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DLN: 93493078013020

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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) Room/suite
3180 NEWBERRY DRIVE NO 200
City or town, state or province, country, and ZIP or foreign postal code
SAN JOSE, CA 95118

F Name and address of principal officer
MICHELE LEW
3180 NEWBERRY DRIVE NO 200
SAN JOSE, CA 95118

D Employer identification number
94-6050231
E Telephone number
(408) 513-8700
G Gross receipts \$ 30,756,377

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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

Activities & Governance

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) 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 12

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 159

6 Total number of volunteers (estimate if necessary) 1,117

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

R Revenue

8 Contributions and grants (Part VIII, line 1h) 15,437,035

9 Program service revenue (Part VIII, line 2g) 359,945

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,249,449

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 290,901

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,337,330

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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

Signature of officer
MICHELE LEW CHIEF EXECUTIVE OFFICER
Type or print name and title

2020-03-16
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ARMANINO LLP
Firm's address ▶ 50 W SAN FERNANDO ST STE 500
SAN JOSE, CA 95113

Preparer's signature
Date 2020-03-16
Check ☐ if self-employed
PTIN P00233621
Firm's EIN ▶ 94-6214841
Phone no (408) 200-6400

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

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

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 \$	7,491,725	including grants of \$	343,432)	(Revenue \$	3,805)
See Additional Data							

4b	(Code)	(Expenses \$	4,327,182	including grants of \$	1,072,792)	(Revenue \$	89,781)
See Additional Data							

4c	(Code)	(Expenses \$	4,174,777	including grants of \$	1,348,711)	(Revenue \$	395,258)
See Additional Data							

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 15,993,684

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 Revenue Procedure 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	No
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	
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 313	
b Enter the number of Forms W-2G included in 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	

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	159			
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	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
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		
9a 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?						
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

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	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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 in 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 in 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 in 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: CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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, CA 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID NEIGHBORS CHAIR	2 00	X		X				0	0	0
(2) MICHAEL CELIO - TO JUNE 2019 BOARD CHAIR FR DEC 2018	2 00	X		X				0	0	0
(3) JOANN ZIMMERMAN VICE CHAIR	2 00	X		X				0	0	0
(4) ROBERTA L ROBINS JD - TO JUN 2019 BOARD VICE CHAIR	2 00	X		X				0	0	0
(5) EMILY LAM SECRETARY	2 00	X		X				0	0	0
(6) CHARLES BULLOCK PHD - TO DEC CHAIR/(INTERIM CEO TO JAN 2018)	40 00	X		X				115,446	0	1,620
(7) MICHELE LEW CEO	40 00	X		X				300,632	0	14,354
(8) GREG HENDERSON - FR SEP 2018 BOARD MEMBER	2 00	X						0	0	0
(9) ALEXANDRIA FELTON BOARD MEMBER	2 00	X						0	0	0
(10) RITA NGUYEN - FR SEP 2018 BOARD MEMBER	2 00	X						0	0	0
(11) CRAIG STEPHENS - FR JUN 2019 BOARD MEMBER	2 00	X						0	0	0
(12) CAMILLE LLANES-FONTANILLA BOARD MEMBER	2 00	X						0	0	0
(13) JIM HEERWAGEN BOARD MEMBER	2 00	X						0	0	0
(14) ANALILIA GARCIA - FR JUN 2019 BOARD MEMBER	2 00	X						0	0	0
(15) UJJAL KOHLI - FR SEP 2018 BOARD MEMBER	2 00	X						0	0	0
(16) ANN RAVEL - FR JUN 2019 BOARD MEMBER	2 00	X						0	0	0
(17) TODD HANSEN - TO JAN 2019 COO	38 00			X				252,860	0	31,038
	2 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY CHAN CHIEF ADMINISTRATIVE OFFICER	40 00			X				55,369	0	153
(19) PAUL HEPPER - TO MARCH 2019 V P OF PROGRAMS	40 00				X			184,863	0	8,575
(20) IRENE SEGURA - TO DEC 2018 HR DIRECTOR	31 60 8 40					X		129,650	0	28,877
(21) DORCAS ROSADO-CHAN VP OF HOUSING	40 00					X		135,739	0	23,992
(22) CARLENE SCHMIDT DEVELOPMENT DIRECTOR	40 00					X		113,393	0	13,283
(23) RACHEL POPLACK - TO JUNE 2019 DIRECTOR OF STRATEGY	32 00					X		106,445	0	5,747
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,394,397	0	127,639

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 **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
FINANCIAL ADMINISTRATIVE SUPPORT SERVICE 3315 ALMADEN EXPY STE10 SAN JOSE, CA 95118	ACCOUNTING SERVICES	562,214
ARMANINO LLP PO BOX 398285 SAN FRANCISCO, CA 941398285	AUDIT AND TAX SERVICES	101,825

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 **2**

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	122,407				
	c Fundraising events	1c	155,741				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,461,461				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,660,086				
	g Noncash contributions included in lines 1a - 1f \$		1,044,608				
	h Total. Add lines 1a-1f		14,399,695				
Program Service Revenue			Business Code				
	2a HEALTH TRUST PROGRAMS		624100	488,844	488,844		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		488,844				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,962,272				5,962,272
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents		439,690				
	b Less rental expenses		263,363				
	c Rental income or (loss)		176,327				
	d Net rental income or (loss)		176,327				176,327
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		9,459,380				
	b Less cost or other basis and sales expenses		8,923,282				
	c Gain or (loss)		536,098				
	d Net gain or (loss)		536,098				536,098
	8a Gross income from fundraising events (not including \$ 155,741 of contributions reported on line 1c) See Part IV, line 18		a 6,496				
	b Less direct expenses		b 10,972				
	c Net income or (loss) from fundraising events		-4,476				-4,476
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions		21,558,760		488,844	0	6,670,221	

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.	1,721,788	1,721,788		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,043,147	1,043,147		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	819,633	345,414	426,305	47,914
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.	4,900,290	4,178,448	377,350	344,492
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	123,351	111,425	1,716	10,210
9 Other employee benefits.	1,435,941	1,198,799	158,184	78,958
10 Payroll taxes.	475,712	377,390	66,443	31,879
11 Fees for services (non-employees).				
a Management.				
b Legal.	17,995		17,995	
c Accounting.	676,997		676,997	
d Lobbying.	30,000		30,000	
e Professional fundraising services. See Part IV, line 17.	23,571			23,571
f Investment management fees.	483,442		483,442	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	88,442	20,422	66,394	1,626
12 Advertising and promotion.	7,275		6,750	525
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	511,169	417,976	72,209	20,984
17 Travel.	132,434	128,828	2,002	1,604
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	24,495	11,347	11,780	1,368
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	121,731	71,973	41,054	8,704
23 Insurance.	116,959	23,194	92,520	1,245
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	6,178,481	5,961,740	191,483	25,258
b SUPPLIES	376,617	285,140	44,311	47,166
c OTHER MISC EXPENSES	158,291	83,161	60,715	14,415
d DUES AND SUBSCRIPTIONS	45,649	13,492	31,052	1,105
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	19,513,410	15,993,684	2,858,702	661,024
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,866,663	2	783,468
	3 Pledges and grants receivable, net	101,732	3	373,365
	4 Accounts receivable, net	5,011,511	4	5,832,903
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	184,091	9	189,407
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 14,572,053		
	b Less: accumulated depreciation	10b 2,760,331	11,957,536	10c 11,811,722
	11 Investments—publicly traded securities	68,501,354	11	66,958,681
	12 Investments—other securities. See Part IV, line 11	28,779,275	12	29,709,993
	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	58,672	15	10,460
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,504,049	16	115,713,214	
Liabilities	17 Accounts payable and accrued expenses	1,429,592	17	1,147,111
	18 Grants payable	1,283,498	18	1,623,389
	19 Deferred revenue	1,460	19	50,000
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	668,348	25	0
	26 Total liabilities. Add lines 17 through 25	3,382,898	26	2,820,500
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	111,217,864	27	110,858,020
	28 Temporarily restricted net assets	1,731,806	28	1,863,213
	29 Permanently restricted net assets	171,481	29	171,481
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	113,121,151	33	112,892,714	
34 Total liabilities and net assets/fund balances	116,504,049	34	115,713,214	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,558,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,513,410
3	Revenue less expenses Subtract line 2 from line 1	3	2,045,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,121,151
5	Net unrealized gains (losses) on investments	5	-2,273,787
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,892,714

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

- 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 in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ 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?
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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 94-6050231
Name: THE HEALTH TRUST

Form 990 (2018)

Form 990, Part III, Line 4a:

HOUSING SERVICES HOUSING SERVICES PROVIDE PEOPLE LIVING WITH HIV/AIDS AND FORMERLY HOMELESS INDIVIDUALS THE SUPPORT THEY NEED TO REMAIN STABLY HOUSED THE HEALTH TRUST RECOGNIZES STABLE HOUSING AS A NECESSARY FACTOR TO IMPROVING THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS AND FORMERLY HOMELESS INDIVIDUALS THT IS ONE OF THE LARGEST SUPPORTIVE HOUSING CASE MANAGEMENT PROVIDERS IN THE COUNTY, PROVIDING RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, AND RENTAL CHECK PROCESSING FOR MORE THAN 1,100 INDIVIDUALS WHO HAVE BEEN HOMELESS ANNUALLY

Form 990, Part III, Line 4b:

CHRONIC DISEASE SERVICES CHRONIC DISEASE SERVICES PROVIDE COMMUNITY-BASED, CHRONIC DISEASE PREVENTION AND MANAGEMENT RESOURCES TO INDIVIDUALS LIVING WITH COMPLEX HEALTH CONDITIONS SEE SCHEUDLE O CONTINUATION- HIV/AIDS SERVICES - THT IS THE LARGEST NON-MEDICAL 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 800 LOW-INCOME CLIENTS - COMMUNITY HEALTH PROMOTION - THT HELPS MORE THAN 2,600 CHILDREN AND ADULTS ENROLL IN PUBLIC HEALTH INSURANCE PROGRAMS EACH YEAR, LEADS EVIDENCE BASED CHRONIC DISEASE SELFMANAGEMENT AND FALLS PREVENTION CLASSES FOR 600 ADULTS, AND EDUCATES LOCAL COMMUNITIES ABOUT HEALTH AND WELLNESS THROUGH GRASSROOTS ACTIVITIES

Form 990, Part III, Line 4c:

FOOD & NUTRITION SERVICES FOOD & NUTRITION SERVICES FOCUS ON PROVIDING NUTRITIONALLY APPROPRIATE FOOD TO MEET THE COMPLEX HEALTH CONDITIONS OF OUR MOST VULNERABLE POPULATIONS SPECIFIC SERVICES INCLUDE SEE SCHEUDLE O CONTINUATION- FOOD IS MEDICINE - THE HEALTH TRUST, AS A MEMBER OF THE CALIFORNIA FOOD IS MEDICINE COALITION (CAL FIMC), IS PARTICIPATING IN THE MEDI-CAL MEDICALLY TAILORED MEALS PILOT PROGRAM THE GOAL OF THE PROGRAM IS TO REDUCE 30-DAY AND 90-DAY HOSPITAL READMISSIONS FOR PARTICIPATING CLIENTS, REDUCE HEALTHCARE COSTS, AND IMPROVE HEALTH OUTCOMES THE 75 CLIENTS SERVED BY THT IN THIS PROGRAM RECEIVED OVER 12,000 MEALS AND APPROXIMATELY 2,900 WELLNESS CHECKS - MEALS ON WHEELS - DELIVERS HOT, NUTRITIOUS MEALS FIVE DAYS A WEEK, SOMETIMES WITH THE OPTION OF A ONCE-A-WEEK FROZEN MEAL, TO SENIORS AND ADULTS WITH DISABILITIES IN ADDITION TO THE MEALS, THE HEALTH TRUST'S DRIVERS ALSO PROVIDE DAILY WELLNESS CHECKS, MAKING SURE THAT ITS CLIENTS ARE SAFE, ALERT AND STABLE IN FISCAL YEAR 2019, THT PROVIDED OVER 95,000 MEALS AND 62,000 WELLNESS CHECKS FOR OLDER ADULTS AND DISABLED INDIVIDUALS - FRIENDS FROM MEALS ON WHEELS - A PARTNERSHIP BETWEEN THT MEALS ON WHEELS PROGRAM, SANTA CLARA COUNTY'S SENIOR NUTRITION PROGRAM, AND SOURCEWISE, FRIENDS FROM MEALS ON WHEELS IS A FRIENDLY VISITOR PROGRAM AIMED TO DECREASE SOCIAL ISOLATION BY PROVIDING OVER 3,600 FRIENDLY VISITS AND PHONE CALLS TO CLIENTS - JERRY LARSON FOODBASKET - IS A CLEAN, BRIGHT AND ENERGIZED SPACE COMMITTED TO STRENGTHENING THE HEALTH OF THE HEALTH TRUST'S CLIENTS BY DELIVERING TOP NOTCH NUTRITION SERVICES AND DEEPLY SATISFYING ENGAGEMENT OPPORTUNITIES FOR VOLUNTEERS WHILE MAXIMIZING DONOR AND PARTNERS' CONTRIBUTIONS ANNUALLY, THE HEALTH TRUST DISTRIBUTES APPROXIMATELY 560,000 POUNDS OF FOOD DONATED BY SECOND HARVEST OF SILICON VALLEY TO ITS CLIENTS RECEIVING CHRONIC DISEASE AND HOUSING SERVICES - FOOD IN HOUSING - A PRODUCT OF OUR FOOD FOR EVERYONE WORK, THE FOOD IN HOUSING PROGRAM INCREASES FOOD SECURITY FOR HIGH-NEED PERMANENT SUPPORTIVE HOUSING CLIENTS BY PROVIDING THEM WITH NUTRITIONALLY APPROPRIATE BAGS OR BOXES OF FOOD FILLED WITH NON-PERISHABLES, PRODUCE, AND/OR COOKED OR NO-COOK FOOD - PRODUCE MOBILE AT TROPICANA - IN PARTNERSHIP WITH SECOND HARVEST OF SILICON VALLEY, EVERY FIRST WEDNESDAY OF THE MONTH FRESH PRODUCE IS DISTRIBUTED TO COMMUNITY MEMBERS AT THE TROPICANA SHOPPING CENTER IN EAST SAN JOSE APPROXIMATELY 80,000 POUNDS OF FOOD IS DISTRIBUTED TO THE COMMUNITY YEARLY - FOOD ACCESS PILOT PROJECT - IN PARTNERSHIP WITH THE STATE OFFICE OF AIDS WE DEVELOPED THE FOOD ACCESS PILOT PROJECT (FAPP) FOR PEOPLE LIVING WITH HIV/AIDS IN SELECT CALIFORNIA COUNTIES BASED ON AN INTAKE NUTRITION ASSESSMENT, FAPP AIMS TO PROVIDE APPROXIMATELY 30% OF THE DAILY CALORIC NEEDS TO 166 CLIENTS WHO LACK OPTIMAL NUTRITION

SCHEDULE A

(Form 990 or 990EZ)

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 the latest information.

OMB No 1545-0047

2018

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 or 990-EZ))

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☒

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

11

☐

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

12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,279,976	10,505,232	15,765,833	15,437,035	14,399,695	65,387,771
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	1,155,806	957,095	966,156	339,945	488,844	3,907,846
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	10,435,782	11,462,327	16,731,989	15,776,980	14,888,539	69,295,617
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.)						69,295,617

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	10,435,782	11,462,327	16,731,989	15,776,980	14,888,539	69,295,617
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,830,036	1,635,847	1,913,301	4,801,295	6,401,962	16,582,441
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,830,036	1,635,847	1,913,301	4,801,295	6,401,962	16,582,441
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)			38,688	71,852	6,496	117,036
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,265,818	13,098,174	18,683,978	20,650,127	21,296,997	85,995,094

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	80.580 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	84.180 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	19.280 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	15.680 %

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 94-6050231
Name: THE HEALTH TRUST

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

SCHEDULE C
(Form 990 or 990-EZ)

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

2018

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 THE HEALTH TRUST	Employer identification number 94-6050231
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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)	30,230													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,117													
c Total lobbying expenditures (add lines 1a and 1b)	31,347													
d Other exempt purpose expenditures	19,482,063													
e Total exempt purpose expenditures (add lines 1c and 1d)	19,513,410													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	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		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	950,570	998,951	1,000,000	1,000,000	3,949,521
b Lobbying ceiling amount (150% of line 2a, column(e))					5,924,282
c Total lobbying expenditures	110,000	10,809	5,293	31,347	157,449
d Grassroots nontaxable amount	237,643	249,738	250,000	250,000	987,381
e Grassroots ceiling amount (150% of line 2d, column (e))					1,481,072
f Grassroots lobbying expenditures	110,000	10,799	518	30,230	151,547

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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to 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
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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 the latest information.

OMB No 1545-0047

2018

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	255,506	238,863	205,002	213,284	209,332
b Contributions			501	500	500
c Net investment earnings, gains, and losses	9,934	16,643	33,360	-6,988	5,372
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				1,794	1,920
g End of year balance	265,440	255,506	238,863	205,002	213,284

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 64 600 %

c

Temporarily restricted endowment ▶ 35 400 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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	7,500,000	2,350,000		9,850,000
b Buildings		2,837,895	954,136	1,883,759
c Leasehold improvements		782,955	734,482	48,473
d Equipment		1,101,203	1,071,713	29,490
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,811,722

Schedule D (Form 990) 2018

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	1,952,648	F
(B) VENTURE CAPITAL FUNDS AND LIMITED PARTNERSHIPS	2,268,900	F
(C) SEI ENERGY DEBT	3,616,949	F
(D) SEI HEDGE FD	19,684,583	F
(E) SEI GPA IV	1,186,913	F
(F) ABODE NOTE	1,000,000	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	29,709,993	

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)		

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		2e		
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		4c		
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				
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		2e		
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 :		4c		
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				
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	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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OMB No 1545-0047

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

2018

Open to Public Inspection

Employer identification number

94-6050231

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

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

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 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		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPRING INTO HEALTH (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	162,237			162,237
	2 Less Contributions	155,741			155,741
	3 Gross income (line 1 minus line 2)	6,496			6,496
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,343			3,343
	7 Food and beverages	3,710			3,710
	8 Entertainment				
	9 Other direct expenses	3,919			3,919
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				10,972
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,476	

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

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

Name of the organization
THE HEALTH TRUST

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

2018

Open to Public
Inspection

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONATED FOOD	8000		1,043,147	FMV FROM IN-KIND DONATIONS	FOOD BASKET, FAMILY RESOURCE CENTER, MOBILE FOOD
(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	HEALTH PARTNERSHIP GRANTS ARE MADE THROUGH OUR HOSPITAL SPONSOR, THE HEALTH & HOSPITAL SYSTEM OF SANTA CLARA COUNTY ONCE GRANT CONTRACTS ARE SIGNED BY ALL PARTIES AND GRANT PAYMENTS ARE ISSUED, THE GRANTEE PROVIDES THE HEALTH TRUST WITH - AN INTERIM NARRATIVE REPORT AND BUDGET OF FUNDS SPENT TO-DATE AT THE MID-POINT OF THE GRANT PERIOD THE HEALTH TRUST MAY SUBSTITUTE A SITE VISIT FOR THE INTERIM REPORT NARRATIVE - A FINAL NARRATIVE REPORT AND BUDGET OF FUNDS SPENT DURING THE GRANT PERIOD PER THE GRANT CONTRACT, THE FINAL REPORT INDICATES THE OBJECTIVES OF THE GRANT AS OUTLINED IN THE PROPOSAL, THE MILESTONES AND OUTCOMES ACHIEVED, AND ANY PROBLEMS OR OBSTACLES ENCOUNTERED IN THE EFFORT TO ACHIEVE THE GRANT PURPOSES THE FINANCIAL REPORT IS PREPARED IN ACCORDANCE WITH REGULAR ACCOUNTING STANDARDS CONSISTENTLY APPLIED FOR ALL PERIODS DURING WHICH GRANT FUNDS ARE RECEIVED AND SHOWS ACTUAL EXPENDITURES AGAINST THE APPROVED LINE ITEM BUDGET EXPENDITURES OF THE GRANT FUNDS MUST ADHERE TO THE SPECIFIC LINE ITEMS IN THE BUDGET INCLUDED IN THE PROPOSAL TRANSFERS AMONG LINE ITEMS (INCREASES AND DECREASES) ARE PERMITTED IF THEY DO NOT IN THE AGGREGATE EXCEED 10% OF ANY LINE ITEM BUDGET VARIANCES IN EXCESS OF 10% OF ANY LINE ITEM REQUIRE PRIOR WRITTEN APPROVAL AND SHALL NOT, IN THE AGGREGATE, RESULT IN AN INCREASE TO THE TOTAL BUDGET FOR THE GRANT IF ANY OF THE GRANT FUNDS HAVE NOT BEEN EXPENDED DURING THE BUDGET PERIOD OF THE GRANT, THE UNSPENT FUNDS SHALL BE PROMPTLY RETURNED TO THE TRUST WITHIN 30 DAYS OF THE EXPIRATION OF THAT PERIOD UNLESS OTHERWISE AGREED IN WRITING BY THE TRUST THE GRANTEE IS REQUIRED TO IDENTIFY AND ACCOUNT FOR THE GRANT SEPARATELY ON ITS GENERAL LEDGER A SYSTEMATIC RECORD IS KEPT BY THE GRANTEE OF THE RECEIPT AND DISBURSEMENT OF FUNDS AND EXPENDITURES INCURRED UNDER THE TERMS OF THE GRANT, AND ALL REPORTS AND SUBSTANTIATING DOCUMENTS SUCH AS BILLS, INVOICES, CANCELED CHECKS, AND RECEIPTS, ARE REQUIRED TO BE RETAINED IN THE GRANTEE'S FILES FOR A PERIOD OF NOT LESS THAN FOUR (4) YEARS AFTER THE EXPIRATION OF THE GRANT PERIOD
SCHEDULE I PART II COLUMN (H)	THE HEALTH TRUST AWARDED A TOTAL OF \$1,721,788 IN GRANTS IN FISCAL YEAR 2019 THE HEALTH TRUST AWARDED 10 HEALTH PARTNERSHIP GRANTS TOTALING \$1,518,389 AND 49 GOOD SAMARITAN GRANTS TOTALING \$75,000 IN ADDITION, THE HEALTH TRUST AWARDED 6 GRANTS TOTALING \$101,496 IN SUPPORT OF THE GETTING TO ZERO INITIATIVE MADE POSSIBLE THROUGH FUNDS FROM THE COUNTY OF SANTA CLARA THERE WERE OTHER REDUCTIONS TOTALING \$31,558 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 ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY - \$78,677 OVER 12 MONTHS TO DEVELOP, IMPLEMENT AND INSTITUTIONALIZE A REFERRAL PROGRAM TO COMMUNITY-BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS TARGETING PATIENTS WHO ARE AT HIGH-RISK OF DEVELOPING AND THOSE CURRENTLY EXPERIENCING A CHRONIC CONDITION COMMUNITY FOOD BANK OF SAN BENITO COUNTY - \$50,000 OVER 14 MONTHS TO ENHANCE THE FOOD BANK'S OPERATIONAL SUSTAINABILITY BY DEVELOPING A NEW FINANCIAL REVENUE STREAM TO STRENGTHEN ITS FOOD PROGRAMS THAT SUPPORT THE MOST VULNERABLE IN SAN BENITO COUNTY COMMUNITY HEALTH PARTNERSHIP - \$225,000 OVER 18 MONTHS TO CONVENE REGIONAL PARTNERS, CLINIC MEMBERS, AND PATIENTS TO CO-DESIGN, PLAN AND TEST SOLUTIONS TO STRENGTHEN FORMAL RELATIONSHIPS AND REFERRALS BETWEEN CLINICS AND CBOS THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH ISSUES FOR PATIENTS WITH DIABETES USING A "HUMAN-CENTERED APPROACH" MODEL INDIAN HEALTH CENTER - \$75,000 OVER 10 MONTHS TO UPDATE AND IMPROVE ITS POLICIES, PROCEDURES AND WORKFLOWS TO IMPLEMENT AN OPT-OUT HIV SCREENING TECHNIQUE, EXPAND PREP/ PEP SERVICES, AND DEVELOP A REFERRAL PROCESS THAT WILL ENSURE THAT PATIENTS DIAGNOSED WITH HIV ARE CONNECTED TO CARE PLANNED PARENTHOOD MAR MONTE - \$100,000 OVER 12 MONTHS TO REDUCE STI AND HIV INFECTION RATES IN SANTA CLARA COUNTY BY EXPANDING AND INSTITUTIONALIZING MULTISITE TESTING AT ITS SIX SCC SITES PUBLIC HEALTH INSTITUTE - \$715,212 OVER 18 MONTHS TO SUPPORT THE PUBLIC HEALTH PROFESSIONAL DEVELOPMENT PROGRAM (PHDPD) THE PROJECT WILL FOCUS ON BUILDING HEALTH EQUITY IN SILICON VALLEY THROUGH THE PLACEMENT OF FELLOWS WHO WILL WORK ON COMMUNITY HEALTH ISSUES IN THE AREAS OF FOOD, CHRONIC CONDITIONS, AND HEALTH IN HOUSING SILICON VALLEY COMMUNITY FOUNDATION - \$50,000 OVER 12 MONTHS TO SUPPORT THE SANTA CLARA CENSUS POOLED FUNDS ESTABLISHED TO ENCOURAGE THE MOST VULNERABLE, HARD-TO-COUNT (HTC) POPULATIONS TO PARTICIPATE IN THE UPCOMING CENSUS BY AWARDDING GRANTS TO NONPROFIT ORGANIZATIONS SVCF INTENDS TO INCREASE RESPONSE RATES IN HTC COMMUNITIES BY ONE TO THREE PERCENTAGE POINTS ABOVE THE 2010 CENSUS HTC RATES SILICON VALLEY COUNCIL OF NONPROFITS - \$70,000 OVER 16 MONTHS TO INCREASE INVESTMENT AND CAPACITY OF THE FOOD ACCESS ECOSYSTEM TARGETING OLDER ADULTS AT THE CITY OF SAN JOSE AND COUNTY OF SANTA CLARA LEVEL WORKING PARTNERSHIPS USA - \$77,500 OVER 12 MONTHS TO CREATE AFFORDABLE HOUSING OPPORTUNITIES WITH SUPPORTIVE SERVICES ON TWO NEW SITES FOR PEOPLE WHO REQUIRE LTSS SERVICES AND TO ADDRESS SYSTEM FLAWS AND POLICY GAPS THAT IMPEDE THE PROVISION OF ADDITIONAL HOUSING OPTIONS AND RELATED SERVICES YOUTH ALLIANCE - \$77,000 OVER 12 MONTHS TO STRENGTHEN ITS COMMUNITY HEALTH PROJECT THAT WILL BROADEN THE AVAILABILITY AND EXPANDED LEVELS OF BEHAVIORAL HEALTH SERVICES FOR UNDERSERVED/UNSERVED YOUTH IN SAN BENITO COUNTY THE HEALTH TRUST ALSO GRANTED \$58,461 TO CATHOLIC CHARITIES AS A REGRANT FROM THE PACKARD FOUNDATION GRANT "FOOD FOR EVERYONE" THAT THT RECEIVED SINCE THT TRANSFERRED THE FAMILY RESOURCE CENTERS TO CATHOLIC CHARITIES IN AUGUST 2018 AND A LARGE PORTION OF THE GRANT MADE TO THT FROM PACKARD WAS FOR FOOD FO THESE FAMILY RESOURCE CENTERS, THT RE-GRANTED THE MONEY TO CATHOLIC CHARITIES
SCHEDULE I PART II COLUMN (H) - CONTINUED	GOOD SAMARITAN GRANTS ACT FOR MENTAL HEALTH - \$1,000 ACT'S FIRST ANNUAL HOLIDAY BANQUET FUNDRAISER ON DECEMBER 7, 2018 AFP SILICON VALLEY CHAPTER - \$1,320 IDEA FELLOWSHIP PROGRAM ON JANUARY 15, 2019 AFRICAN AMERICAN COMMUNITY SERVICES AGENCY - \$2,000 2019 JUNETEENTH IN THE PARK FESTIVAL "STILL WE RISE" ON JUNE 15, 2019 AGING SERVICES COLLABORATIVE OF SANTA CLARA COUNTY - \$1,000 9TH ANNUAL CAREGIVERS CONFERENCE ON MAY 18, 2019 ALUM ROCK COUNSELING CENTER - \$1,000 UNMASKING THE POTENTIAL IN TODAY'S YOUTH LUNCHEON ON MARCH 27, 2019 ASIAN AMERICAN FOR COMMUNITY INVOLVEMENT - \$2,500 AACI ANNUAL FUNDRAISER BETTER TOGETHER 2018 ON SEPTEMBER 8, 2018 BAY AREA WOMEN'S SPORTS INITIATIVE - \$1,000 LIGHT UP THE NIGHT SPRING EVENT ON MAY 3, 2019 BAYMEC COMMUNITY FOUNDATION - \$1,500 AN EVENING WITH WIGGSY SIVERTSEN EVENT ON JUNE 24, 2019 CARRY THE VISION - \$1,000 ANNUAL BE THE ONE, A COMMUNITY GATHERING WITH ELA GANDHI ON NOVEMBER 18, 2018 CHILD ADVOCATES OF SILICON VALLEY- \$2,500 ANNUAL SPRING FUNDRAISING EVENT ON APRIL 6, 2019 CHINESE AMERICAN COALITION FOR COMPASSIONATE CARE - \$500 STARTING THE CONVERSATION AN ADVANCE CARE PLANNING PROGRAM IN APRIL 2019 CITY OF SAN JOSE, CITY COUNCIL DISTRICT 8, OFFICE OF COUNCILMEMBER SYLVIA ARENAS - \$1,000 DAY IN THE PARK 2018 ON OCTOBER 13, 2018 COMMISSION ON THE STATUS OF WOMEN THROUGH OFFICE OF WOMEN'S POLICY - \$750 WOMEN'S EQUALITY DAY DINNER ON AUGUST 24, 2018 COMMUNITY AGENCY FOR RESOURCES, ADVOCACY AND SERVICES (CARAS) - \$1,000 ANNUAL TAMAL FESTIVAL ON OCTOBER 7, 2018 CONGREGATION SHIR HADASH - \$1,000 2019 HEALTHY LIVING FAIR ON APRIL 7, 2019 COUNTY OF SANTA CLARA, DISTRICT 2 THROUGH VMCF- \$1,000 WOMEN'S LEADERSHIP POLICY SUMMIT ON FEBRUARY 2, 2019 COUNTY OF SANTA CLARA, DISTRICT 3 - \$1,000 DAY ON THE BAY ON OCTOBER 7, 2018 DOWNTOWN STREETS TEAM - \$2,500 2ND ANNUAL DROP DOWN FROM THE ADOBE BUILDING ON SEPTEMBER 7 AND 8, 2018 EL CAMINO YMCA - \$1,500 2019 PROJECT CORNERSTONE ASSET CHAMPIONS BREAKFAST ON MARCH 28, 2019 ESCUELA POPULAR - \$750 ANNUAL HEALTH FAIR ON OCTOBER 1, 2018 GARDNER FAMILY HEALTH NETWORK - \$2,500 50TH ANNIVERSARY CELEBRATION ON SEPTEMBER 15, 2018 HAPPY HOLLOW FOUNDATION - \$2,500 2019 SENIOR SAFARI WALKABOUT SERIES SCHEDULE FOR MAY 2019-OCTOBER 2019 HEALTH LEGAL SERVICES - \$3,500 RYAN WHITE CARE ACT CELEBRATION EVENT ON AUGUST 23, 2019 HEALTHIER KIDS FOUNDATION - \$2,500 17TH ANNUAL BENEFIT ON OCTOBER 12, 2018 HISPANIC FOUNDATION SILICON VALLEY - \$2,500 2019 HISPANIC FOUNDATION BALL ON OCTOBER 20, 2018 OFFICE OF ASSEMBLY MEMBER ASH KALRA THROUGH VEGGIELUTION - \$2,000 2019 SAN JOSE VEGGIE FEST ON AUGUST 10, 2019 PARENTS HELPING PARENTS - \$1,000 PARENTS HELPING PARENTS GALA ON APRIL 27, 2019 PEOPLE ACTING IN COMMUNITY TOGETHER - \$2,500 PACT'S 2018 LEADERSHIP LUNCHEON ON OCTOBER 8, 2018 PORTUGUESE ORGANIZATION FOR SOCIAL SERVICES AND OPPORTUNITIES (POSSO) - \$1,000 43RD ANNIVERSARY EVENT ON APRIL 6, 2019 PROJECT MORE FOUNDATION - \$1,000 POST STREET JUBILEE EVENT ON SEPTEMBER 22, 2018 SACRED HEART COMMUNITY SERVICES - \$1,000 GOOD INTENTIONS EVENT ON MAY 22, 2019 SAN BENITO COUNTY OPIOID TASK FORCE - \$280 SAFEMED SAN BENITO IN JULY 2019 SAN JOSE CHAMBER OF COMMERCE COMMUNITY BENEFIT FOUNDATION - \$2,500 OUTDOOR CLASSROOM IMPROVEMENTS FOR THE GUADALUPE RIVER PARKS & GARDEN ON NOVEMBER 3, 2018 SAN JOSE GRAIL FAMILY SERVICES - \$1,000 ANNUAL FUNDRAISER ON MAY 2, 2019 SAN JOSE WOMEN'S CLUB - \$500 COMMUNI-TEA 2019 ON MAY 30, 2019 SAN JUAN BAUTISTA CITY LIBRARY - \$1,100 FIRST ANNUAL HEALTH FAIR ON NOVEMBER 17, 2018 SILICON VALLEY BICYCLE COALITION - \$1,000 SILICON VALLEY BIKE SUMMIT ON AUGUST 22, 2018 SJSU HEALTH & HUMAN SERVICES - \$1,000 HEALTH & WELLNESS WEEK CELEBRATION ON OCTOBER 18, 2018 SOMOS MAYFAIR- \$2,500 GRACIAS A LA VIDA ON APRIL 18, 2019 SOUTH COUNTY COLLABORATIVE - \$900 BINATIONAL HEALTH CONFERENCE ON OCTOBER 11, 2018 SPUR - \$1,500 RE-ENVISIONING THE GUADALUPE RIVER PARK ON OCTOBER 5, 2018 SV @ HOME - \$1,000 SANTA CLARA COUNTY AFFORDABLE HOUSING WEEK 2019 IN MAY 2019 UPLIFT FAMILY SERVICES - \$2,500 SILICON VALLEY COMMUNITY AWARDS LUNCHEON ON MARCH 29, 2019 VALLEY VERDE - \$2,000 SEMILLAS DE ESPERANZA (SEEDS OF HOPE) AN EVENING WITH DOLORES HUERTA ON NOVEMBER 19, 2018 VMC FOUNDATION - \$2,500 WICKED AFFAIR GALA ON OCTOBER 6, 2018 WEST VALLEY COMMUNITY SERVICES - \$2,500 CHEFS FOR COMPASSION EVENT ON SEPTEMBER 20, 2019 WORKING PARTNERSHIPS USA - \$1,000 CHAMPIONS FOR CHANGE 2018 ON OCTOBER 3, 2018 YOUTH CONNECTIONS FOUNDATION - \$1,500 ANNUAL COMEDY FOR KIDS FUNDRAISER ON NOVEMBER 9, 2018 YU-AI-KAI - \$1,900 45TH ANNIVERSARY GALA ON MARCH 16, 2019 GETTING TO ZERO THE HEALTH TRUST IS COLLABORATING WITH THE SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT AND OTHER PARTNERS ON THE GETTING TO ZERO (GTZ) HIV INITIATIVE THE INITIATIVE AIMS TO HAVE "ZERO NEW HIV INFECTIONS, ZERO DEATHS FROM HIV, AND ZERO STIGMA RELATED TO HIV " CAMINAR - \$16,496 OVER 7 MONTHS TO PROMOTE GUIDELINE-BASED STD/HIV TESTING AMONG YOUNG ADULTS IN SANTA CLARA COUNTY THROUGH A TWO-PRONGED APPROACH 1) TO TRAIN A COHORT OF YOUTH TO BECOME PEER LEADERS AND DEVELOP EDUCATIONAL RESOURCES TO INFORM THEIR PEERS ABOUT THE IMPORTANCE OF STD/HIV TESTING, AND 2) TO HOST A HEALTH DAY, AS PART OF THE ANNUAL SOUTH BAY YOUTH PRIDE FESTIVAL IN PARTNERSHIP WITH A LOCAL HEALTH TEEN VAN TO PROMOTE STD/HIV TESTING COLECTIVO ALA THROUGH VALLEY MEDICAL CENTER FOUNDATION - \$20,000 OVER 8 MONTHS TO INCREASE STI/HIV TESTING AND ACCESS TO PREP/PEP TARGETING LATINX INDIVIDUALS, PARTICULARLY THOSE WHO IDENTIFY AS LGBTQ BY DEVELOPING AND PRODUCING A DEVISED THEATER PLAY THAT WILL ADDRESS THE AFOREMENTIONED ISSUES GARDNER FAMILY CARE CORPORATION, INC - \$20,000 OVER 11 MONTHS TO CREATE SUSTAINABLE INFRASTRUCTURE CHANGE WITHIN THE NEXTGEN EHR SYSTEM AND AMONG OUR CLINICAL AND QUALITY IMPROVEMENT STAFF TO BE ABLE TO OBTAIN BASELINE HIV AND STI SCREENING RATES ONCE BASELINE RATES ARE DETERMINED, WE WILL WORK WITH THE COMPREKARE HEALTH CENTER LOCATED AT 3030 ALUM ROCK AVE SAN JOSE 95127 TO IMPLEMENT OPT-OUT HIV SCREENING AND COMPREHENSIVE STI TESTING PROJECT MORE FOUNDATION - \$5,000 OVER 1 MONTH TO LAUNCH THE U=U CAMPAIGN THE CAMPAIGN WILL INCREASE EXPOSURE, MEDIA COVERAGE, PUBLIC AWARENESS, AND COMMUNITY INVOLVEMENT OF THE GTZ PRIORITIES THROUGH THE LAUNCH, ATTENDEES WILL ACQUIRE INCREASED KNOWLEDGE OF THE U=U CAMPAIGN, AS WELL AS GUIDELINE-BASED TESTING, PREP AND PEP IMPLEMENTATION, HIV CARE AND RETENTION, AND REDUCTION OF STIGMA ROOTS COMMUNITY HEALTH CENTER, SOUTH BAY - \$20,000 OVER 4 MONTHS TO STRENGTHEN ITS CLINICAL INFRASTRUCTURE THROUGH STAFF TRAINING FOCUSED ON HIV AND STD COUNSELING, INCLUDING THE INSTITUTIONALIZATION OF THREE-SITE STD TESTING SCHOOL HEALTH CLINICS - \$20,000 OVER 9 MONTHS TO IMPROVE THE QUALITY OF CARE PROVIDED BY SCHOOL HEALTH CLINIC TO LOW INCOME, UNDER-SERVED ADOLESCENTS AND ADULTS FOR STI/HIV SERVICES THROUGH TECHNOLOGY IMPROVEMENTS AND STAFF TRAINING

Additional Data

Software ID:
Software Version:
EIN: 94-6050231
Name: THE HEALTH TRUST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY 2400 MOORPARK AVE STE 300 SAN JOSE, CA 95128	94-2292491	501(C)(3)	81,177				SEE PART IV
CAMINAR 2600 S EL CAMINO REAL SAN MATEO, CA 94403	94-1639389	501(C)(3)	16,496				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SANTA CLARA 2625 ZANKER ROAD SAN JOSE, CA 95134	94-2762269	501(C)(3)	58,461				SEE PART IV
COMMUNITY FOOD BANK OF SAN BENITO COUNTY 1133 SAN FELIPE ROAD HOLLISTER, CA 95023	77-0306871	501(C)(3)	50,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH PARTNERSHIP 1401 PARKMOOR AVENUE SUITE 200 SAN JOSE, CA 95126	77-0352645	501(C)(3)	225,000				SEE PART IV
GARDNER FAMILY HEALTH NETWORK 160 E VIRGINIA ST SUITE 100 SAN JOSE, CA 95112	94-1743078	501(C)(3)	22,500				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN HEALTH CENTER OF SANTA CLARA VALLEY INC 1333 MERIDIAN AVENUE SAN JOSE, CA 95125	94-2476242	501(C)(3)	75,000				SEE PART IV
PLANNED PARENTHOOD MAR MONTE INC 1746 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	100,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT MORE FOUNDATION 1700 DE LA CRUZ BLVD SUITE D2 SANTA CLARA, CA 95050	46-4234256	501(C)(3)	6,000				SEE PART IV
PUBLIC HEALTH INSTITUTE 555 12TH ST FL10 OAKLAND, CA 94607	94-1646278	501(C)(3)	683,654				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD STE 5 OAKLAND, CA 94603	26-2583954	501(C)(3)	20,000				SEE PART IV
SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 6840 VIA DEL ORO STE 210 SAN JOSE, CA 95119	77-0031679	501(C)(3)	20,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	50,000				SEE PART IV
SILICON VALLEY COUNCIL OF NONPROFITS 1400 PARKMOOR AVE STE 130 SAN JOSE, CA 95126	77-0524747	501(C)(3)	70,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY MEDICAL CENTER FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501(C)(3)	23,500				SEE PART IV
WORKING PARTNERSHIPS USA 2102 ALMADEN RD STE 112 SAN JOSE, CA 95125	77-0387535	501(C)(3)	78,500				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ALLIANCE 310 4TH ST 101 HOLLISTER, CA 95023	77-0377245	501(C)(3)	77,000				SEE PART IV

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
			2018
			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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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 in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	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	

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.

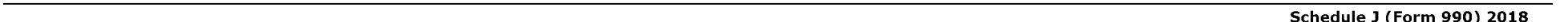
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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, 2019, THE HEALTH TRUST DID NOT MAKE ANY CONTRIBUTIONS TO THE 457(F) PLAN.



Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	598,146	SEE PART V		No
(2) SEE PART V	SEE PART V	22,680	SEE PART V LIST 70 _ 3VIVIAN ZHANG@AMLLP COM - 02/03/16 10 07 AM WORKSHEET SCHEDULE L - TRANSACTIONS WITH INTERESTED PERSONS _ 465940 _ -239617		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON FINANCIAL ADMINISTRATIVE SUPPORT SERVICES (FASS)(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION THE HEALTH TRUST IS THE SOLE STOCKHOLDER OF FASS THE CEO OF THE HEALTH TRUST IS A BOARD MEMBER OF FASS THE COO OF THE HEALTH TRUST IS ASSISTANT SECRETARY OF FASS THE CAO OF THE HEALTH TRUST IS A BOARD MEMBER OF FASS (C) AMOUNT OF TRANSACTION \$ 598,146 & \$22,680(D) DESCRIPTION OF TRANSACTION THE HEALTH TRUST HAS CONTRACTED WITH FASS FOR THE PROVISION OF ACCOUNTING SERVICES (\$598,146) IN ADDITION, FASS REIMBURSES THE HEALTH TRUST FOR THE COST OF CERTAIN SERVICES, USE OF FACILITIES, EQUIPMENT AND SHARED PURCHASED SERVICES PURSUANT TO A WRITTEN COST SHARING AGREEMENT (\$22,680) (E) SHARING OF ORGANIZATION REVENUES? = NO

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.

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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	1,043,147	\$1 52/LB FEEDING AMERICA
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>FLORAL ARRANGEMENTS</u>)	X	1	1,461	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

b

If "Yes," describe in Part II

33

If the organization did not 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)	NUMBER OF CONTRIBUTIONS REPRESENTS NUMBER OF DONORS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
THE HEALTH TRUST

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.

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Employer identification number

94-6050231

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	IN FISCAL YEAR 2019, THT EMBARKED ON A NEW STRATEGIC PLAN TO FOCUS ITS EFFORTS TO HAVE MAXIMUM IMPACT IN THE COMMUNITY THE HEALTH TRUST USES A MULTIFACETED APPROACH WHEN TACKLING HEALTH DISPARITIES PLAGUING THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITY OLDER ADULTS , RECENTLY HOUSED INDIVIDUALS, AND PEOPLE AT RISK OF, OR LIVING WITH, A CHRONIC CONDITION THT ALIGNS OUR ROLES AS A FUNDER, A PROVIDER, AND AN ADVOCATE TO CREATE LASTING CHANGE FOR THE PEOPLE WE SERVE AND TO THE SYSTEMS AND POLICIES AFFECTING THEIR HEALTH THE HEALTH TRUST'S FOCUS IS CATEGORIZED INTO THREE AREAS IMPROVING HEALTH THROUGH FOOD, MAKING CHRONIC DISEASES MORE PREVENTABLE AND MANAGEABLE, AND PRIORITIZING HEALTH IN HOUSING

990 Schedule O, Supplemental Information

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 CO PY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO AND COO 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE HEALTH TRUST

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.

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2018

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Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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	No
(1) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES 3315 ALMADEN EXPRESSWAY SUITE 10 SAN JOSE, CA 95118 45-4919178	ACCOUNTING SERVICE	CA	THE HEALTH TRUST	C	3,603,299	609,843	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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	598,146	COST BASED CONTRACT
(2) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	Q	24,700	COST
(3) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	O	22,680	COST BASED CONTRACT

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation