Form 990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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

C Name of organization
THE HEALTH TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 3180 NEWBERRY DRIVE 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SAN JOSE, CA 95118

D Employer identification number
94-6050231

E Telephone number
(408) 513-8700

G Gross receipts $ 95,428,519

F Name and address of principal officer:
MICHELE LEW
3180 NEWBERRY DRIVE 200
SAN JOSE,C A 95118

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEALTHTRUST.ORG

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

L Year of formation: 1996

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO BUILD HEALTH EQUITY IN SILICON VALLEY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	132
6	Total number of volunteers (estimate if necessary)	**6**	438
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-5,990
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,870,649	13,124,751
9	Program service revenue (Part VIII, line 2g)	492,723	1,425,533
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,708,034	13,081,563
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,654	309,454
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,227,060	27,941,301
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,337,085	4,767,560
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)	7,868,251	7,216,958
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,620	62,680
b	Total fundraising expenses (Part IX, column (D), line 25) ▶699,153		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,302,188	6,929,905
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,568,144	18,977,103
19	Revenue less expenses. Subtract line 18 from line 12	658,916	8,964,198

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	138,810,819	121,710,824
21	Total liabilities (Part X, line 26)	2,308,139	1,506,856
22	Net assets or fund balances. Subtract line 21 from line 20	136,502,680	120,203,968

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: 2023-03-15

MICHELE LEW CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-03-15		P00853132

Firm's name ▶ ARMANINO LLP — Firm's EIN ▶ 94-6214841

Firm's address ▶ 50 W SAN FERNANDO ST STE 500
SAN JOSE, CA 95113 — Phone no. (408) 200-6400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION IS TO BUILD HEALTH EQUITY IN SILICON VALLEY.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,464,204 including grants of $ 240,380) (Revenue $ 162,509)

HOUSING SERVICES:PROVIDES FINANCIAL SUPPORT, CASE MANAGEMENT, HOUSING NAVIGATION, AND OTHER SUPPORT SERVICES CLIENTS NEED TO REMAIN STABLY HOUSED. THE HEALTH TRUST SPECIALIZES IN HOUSING SERVICES FOR PEOPLE LIVING WITH HIV/AIDS, PEOPLE WHO HAVE EXPERIENCED CHRONIC HOMELESSNESS, AND FAMILIES WITH CHILDREN AGES 0-5 WHO ARE AT-RISK OF BECOMING HOMELESS.SEE SCHEDULE O CONTINUATIONTHE HEALTH TRUST RECOGNIZES STABLE HOUSING IS A SOCIAL DETERMINANT OF HEALTH, AND STAFF PROVIDE INTENSIVE CASE MANAGEMENT SERVICES THROUGH RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, AND RENTAL ASSISTANCE ADMINISTRATION. HOUSING SERVICES REACHES MORE THAN 600 INDIVIDUALS, OF WHICH 179 ARE FOR INDIVIDUALS LIVING WITH HIV/AIDS. SPECIFIC SERVICES INCLUDE:FAMILY SUPPORT SERVICES (FSS) - ASSISTS FAMILIES WITH CHILDREN AGES 0-5 WHO ARE AT RISK OF HOMELESSNESS, PROVIDING A HOMELESSNESS ACUITY ASSESSMENT AND RENTAL ASSISTANCE. FAMILIES WITH NON-ACUTE RISK OF HOMELESSNESS ARE CONNECTED TO LOCAL FAMILY RESOURCE CENTERS FOR CASE MANAGEMENT. IN FY22, 104 FAMILIES RECEIVED HOMELESSNESS PREVENTION SERVICES, 121 FAMILIES RECEIVED COVID RENT SUPPORT, AND 71 FAMILIES RECEIVED CASE MANAGEMENT AND LINKAGES TO COMMUNITY SERVICES.THE HOUSING PLUS PROJECT (HPP) - SCREENS AND ASSESSES INDIVIDUALS LIVING WITH HIV/AIDS WHO ARE AT RISK OF LOSING HOUSING DUE TO FINANCIAL HARDSHIP, AND PROVIDES SUPPORT SERVICES TO ELIGIBLE CLIENTS TO PREVENT DETERIORATION OF HEALTH. CLIENTS RECEIVE SHORT-TERM FINANCIAL ASSISTANCE AND CASE MANAGEMENT SERVICES. IN FY22, HPP SERVED 40 INDIVIDUALS.HOUSING FOR HEALTH (HFH) PROGRAM - ASSISTS INDIVIDUALS LIVING WITH HIV/AIDS AND SURVIVORS OF INTIMATE PARTNER ABUSE WHO ARE AT RISK OF HOMELESSNESS. FUNDING RECEIVED FROM THE SANTA CLARA COUNTY OFFICE OF SUPPORTIVE HOUSING AND CITY OF SAN JOSE HELPS CLIENTS MAINTAIN THEIR PERMANENT SUPPORTIVE HOUSING (PSH) STATUS THROUGH CASE MANAGEMENT, HOUSING INSPECTIONS, SERVICE LINKAGES, AND RECERTIFICATIONS. IN FY22, HFH SERVED 96 CLIENTS. COORDINATED CARE PROJECT (CCP) - SERVES INDIVIDUALS WHO HAVE EXPERIENCED CHRONIC HOMELESSNESS, PROVIDING CASE MANAGEMENT AS CLIENTS ENTER INTO AND LIVE IN PERMANENT SUPPORTIVE HOUSING UNITS. SOME CLIENTS RECEIVE SUPPORT WITH MANAGING BEHAVIORAL HEALTH MATTERS, HIV/AIDS, AND/OR CRIMINAL JUSTICE INVOLVEMENT. IN FY22, THE HEALTH TRUST SERVED 213 CLIENTS RESIDING AT "SCATTERED PERMANENT SUPPORTIVE HOUSING SITES" ACROSS SANTA CLARA COUNTY.FY22 ALSO MARKED THE START OF CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM), A MULTI-YEAR INITIATIVE BY THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) TO IMPROVE THE QUALITY OF LIFE AND HEALTH OUTCOMES OF MEDI-CAL MEMBERS. THE INITIATIVE FOCUSES ON IMPLEMENTING A BROAD DELIVERY SYSTEM, PROGRAM, AND PAYMENT REFORM ACROSS THE MEDI-CAL PROGRAM. ONE CALAIM GOAL IS TO IMPROVE QUALITY OF LIFE FOR MEDI-CAL MEMBERS THROUGH SERVICES PROVIDED THROUGH COMMUNITY-BASED ORGANIZATIONS. IN FY22, THE HEALTH TRUST ENTERED INTO CONTRACTS WITH SANTA CLARA COUNTY'S TWO MEDI-CAL MANAGED CARE PLANS TO PROVIDE ENHANCED CARE MANAGEMENT (ECM) AND COMMUNITY SUPPORT (CS) SERVICES, AS PART OF CALAIM.

4b (Code:) (Expenses $ 6,329,843 including grants of $ 2,924,039) (Revenue $ 171,243)

CHRONIC DISEASE SERVICES: CHRONIC DISEASE SERVICES PROVIDES COMMUNITY-BASED, CHRONIC DISEASE PREVENTION AND MANAGEMENT RESOURCES TO INDIVIDUALS LIVING WITH COMPLEX HEALTH CONDITIONS.SEE SCHEDULE O CONTINUATION- HIV/AIDS SERVICES - THE HEALTH TRUST IS THE LARGEST NON-MEDICAL HIV/AIDS PROGRAM IN SANTA CLARA COUNTY, PROVIDING A VARIETY OF SERVICES TO LOW-INCOME SANTA CLARA COUNTY RESIDENTS LIVING WITH HIV/AIDS. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, MEDICAL AND NON-MEDICAL CASE MANAGEMENT, CARE COORDINATION, AND FOOD ASSISTANCE - SERVING MORE THAN 600 LOW-INCOME CLIENT.

4c (Code:) (Expenses $ 4,839,188 including grants of $ 1,603,142) (Revenue $ 1,091,781)

FOOD & NUTRITION SERVICES: FOOD & NUTRITION SERVICES FOCUSES ON PROVIDING NUTRITIONALLY APPROPRIATE FOOD TO MEET THE COMPLEX HEALTH CONDITIONS OF CLIENTS. SPECIFIC SERVICES INCLUDE:SEE SCHEDULE O CONTINUATIONFOOD IS MEDICINE - THE HEALTH TRUST, AS A MEMBER OF THE CALIFORNIA FOOD IS MEDICINE COALITION (CAL FIMC), PARTICIPATED IN A STATEWIDE MEDI-CAL MEDICALLY TAILORED MEALS PILOT PROGRAM INITIALLY FOR PATIENTS WITH CONGESTIVE HEART FAILURE. THE GOAL OF THE PROGRAM WAS TO REDUCE 30-DAY AND 90-DAY HOSPITAL READMISSIONS FOR PARTICIPATING CLIENTS, REDUCE HEALTHCARE COSTS, AND IMPROVE HEALTH OUTCOMES. WHILE THIS PILOT WAS SLATED TO WIND DOWN IN FY21, THE HEALTH TRUST RECEIVED SHORT-TERM STATE FUNDING TO PROVIDE MEDICALLY TAILORED MEALS TO AN EXPANDED LIST OF ELIGIBLE CLIENTS DURING FY22. WITH THE ADDITION OF THIS FUNDING, THE HEALTH TRUST DOUBLED THE NUMBER OF CLIENTS SERVED AND PROVIDED TRIPLE THE NUMBER OF MEALS. THE 272 CLIENTS SERVED BY THE HEALTH TRUST IN THIS PROGRAM RECEIVED MORE THAN 57,000 MEALS AND MORE THAN 500 REGISTERED DIETITIAN SESSIONS. MEALS ON WHEELS (MOW) - DELIVERS NUTRITIOUS MEALS FIVE DAYS A WEEK TO LOW-INCOME, HOMEBOUND SENIORS AND ADULTS WITH DISABILITIES. IN ADDITION TO THE MEALS, DRIVERS ALSO PROVIDE WELLNESS CHECKS, MAKING SURE THAT CLIENTS ARE SAFE, ALERT, AND STABLE. IN FY22, DEMAND FOR MEALS REMAINED HIGH, ABOUT TRIPLE PRE-PANDEMIC LEVELS. THE HEALTH TRUST PROVIDED MORE THAN 275,000 MEALS AND MORE THAN 49,000 WELLNESS CHECKS DURING THE FISCAL YEAR.FRIENDS FROM MEALS ON WHEELS (FMOW) - IS A FRIENDLY VISITOR PROGRAM AIMED AT DECREASING SOCIAL ISOLATION BY PROVIDING MORE THAN 1,900 FRIENDLY VISITS OR PHONE CALLS TO OLDER ADULTS. IN CLIENT SURVEYS, 96% OF CLIENTS REPORTED THAT PARTICIPATING IN THE PROGRAM MADE THEM FEEL MORE SOCIALLY CONNECTED, AND 80% BELIEVED THAT THE PROGRAM WAS VERY IMPORTANT TO THEIR DAILY WELL-BEING. JERRY LARSON FOODBASKET - IS A COMMUNITY HUB THAT PROVIDES HIGH QUALITY FOOD AND NUTRITION SERVICES, AS WELL AS ENGAGEMENT OPPORTUNITIES FOR VOLUNTEERS. ANNUALLY, THE HEALTH TRUST DISTRIBUTES MORE THAN 198,000 POUNDS OF FOOD DONATED PRIMARILY BY SECOND HARVEST OF SILICON VALLEY TO CLIENTS IN THE HEALTH TRUST'S PROGRAMS.FOOD IN HOUSING - INCREASES FOOD SECURITY FOR HIGH-NEED PERMANENT SUPPORTIVE HOUSING CLIENTS BY PROVIDING THEM WITH NUTRITIONALLY APPROPRIATE BAGS OR BOXES OF FOOD.FREE GROCERY AT TROPICANA - IN PARTNERSHIP WITH SECOND HARVEST OF SILICON VALLEY, EVERY FIRST WEDNESDAY OF THE MONTH, FRESH PRODUCE AND USDA FOOD ITEMS ARE DISTRIBUTED TO COMMUNITY MEMBERS AT THE TROPICANA SHOPPING CENTER IN EAST SAN JOSE. APPROXIMATELY 245,000 POUNDS OF FOOD IS DISTRIBUTED TO THE COMMUNITY, REACHING MORE THAN 2,600 HOUSEHOLDS PER YEAR.

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

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

4e **Total program service expenses** ▶ 15,633,235

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	115		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	132		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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.	**1a**	15		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ C A

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain 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: ▶FINANCIAL ADMINISTRATIVE SUPPORT SERVICES 3315 ALMADEN EXPWY SUITE 10 SAN JOSE, C A 95118 (408) 513-8700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID NEIGHBORS CPA MST CHAIR (THRU 06/22)	2.00	X		X				0	0	0
(2) JOANN ZIMMERMAN RN VICE CHAIR (THRU 06/22)	2.00	X		X				0	0	0
(3) EMILY LAM MPP SECRETARY	2.00	X		X				0	0	0
(4) ANALILIA GARCIA DRPH MPH BOARD MEMBER (THRU 06/22)	2.00	X						0	0	0
(5) JIM HEERWAGEN BOARD MEMBER	2.00	X						0	0	0
(6) GREG HENDERSON BOARD MEMBER	2.00	X						0	0	0
(7) CAMILLE LLANES-FONTANILLA MPA BOARD MEMBER	2.00	X						0	0	0
(8) ANN RAVEL BOARD MEMBER	2.00	X						0	0	0
(9) EDWARD REGINELLI BOARD MEMBER	2.00	X						0	0	0
(10) EFREN ROSAS MD BOARD MEMBER	2.00	X						0	0	0
(11) CRAIG STEPHENS PHD BOARD MEMBER	2.00	X						0	0	0
(12) BEN DUBIN BOARD MEMBER (AS OF 09/21)	2.00	X						0	0	0
(13) LISA YARDBROUGH-GAUTHIER BOARD MEMBER (AS OF 09/21)	2.00	X						0	0	0
(14) DAVID O'REILLY BOARD MEMBER (AS OF 09/21)	2.00	X						0	0	0
(15) ROBERT ROBLEDO BOARD MEMBER (AS OF 12/21)	2.00	X						0	0	0
(16) UJJAL KOHLI BOARD MEMBER (THRU 09/21)	2.00	X						0	0	0
(17) RITA NGUYEN MD BOARD MEMBER (THRU 09/21)	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELE LEW CEO	40.00			X				325,578	0	41,426
(19) AMY CHAN CAO	40.00			X				210,069	0	23,020
(20) KELLY CHAU SR. VP OF PROGRMS	40.00				X			173,441	0	10,379
(21) CARLENE SCHMIDT DIR. OF DEVELOPMENT	40.00					X		132,522	0	23,473
(22) JORGE WONG DIR. OF HOUSING SERVICES	40.00					X		135,878	0	19,255
(23) ELISA KOFF-GINSBORG EXECUTIVE DIRECTOR ASSOCIATE OF MENTAL HEALTH	40.00					X		138,138	0	4,588
(24) MATTHEW VANDERWERF DIRECTOR OF HR	40.00					X		122,836	0	18,972
(25) MARIA GARCIA PROG. OFFICER, GRANTS	40.00					X		123,431	0	11,013
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,361,893	0	152,126

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PARADOX TECHNOLOGY 47000 WARM SPRINGS BLVD FREMONT, CA 94539	IT SUPPORT	311,311
HEALTHIER KIDS FOUNDATION 4040 MOORPARK AVE SUITE 100 SAN JOSE, CA 95117	SUBCONTRACTOR FOR ORAL HEALTH EDUCATION	162,257
10TH AVENUE CONSULTING LLC 158 LAKE HAVEN LN NORMANDY, TN 37360	SALESFORCE CONSULTING	108,008

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

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 OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b	233,763			
c Fundraising events . . 1c	235,774			
d Related organizations 1d				
e Government grants (contributions) 1e	8,339,310			
f All other contributions, gifts, grants, and similar amounts not included above 1f	4,315,904			
g Noncash contributions included in lines 1a - 1f:$ 1g	886,325			
h **Total.** Add lines 1a-1f . . . . . ▶	13,124,751			
Program Service Revenue	Business Code			
2a HEALTH TRUST PROGRAMS	624100	1,425,533	1,425,533	
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	1,425,533			
3 Investment income (including dividends, interest, and other similar amounts)		10,968,136	-35,566	11,003,702
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a	600,253			
b Less: rental expenses 6b	250,616			
c Rental income or (loss) 6c	349,637			
d Net rental income or (loss) . . . . . ▶		349,637		349,637
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	69,306,346			
b Less: cost or other basis and sales expenses 7b	67,192,919			
c Gain or (loss) 7c	2,113,427			
d Net gain or (loss) . . . . . ▶		2,113,427	29,576	2,083,851
8a Gross income from fundraising events (not including $ 235,774 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	0			
b Less: direct expenses 8b	43,683			
c Net income or (loss) from fundraising events . . ▶		-43,683		-43,683
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . . ▶				
Other Revenue Miscellaneous Revenue	Business Code			
11a MISCELLANEOUS REVENUE	900099	3,500		3,500
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		3,500		
12 **Total revenue.** See instructions . . . . ▶		27,941,301	1,425,533	-5,990	13,397,007

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	3,919,752	3,919,752		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	847,808	847,808		
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	799,680	241,703	492,512	65,465
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,397,191	3,858,770	268,719	269,702
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,609	119,103	17,219	8,287
9 Other employee benefits	1,446,111	1,166,428	159,738	119,945
10 Payroll taxes	429,367	353,496	49,595	26,276
11 Fees for services (non-employees):				
a Management				
b Legal	20,692	245	20,447	
c Accounting	579,060		579,060	
d Lobbying	28,865	4,800	24,065	
e Professional fundraising services. See Part IV, line 17	62,680			62,680
f Investment management fees	491,948		491,948	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,977	78,490	19,289	198
12 Advertising and promotion				
13 Office expenses	324,071	162,267	64,888	96,916
14 Information technology				
15 Royalties				
16 Occupancy	411,623	339,356	58,626	13,641
17 Travel	61,435	60,971	396	68
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,931	21,839	3,551	1,541
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,727	70,354	82,010	7,363
23 Insurance	143,458	73,113	65,986	4,359
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 PURCHASED SERVICES	4,470,726	4,276,677	182,687	11,362
b OTHER MISC EXPENSES	88,147	28,090	50,616	9,441
c DUES AND SUBSCRIPTIONS	25,245	9,973	13,363	1,909
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	18,977,103	15,633,235	2,644,715	699,153
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		91,803	1	189,286
	2	Savings and temporary cash investments		3,820,356	2	1,799,261
	3	Pledges and grants receivable, net		90,684	3	301,482
	4	Accounts receivable, net		2,016,745	4	2,397,506
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		310,464	9	274,484
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,554,050			
	b	Less: accumulated depreciation	10b 2,908,852	13,623,309	10c	4,645,198
	11	Investments—publicly traded securities		86,859,364	11	74,075,025
	12	Investments—other securities. See Part IV, line 11		31,954,879	12	37,980,567
	13	Investments—program-related. See Part IV, line 11		43,215	13	43,215
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	4,800
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		138,810,819	16	121,710,824
Liabilities	17	Accounts payable and accrued expenses		1,508,139	17	1,403,499
	18	Grants payable			18	
	19	Deferred revenue		800,000	19	20,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	83,357
	26	**Total liabilities.** Add lines 17 through 25		2,308,139	26	1,506,856
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		132,425,837	27	114,723,278
	28	Net assets with donor restrictions		4,076,843	28	5,480,690
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		136,502,680	32	120,203,968
	33	Total liabilities and net assets/fund balances		138,810,819	33	121,710,824

Part XI Reconcilliation 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	27,941,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,977,103
3	Revenue less expenses. Subtract line 2 from line 1	3	8,964,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	136,502,680
5	Net unrealized gains (losses) on investments	5	-25,262,910
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 32, column	10	120,203,968

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2020 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	15,437,035	14,399,695	19,046,873	15,870,649	13,124,751	77,879,003
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	339,945	488,844	604,270	492,723	1,425,533	3,351,315
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	15,776,980	14,888,539	19,651,143	16,363,372	14,550,284	81,230,318
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						81,230,318

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .	15,776,980	14,888,539	19,651,143	16,363,372	14,550,284	81,230,318
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	4,801,295	6,401,962	4,908,144	3,749,848	11,568,389	31,429,638
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	4,801,295	6,401,962	4,908,144	3,749,848	11,568,389	31,429,638
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	71,852	6,496	2,000		3,500	83,848
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	20,650,127	21,296,997	24,561,287	20,113,220	26,122,173	112,743,804

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	72.050 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	79.210 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	27.880 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	20.680 %

19a **33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
THE HEALTH TRUST	94-6050231

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

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

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	27,550	
c Total lobbying expenditures (add lines 1a and 1b)	27,550	
d Other exempt purpose expenditures	18,949,553	
e Total exempt purpose expenditures (add lines 1c and 1d)	18,977,103	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

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

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	31,347	50,825	85,473	27,550	195,195
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	30,230	1,040	3,455		34,725

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

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	398,720	267,114	265,440	255,506	238,863
b Contributions . . .	1,000	51,000			
c Net investment earnings, gains, and losses	-38,132	81,963	1,674	9,934	16,643
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	1,584	1,357			
f Administrative expenses					
g End of year balance	360,004	398,720	267,114	265,440	255,506

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

- **a** Board designated or quasi-endowment ▶ 0 %
- **b** Permanent endowment ▶ 62.080 %
- **c** Term endowment ▶ 37.920 %

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)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 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		2,350,000		2,350,000
b Buildings		3,149,436	1,291,905	1,857,531
c Leasehold improvements		917,377	872,075	45,302
d Equipment		1,137,237	744,872	392,365
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				4,645,198

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) REIT EQUITIES - MCMORGAN	1,894,199	F
(B) VENTURE CAPITAL FUNDS AND LIMITED PARTNERSHIPS	1,224,366	F
(C) SEI GPA IV	6,115,302	F
(D) SEI ENERGY DEBT	3,715,763	F
(E) SEI HEDGE FD	18,232,546	F
(F) SEI GLOBAL PRIVATE ASSETS V	648,391	F
(G) SEI CORE	6,150,000	F
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	37,980,567	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, 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.)* ▶	83,357

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS (BOOK VALUE)	SEI HEDGE FUND AND LEGACY VENTURE.	19,347,786
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			19,347,786
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			19,347,786

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	LAUTMAN MASKA NEILL & CO 1730 RHODE ISLAND AVE NW SUITE 301 WASHINGTON, DC 20036	DIRECT MAIL SOLICITATION MAILINGS		No	488,872	48,200	440,672
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶					488,872	48,200	440,672

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 — 25TH ANNIVERSARY VIRTUAL EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	235,774			235,774
	2 Less: Contributions	235,774			235,774
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	16,010			16,010
	9 Other direct expenses	27,673			27,673
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				43,683
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-43,683

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1440 FOUNDATION 800 BETHANY DR SCOTTS VALLEY,CA 95066	77-0456449	501C3	55,000	0			SEE PART IV
(2) AFRICAN AMERICAN COMMUNITY SERVICES AGENCY 304 N 6TH STREET SAN JOSE,CA 951125266	94-2494728	501C3	249,828	0			SEE PART IV
(3) AMIGOS DE GUADALUPE CENTER FOR JUSTICE AND EMPOWERMENT 1897 ALUM ROCK AVE SUITE 35 SAN JOSE,CA 95116	77-0555838	501C3	204,256	0			SEE PART IV
(4) BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD FREMONT,CA 945384375	23-7255435	501C3	170,000	0			SEE PART IV
(5) COMMUNITY FOOD BANK OF SAN BENITO COUNTY 1133 SAN FELIPE ROAD HOLLISTER,CA 95023	77-0306871	501C3	150,000	0			SEE PART IV
(6) COMMUNITY HEALTH PARTNERSHIP 408 N CAPITOL AVE SAN JOSE,CA 95133	77-0352645	501C3	115,000	0			SEE PART IV
(7) GUADALUPE RIVER PARK CONSERVANCY 438 COLEMAN AVE SAN JOSE,CA 95110	77-0166797	501C3	61,000	0			SEE PART IV
(8) LATINA COALITION OF SILICON VALLEY 1346 THE ALAMEDA STE 7-293 SAN JOSE,CA 95126	01-0799235	501C3	62,500	0			SEE PART IV
(9) LATINAS CONTRA CANCER 255 N MARKET STREET SUITE 175 SAN JOSE,CA 95110	56-2412069	501C3	60,000	0			SEE PART IV
(10) MARTHA'S KITCHEN 311 WILLOW STREET SAN JOSE,CA 95110	91-2091094	501C3	50,000	0			SEE PART IV
(11) NKR CONSULTING 1162 RIBIER COURT SUNNYVALE,CA 94087		OTHER	10,000	0			SEE PART IV
(12) NOTRE DAME HIGH SCHOOL SAN JOSE 596 S 2ND STREET SAN JOSE,CA 95112	94-1275235	501C3	148,780	0			SEE PART IV
(13) PARENTS HELPING PARENTS INC 1400 PARKMOOR AVE STE 100 SAN JOSE,CA 95126	94-2814246	501C3	150,000	0			SEE PART IV
(14) RAVENSWOOD FAMILY HEALTH NETWORK 1885 BAY ROAD	94-3372130	501C3	202,500	0			SEE PART IV

EAST PALO ALTO,C A 94303							
(15) ROOTS COMMUNITY HEALTH CENTER SOUTH BAY 9925 INTERNATIONAL BLVD STE 5 OAKLAND,C A 946032558	26-2583954	501C3	125,800	0			SEE PART IV
(16) SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT 976 LENZEN AVENUE 21D FL SAN JOSE,C A 95126	94-6000533	GOV	644,757	0			SEE PART IV
(17) SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 6840 VIA DEL ORO STE 210 SAN JOSE,C A 951191372	77-0031679	501C3	125,000	0			SEE PART IV
(18) SCHOOL OF ARTS AND CULTURE AT MEXICAN HERITAGE PLAZA 1700 ALUM ROCK AVENUE SAN JOSE,C A 95116	80-0714882	501C3	118,000	0			SEE PART IV
(19) SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL SUITE 300 MOUNTAIN VIEW,C A 94040	20-5205488	501C3	175,000	0			SEE PART IV
(20) SUN STREET CENTERS 11 PEACH DR SALINAS,C A 939013710	94-6138701	501C3	75,000	0			SEE PART IV
(21) VALLEY MEDICAL CENTER FOUNDATION 2400 CLOVE DR SAN JOSE,C A 95128	77-0187890	501C3	57,500	0			SEE PART IV
(22) VALLEY VERDE 376 W VIRGINIA ST SAN JOSE,C A 951251522	45-3084814	501C3	88,000	0			SEE PART IV
(23) VEGGIELUTION 647 S KING RD SAN JOSE,C A 951163557	27-2021333	501C3	229,555	0			SEE PART IV
(24) WEST VALLEY COMMUNITY SERVICES 10104 VISTA DR CUPERTINO,C A 950142253	94-2211685	501C3	147,500	0			SEE PART IV
(25) WORKING PARTNERSHIPS USA 2102 ALMADEN RD STE 112 SAN JOSE,C A 951252130	77-0387535	501C3	52,500	0			SEE PART IV
(26) YMCA SILICON VALLEY 80 SARATOGA AVE SANTA CLARA,C A 95051	94-1156318	501C3	137,081	0			SEE PART IV
(27) YOUTH ALLIANCE 310 FOURTH ST STE 101 HOLLISTER,C A 95023	77-0377245	501C3	200,000	0			SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 26

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) DONATED FOOD	5742		847,808	FMV FROM IN-KIND DONATION	FOOD BASKET, FAMILY RESOURCE CENTER, MOBILE FOOD
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ALL APPLICANTS MUST SUBMIT GRANT REQUESTS THROUGH OUR GIFTS ONLINE PORTAL. OUR PORTAL HAS A TAX VERIFICATION AND WATCH LIST FEATURE. WE CONDUCT DUE DILIGENCE BY VERIFYING BOTH THE TAX STATUS AND WATCH LIST STATUS FOR ALL GRANT REQUESTS. DURING THE LIFE OF A GRANT, STAFF MONITORS THE GRANT REGULARLY. GRANTEES ARE REQUIRED TO PARTICIPATE IN A SITE VISIT AND/OR CALL AND SUBMIT A PROJECT BUDGET REPORT (ALL AT THE MID-POINT OF THE GRANT). DURING OUR CHECK-IN, WE INQUIRE ABOUT THE STATUS OF THE GRANT, PROJECT GOALS AND OUTCOMES. WE ALSO INQUIRE ABOUT THE STATUS OF THE BUDGET, CONFIRMING THAT FUNDS ARE BEING SPENT DOWN ACCORDINGLY AND WITHIN THE PROJECTED TIMEFRAME. AS NOTED IN OUR GRANT CONTRACT, GRANTEES CAN MAKE LINE ITEM MODIFICATIONS AS LONG AS IT DOES NOT EXCEED 10% OF ANY LINE ITEM. IN THE EVENT THAT NEW LINE ITEMS NEED TO BE INCLUDED OR CHANGES EXCEED THE APPROVED 10%, GRANTEES MUST SUBMIT A BUDGET REVISION TEMPLATE, WITH A JUSTIFICATION OF THE PROPOSED BUDGET CHANGES AND ANY IMPACT THIS CHANGE WILL HAVE ON THE GRANT. BUDGET MODIFICATIONS ARE REVIEWED AND APPROVED BY STAFF. AT THE END OF THE GRANT PERIOD, ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT, BOTH NARRATIVE AND BUDGET REPORT TO CONFIRM THAT ALL FUNDS WERE SPENT ACCORDINGLY. GRANTEES MUST RETURN ANY UNSPENT GRANT FUNDS TO THE HEALTH TRUST.
SCHEDULE I PART II COLUMN (H) - 1/2	THE HEALTH TRUST AWARDED A TOTAL OF $3,919,752 IN GRANTS IN FISCAL YEAR 2022. THE HEALTH TRUST AWARDED 26 HEALTH PARTNERSHIP GRANTS TOTALING $3,713,857 AND 41 GOOD SAMARITAN GRANTS TOTALING $74,995. IN ADDITION, THE HEALTH TRUST MANAGED ONE PASS-THROUGH GRANT, TOTALING $130, 900. THERE WERE OTHER REDUCTIONS TOTALING $105,374.93 DUE TO RETURNED UNSPENT GRANT FUNDS. HEALTH PARTNERSHIP GRANTS ARE MADE FOR MEDICALLY-RELATED PURPOSES THROUGH OUR HOSPITAL SPONSOR, SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM. GOOD SAMARITAN GRANTS SUPPORT COMMUNITY EVENTS AND PROJECTS SUCH AS HEALTH FAIRS, SPONSORED WALKS, OR COMMUNITY CONVENINGS THAT ADVANCE HEALTH EQUITY. THE HEALTH TRUST MAKES GRANTS TO NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES FOR PROJECTS THAT DIRECTLY BENEFIT RESIDENTS OF SANTA CLARA AND NORTHERN SAN BENITO COUNTIES AND THAT SUPPORT OUR MISSION TO ADVANCE HEALTH EQUITY. HEALTH PARTNERSHIP GRANTS 1440 FOUNDATION - $55,000 OVER 11 MONTHS TO PILOT HEALING OUR NON-PROFIT LEADERS, A PROGRAM DESIGNED TO PROVIDE NONPROFIT LEADERS AND STAFF THE OPPORTUNITY TO RECOVER FROM THE STRESSES AND CHALLENGES BROUGHT BY COVID-19 AND RACIAL RECKONING. AFRICAN AMERICAN COMMUNITY SERVICE AGENCY - $249,828 OVER 12 MONTHS TO SUPPORT YEAR 2 OF AACSA'S POLICY ADVOCACY PROGRAM AND COVID-19 RECOVERY EFFORTS. AMIGOS DE GUADALUPE CENTER FOR JUSTICE & EMPOWERMENT - $204,256 OVER 18 MONTHS TO BUILD A STRONG ORGANIZATIONAL FOUNDATION IN THE MIDST OF SIGNIFICANT GROWTH IN ORDER TO CONTINUE TO BE A HIGH-PERFORMING ORGANIZATION SERVING THE IMMIGRANT COMMUNITY OF EAST SAN JOSE BAY AREA COMMUNITY HEALTH - $170,000 OVER 12 MONTHS TO ESTABLISH A COMPREHENSIVE HIV PROGRAM IN SANTA CLARA COUNTY THAT WILL SERVE SANTA CLARA COUNTY RESIDENTS LIVING WITH OR AT-RISK OF HIV. COMMUNITY FOOD BANK OF SAN BENITO COUNTY - $150,000 OVER 12 MONTHS TO REMOVE BARRIERS TO FOOD ACCESS FOR LOW-INCOME RESIDENTS IN SAN BENITO COUNTY BY STABILIZING AND STRENGTHENING THE OPERATIONS OF THE COMMUNITY FOOD BANK. COMMUNITY HEALTH PARTNERSHIP - $115,000 OVER 18 MONTHS TO IDENTIFY A SHARED SET OF 10-15 HEALTH EQUITY-BASED METRICS THAT LOCAL COMMUNITY ORGANIZATIONS WILL JOINTLY TRACK TO IMPROVE HEALTH OUTCOMES FOR SANTA CLARA COUNTY RESIDENTS. GUADALUPE RIVER PARK CONSERVANCY - $60,000 OVER 18 MONTHS TO IDENTIFY AND DEVELOP STRATEGIC SKILLSETS AND CIVIC RELATIONSHIPS THAT WOULD POSITION THE GUADALUPE RIVER PARK CONSERVANCY TO CHAMPION AND SUSTAIN LONG-TERM HEALTH EQUITY BENEFITS AND PROMOTE NEIGHBORHOOD DEVELOPMENT THROUGH PARKS. LATINA COALITION OF SILICON VALLEY - $60,000 OVER 18 MONTHS TO SUPPORT LATINA COALITION OF SILICON VALLEY IN ITS ONGOING PROVISION OF PROGRAMS THAT STRENGTHEN THE POWER OF LATINAS IN THE COMMUNITY TO ADVANCE THEIR COLLECTIVE SUCCESS AND HEALTH AND WELLBEING THROUGH SISTERHOOD, LEADERSHIP, AND CIVIC ENGAGEMENT. LATINAS CONTRA CANCER - $60,000 OVER 18 MONTHS TO DECREASE HEALTH DISPARITIES AMONG THE LATINX POPULATION IN SANTA CLARA COUNTY. MARTHA'S KITCHEN - $50,000 OVER 3 MONTHS TO CONTINUE PROVIDING HIGH QUALITY NUTRITIOUS MEALS AND GROCERIES IN SAN BENITO COUNTY. NOTRE DAME HIGH SCHOOL SAN JOSE - $148,780 OVER 14 MONTHS TO ADDRESS FOOD INSECURITY FOR NOTRE DAME STUDENTS WHO ARE AT, OR BELOW, THE POVERTY LEVEL. PARENTS HELPING PARENTS, INC - $150,000 OVER 12 MONTHS TO PROVIDE IN-PERSON SERVICES TARGETING THE UNDERSERVED DISABILITY COMMUNITY BY OPENING SATELLITE SITES IN EAST SAN JOSE AND GILROY. RAVENSWOOD FAMILY HEALTH NETWORK - $202,500 OVER 12 MONTHS TO INCREASE ACCESS TO OPTOMETRY SERVICES FOR OUR PATIENTS WITH DIABETES, ENHANCING THEIR DISEASE MANAGEMENT AND PREVENTING UNNECESSARY ADVERSE HEALTH EFFECTS AT MAYVIEW CLINIC'S NEW OPTOMETRY DEPARTMENT. ROOTS COMMUNITY HEALTH CENTER - $125,000 OVER 12 MONTHS TO DESTIGMATIZE AND REBRAND MENTAL HEALTH WITHIN THE COMMUNITIES WE SERVE, WHILE FOSTERING HEALTHIER BELIEFS, ATTITUDES, AND DECISION MAKING AROUND BEHAVIORAL HEALTH AT THE INDIVIDUAL, COMMUNITY, AND ORGANIZATIONAL LEVELS. SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT - $513,857 OVER 30 MONTHS TO INCREASE ACCESS TO FLUORIDATED WATER TO RESIDENTS IN SANTA CLARA COUNTY SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY - $125,000 OVER 12 MONTHS TO IMPROVE ACCESS TO INTEGRATED BEHAVIORAL HEALTHCARE SERVICES BY ACCOMPLISHING THE FOLLOWING: 1) STRENGTHENING PRACTICE SYSTEM IMPROVEMENTS TO IMPROVE COORDINATION BETWEEN NEWLY INTEGRATED PHYSICAL AND BEHAVIORAL HEALTHCARE PROVIDERS, AND 2) EXPANDING BEHAVIORAL HEALTH SERVICES THROUGH INCREASED BEHAVIORAL HEALTH STAFFING. SCHOOL OF ARTS AND CULTURE AT MEXICAN HERITAGE PLAZA - $115,000 OVER 15 MONTHS TO IMPLEMENT THE SCHOOL'S PROGRAM EXPANSION TO ADDRESS SOCIAL, ECONOMIC, AND PUBLIC HEALTH DISPARITIES. SILICON VALLEY COMMUNITY FOUNDATION - $175,000 OVER 12 MONTHS TO SUPPORT SVCF'S COMMUNITY CATALYST FUND HEALTH GRANTMAKING ROUND. SUN STREET CENTERS - $75,000 OVER 17 MONTHS TO ENSURE THAT WOMEN IN SUN STREET CENTERS' SUBSTANCE USE DISORDER PROGRAM IN HOLLISTER RECEIVE MENTAL HEALTH SUPPORT WHILE IN THE PROGRAM, AND UPON DISCHARGE ARE REFERRED TO LOCAL CONTINUED SUPPORT, AS NEEDED, TO ATTAIN LONG-TERM HEALTH GOALS. VALLEY MEDICAL CENTER FOUNDATION - $55,000 OVER 12 MONTHS TO STRENGTHEN THE EAST SAN JOSE PEACE PARTNERSHIP'S INFRASTRUCTURE TO BUILD LONG-TERM FINANCIAL SUSTAINABILITY, IN ORDER TO ADVANCE THE PARTNERSHIP'S CAPACITY TO ADVANCE COLLECTIVE IMPACT STRATEGIES AROUND VIOLENCE PREVENTION, COMMUNITY HEALING, RACIAL HEALTH EQUITY, AND ECONOMIC RESILIENCE. VALLEY VERDE - $88,000 OVER 19 MONTHS TO INCREASE ACCESS TO HEALTHY, ORGANIC, AND CULTURALLY PREFERRED PRODUCE FOR LOW-INCOME FAMILIES IN SANTA CLARA COUNTY. VEGGIELUTION - $229,555 OVER 18 MONTHS TO STRENGTHEN AGENCY CAPACITY AND INFRASTRUCTURE TO SUPPORT VEGGIELUTION'S MISSION OF CONNECTING PEOPLE FROM DIVERSE BACKGROUNDS THROUGH FOOD AND FARMING TO BUILD COMMUNITY IN SAN JOS. WEST VALLEY COMMUNITY SERVICES - $147,500 OVER 7 MONTHS TO PROVIDE MENTAL HEALTH SUPPORT TO WEST VALLEY COMMUNITY SERVICES (WVCS) CLIENTS TO DEVELOP TOOLS TO MANAGE STRESS, ANXIETY, AND DEPRESSION, AND SUPPORT LONG-

	TERM HOUSEHOLD STABILITY AND SELF-SUFFICIENCY; AND TO PROVIDE VICARIOUS TRAUMA AND/OR PSYCHOLOGICAL FIRST AID TRAINING TO WVCS EMPLOYEES. WORKING PARTNERSHIPS - $52,500 OVER 9 MONTHS TO CREATE AFFORDABLE HOUSING OPPORTUNITIES WITH SUPPORTIVE SERVICES ON TWO NEW SITES FOR PEOPLE WHO REQUIRE LONG-TERM SUPPORTS & SERVICES AND TO ADDRESS SYSTEM FLAWS AND POLICY GAPS THAT IMPEDE THE PROVISION OF ADDITIONAL HOUSING OPTIONS AND RELATED SERVICES. YMCA SILICON VALLEY - $137,081 OVER 12 MONTHS TO EDUCATE AND SUPPORT THE COMMUNITY IN THE PREVENTION OF TYPE 2 DIABETES BY EXPANDING OUTREACH AND STRENGTHENING THE DIABETES PREVENTION PROGRAM (DPP) REFERRAL PARTNERSHIPS, AS WELL AS ADDRESSING FOOD INSECURITY FOR AT-RISK INDIVIDUALS BY CONNECTING THEM TO HEALTHY FOOD PROGRAMS AND RESOURCES. YOUTH ALLIANCE - $200,000 OVER 15 MONTHS TO PROVIDE CORE SUPPORT TO CONTINUE TO INVEST IN YOUTH ALLIANCE'S CAPACITY TO MEET IMMEDIATE NEEDS AND IMPROVE THE HEALTH, WELLNESS, AND EDUCATION OUTCOMES FOR YOUTH AND FAMILIES MOST IMPACTED BY THE PROLONGED PANDEMIC IN SAN BENITO COUNTY. GOOD SAMARITAN GRANTS ASSOCIATION OF FUNDRAISING PROFESSIONALS SILICON VALLEY - $1,525 2022 IDEA FELLOWSHIP CITY OF SAN JOSE - OFFICE OF COUNCILMEMBER DEV DAVIS - $2,500 BLUE ZONES PROJECT THROUGH AUGUST 2022 CALIFORNIA PARKS AND RECREACTION SOCIETY, DISTRICT 4 - $1,000 11TH ANNUAL CAREGIVERS COUNT CONFERENCE ON SEPTEMBER 11, 2021 CHICANA LATINA FOUNDATION - $2,500 VIRTUAL ANNUAL AWARDS DINNER ON JANUARY 14, 2022 CHILDREN'S DISCOVERY MUSEUM - $2,500 COVID-19 CHILDREN'S VACCINATION STATION ON DECEMBER 4, 2021 EAST SIDE EDUCATION FOUNDATION - $2,500 HALL OF FAME DINNER ON NOVEMBER 13, 2021 ELEVATE COMMUNITY CENTER - $1,000 DOMESTIC VIOLENCE/FAMILY LAW LEGAL CLINIC ON JANUARY 22, 2022 GARDEN TO TABLE SILICON VALLEY - $2,000 GARDEN TO TABLE SILICON VALLEY/RECOVERY CAF SEED TO TABLE CLASS ON FEBRUARY 11, 2022 GIRL SCOUTS OF NORTHERN CALIFORNIA - $500 HONORING GIRL SCOUT HEROES: A CELEBRATION OF COURAGEOUS LEADERSHIP ON SEPTEMBER 23, 2021 GUADALUPE RIVER PARK CONSERVANCY - $1,000 PUMPKINS IN THE PARK ON OCTOBER 9, 2021 HISPANIC FOUNDATION SILICON VALLEY - $2,500 HISPANIC FOUNDATION SILICON VALLEY ON OCTOBER 16, 2021 HOMEFIRST - $2,500 IN FROM THE COLD - HOPE FOR HOME EVENT ON NOVEMBER 6, 2021 HUNGER AT HOME - $300 BRIDGE THE GAP GALA - OUTDOOR EVENT ON SEPTEMBER 18, 2021 JW HOUSE - $1,000 CELEBRATION OF HOPE OF APRIL 21, 2022 LATINA COALITION SILICON VALLEY - $2,500 SISTERHOOD BRUNCH ON NOVEMBER 14, 2021 MID-PENINSULA COMMUNITY MEDIA CENTER - $2,500 PSA DAY FOR FOOD ACCESS NONPROFITS ON APRIL 29, 2022 MOMENTUM FOR MENTAL HEALTH - $2,000 SHINING STARS EVENT ON OCTOBER 10, 2021 MOSAIC AMERICA - $2,500 MOSAIC FESTIVAL SILICON VALLEY - HEALING GARDEN PROJECT ON SEPTEMBER 25, 2021
SCHEDULE I PART II COLUMN (H) - 2/2	NKR CONSULTING - $10,000 ORGANIZATIONAL EFFECTIVENESS FOR SAN JOSE BRIDGE COMMUNITIES NARIKA - $1,000 NARIKA ANNUAL GALA SPONSORSHIP SUPPORTING SURVIVORS OF DOMESTIC VIOLENCE ON SEPTEMBER 19, 202 NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - $2,500 LIGHT UP THE NIGHT: 50TH ANNIVERSARY CELEBRATION ON OCTOBER 16, 2021 NORTH EAST MEDICAL SERVICES - $455 GIVE IN MAY - AAPI HERITAGE MONTH CAMPAIGN IN MAY 2022 NO TIME TO WASTE - $2,000 7/150 FEED THE NEED THROUGH DECEMBER 2022 ON LOK - $1,000 2022 SENIOR HEALTH POLICY FORUM ON FEBRUARY 2, 2022 PACT - $2,500 ANNUAL LEADERSHIP LUNCHEON ON NOVEMBER 3, 2021 RECOVERY CAF SAN JOSE - $2,000 CLOSING THE GAP 2022 ON MAY 6, 2022 ROOTS COMMUNITY HEALTH CLINIC, SOUTH BAY - $800 "A NIGHT IN WITH ROOTS" EVENT ON JULY 29, 2021 ROTACARE BAY AREA - $500 SPRING INTO MAGIC: MANY HEARTS, MANY HANDS ON MARCH 24, 2022 SACRED HEART COMMUNITY SERVICE - $2,250 RESILIENT FAMILIES: SAFE, SECURE, AND LOVED ON OCTOBER 15, 2021 SCHOOL OF ARTS AND CULTURE AT MEXICAN HERITAGE PLAZA - $2,500 TRES VINOS & AVENIDA DE ALTARES ON OCTOBER 31, 2021 SCHOOL OF ARTS AND CULTURE FOR EASTSIDE MAGAZINE - $500 EN MOVIMIENTO - EASTSIDE MAGAZINE FUNDRAISER/RELEASE PARTY ON APRIL 21, 2022 SILICON VALLEY COUNCIL OF NONPROFITS - $2,500 BE OUR GUEST EVENT ON OCTOBER 21, 2021 SILICON VALLEY COUNCIL OF NONPROFITS - $165 MEMBERSHIP DUES FOR SAN JOSE BRIDGE COMMUNITIES SOMOS MAYFAIR - $2,500 GRACIAS A LA VIDA ON MAY 26, 2022 SOVEREIGN ORDER OF MALTA WESTERN ASSOCIATION - $2,000 HYGIENE KIT DISTRIBUTION THROUGHOUT SANTA CLARA COUNTY STROKE AWARENESS FOUNDATION - $500 FIGHT STROKE WALK 2021 ON OCTOBER 10, 2021 SILICON VALLEY BICYCLE COALITION - $1,000 2022 BIKE TO WHEREVER DAY AND BIKE MONTH MAY 2022 SV@HOME - $1,000 AFFORDABLE HOUSING MONTH - MAY 2022 VALLEY MEDICAL CENTER FOUNDATION - $2,500 2ND ANNUAL TRIBUTE TO HEROES ON SEPTEMBER 25, 2021 YU-AI KAI - $500 YU-AI KAI'S 48TH ANNIVERSARY FUNDRAISER EVENT ON FEBRUARY 12, 2022 YMCA PROJECT CORNERSTONE - $1,500 PROJECT CORNERSTONE 2022 ASSET CHAMPIONS CELEBRATION ON MARCH 24, 2022 PASS-THROUGH GRANTS SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT - $130,900 FOR THE MCKINLEY FLUORIDATION PROJECT TO SUPPORT THE DESIGN, ENGINEER, AND CAPITAL COSTS TO CONSTRUCT THE FLUORIDE SYSTEM AT THE WELLSITE.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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, 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.			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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				
1MICHELE LEW CEO	(i)	324,217	0	1,361	30,450	10,976	367,004	0
	(ii)	0	0	0	0	0	0	0
2AMY CHAN CAO	(i)	201,062	8,000	1,007	22,077	943	233,089	0
	(ii)	0	0	0	0	0	0	0
3KELLY CHAU SR. VP OF PROGRMS	(i)	167,087	6,000	354	9,541	838	183,820	0
	(ii)	0	0	0	0	0	0	0
4CARLENE SCHMIDT DIR. OF DEVELOPMENT	(i)	127,920	4,000	602	7,411	16,062	155,995	0
	(ii)	0	0	0	0	0	0	0
5JORGE WONG DIR. OF HOUSING SERVICES	(i)	131,429	4,000	449	7,608	11,647	155,133	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE HEALTH TRUST MAINTAINS A 457(F) DEFERRED COMPENSATION PLAN FOR SENIOR EXECUTIVES. CONTRIBUTIONS TO THE PLAN ARE DETERMINED BY THE BOARD OF TRUSTEES EACH YEAR AND SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. FOR THE YEAR ENDED JUNE 30, 2022, THE HEALTH TRUST DID NOT MAKE ANY CONTRIBUTIONS TO THE 457(F) PLAN.

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	847,808	$1.92/LB FEEDING AMERICA
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (COMPUTER MONITORS)	X	1	25,200	FMV
26	Other ▶ (FREEZER)	X	1	7,317	FMV
27	Other ▶ (STORAGE CONTAINER)	X	1	5,400	FMV
28	Other ▶ (PHONES)	X	1	600	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — **29** 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

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SCHEDULE O
(Form 990)

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

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE CAO AND BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF CONFLICT OF INTEREST POLICY IS REVIEWED AND EXECUTED BY EACH DIRECTOR AND OFFICER UPON APPOINTMENT OR ELECTION, AND THEN ANNUALLY THEREAFTER. BY EXECUTING THE POLICY THE INDIVIDUAL ACKNOWLEDGES THE POLICY AND AGREES TO COMPLY WITH IT. THE EXECUTED ACKNOWLEDGEMENTS ARE RETAINED IN THE PRINCIPAL OFFICE OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO AND CAO IS REVIEWED BY THE BOARD IN CLOSED SESSION (NO STAFF PRESENT). THE HEALTH TRUST REGULARLY ENGAGES AN OUTSIDE COMPENSATION CONSULTANT TO ARRIVE AT REASONABLE COMPENSATION. THE OUTSIDE CONSULTANT REVIEWS COMPARABILITY DATA FROM COMPENSATION STUDIES AND OTHER SOURCES IN ARRIVING AT A RANGE OF REASONABLE COMPENSATION. THE BOARD REVIEWS THE REPORT AND DATA PROVIDED BY THE OUTSIDE CONSULTANT, TOGETHER WITH EVALUATING PERFORMANCE, AND THEN VOTES ON ANY COMPENSATION ADJUSTMENTS. THE MOST RECENT EXECUTIVE COMPENSATION ANALYSIS WAS COMPLETED IN SEPTEMBER 2018 THROUGH GALLAGHER BENEFITS SERVICES, INC. FOR THE CAO.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE HEALTH TRUST'S WEBSITE.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

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	(g) No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES 3180 NEWBERRY DRIVE SUITE 200 SAN JOSE, CA 95118 45-4919178	ACCOUNTING SERVICE	CA	THE HEALTH TRUST	C	4,705,799	986,794	100.000 %	Yes	

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

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)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	M	489,960	COST BASED CONTRACT
(2)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	Q	136,555	COST
(3)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	O	24,648	COST BASED CONTRACT
(4)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	F	80,000	REL. ORG. BOARD DECISION

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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