

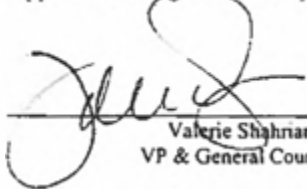
_____ Date

Committee Name

6. Recommendation:

Staff recommends the Board approve the \$963,653 in transfers from the Foundation to the Health Care District.

Approved for Legal sufficiency:



 Valerie Shahrian
 VP & General Counsel



 Thomas Cleare
 VP of Strategy

