

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Form 990

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing organization name (PAJARO VALLEY COMMUNITY HEALTH TRUST), EIN (94-1149702), address (85 NIELSON STREET, WATSONVILLE, CA 95076), principal officer (DE ANDRE JAMES), and website (WWW.PVHEALTHTRUST.ORG).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and asset/liability totals.

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.

Signature block containing officer signature (DE ANDRE JAMES), preparer signature (RAE GULARTE), and firm information (CLIFTONLARSONALLEN LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HEALTH TRUST AIMS TO IMPROVE HEALTH AND QUALITY OF LIFE FOR RESIDENTS OF THE GREATER PAJARO VALLEY BY PROVIDING HEALTH PROMOTION SERVICES AND DIABETES SELF-MANAGEMENT EDUCATION. ADDITIONALLY, WE CONVENE CROSS-SECTOR STAKEHOLDERS TO ALIGN RESOURCES TO REALIZE A

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 [X] 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 [X] 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 \$ 808,931. including grants of \$) (Revenue \$ 218,089.) DIABETES HEALTH CENTER SERVICES - THE HEALTH TRUST OPERATES THE DIABETES HEALTH CENTER (DHC). THE DHC IS A CULTURALLY RESPONSIVE COMMUNITY-BASED HEALTH EDUCATION AND DIABETES CARE PROGRAM THAT NOT ONLY SERVES THOSE LIVING WITH DIABETES OR PREDIABETES BUT SEES PATIENTS FOR MANAGING HIGH CHOLESTEROL, HIGH TRIGLYCERIDES, HIGH BLOOD PRESSURE, WEIGHT MANAGEMENT, AND ACUTE OR CHRONIC DISEASE MANAGEMENT. THE DHC PROVIDED 2,200 INDIVIDUAL SESSIONS AND 30 WORKPLACE WELLNESS, JOB SITE EDUCATION AND COMMUNITY OUTREACH EVENTS THIS YEAR BENEFITING 1,500 INDIVIDUALS.

4b (Code:) (Expenses \$ 786,928. including grants of \$ 350,628.) (Revenue \$) HEALTH COLLABORATIVES: - ADVOCACY & LEADERSHIP - THE HEALTH TRUST FOSTERS A HEALTHY AND EQUITABLE COMMUNITY FOR ALL IN THE PAJARO VALLEY THROUGH LEADERSHIP IN ADVOCACY, COLLABORATION, AND WELLNESS. WE BUILD, SUSTAIN, AND LEVERAGE PARTNERSHIPS WITH THE COMMUNITY AND PEER NONPROFITS IN SANTA CRUZ, MONTEREY, AND SAN BENITO COUNTY. WE CONVENE THE PAJARO VALLEY FOOD, FARMING & HEALTH POLICY COUNCIL, A CROSS-SECTOR GROUP WORKING TO CREATE A LOCAL ENVIRONMENT WHERE THE HEALTHY CHOICE IS THE EASY CHOICE FOR EVERY RESIDENT. WE ARE AN ACTIVE CONTRIBUTOR OF THE SOUTH SANTA CRUZ COUNTY TRIAGE, A COLLECTIVE OF COMMUNITY LEADERS IMPLEMENTING COLLABORATIVE AND EQUITABLE SOLUTIONS TO ADDRESS ALL THE NEEDS OF

4c (Code:) (Expenses \$ 181,582. including grants of \$) (Revenue \$) COMMUNITY GARDENS - THE HEALTH TRUST OPERATES THE COMMUNITY GARDEN. THE COMMUNITY GARDEN IS WHERE INDIVIDUALS AND FAMILIES ENJOY HANDS-ON LEARNING ABOUT HEALTHY EATING AND PLANT CULTIVATION AND ARE EMPOWERED TO IMPROVE THEIR OWN HEALTH THROUGH INCREASED ACCESS TO FRESH PRODUCE THEY GROW AND HARVEST IN THE GARDEN.

4d Other program services (Describe on Schedule O.) (Expenses \$ 60,409. including grants of \$) (Revenue \$)

4e Total program service expenses 1,837,850.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, and business transactions.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DE ANDRE' JAMES - (831) 761-5639
85 NIELSON STREET, WATSONVILLE, CA 95076

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DE ANDRE' JAMES EXECUTIVE DIR.	40.00			X				157,548.	0.	32,568.
(2) BRUCE ZIEGELMAN DIR. OF FINANCE	40.00			X				94,993.	0.	41,976.
(3) KRISTI HANNI DIRECTOR	2.00	X						0.	0.	0.
(4) LETICIA SALAZAR DIRECTOR	2.00	X						0.	0.	0.
(5) MARK GERBER DIRECTOR	2.00	X						0.	0.	0.
(6) NANCY CHEN DIRECTOR	2.00	X						0.	0.	0.
(7) MONICA MORALES DIRECTOR	2.00	X						0.	0.	0.
(8) PATRICE RODUNER DIRECTOR	2.00	X						0.	0.	0.
(9) CHRISTIAN MIRANDA DIRECTOR	2.00	X						0.	0.	0.
(10) ROBBY OLSON III CHAIRMAN	2.00	X		X				0.	0.	0.
(11) BROOKE KONDO RAINS, DDS DIRECTOR	2.00	X						0.	0.	0.
(12) JAN WOLF DIRECTOR	2.00	X						0.	0.	0.
(13) CAROLINE EISKAMP VICE CHAIR	2.00	X		X				0.	0.	0.
(14) GRETCHEN REGENHARDT DIRECTOR	2.00	X						0.	0.	0.
(15) RAVEN ADAMS SECRETARY	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							252,541.	0.	74,544.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							252,541.	0.	74,544.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

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
NONE		

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 0

Part VIII Statement of Revenue

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

				(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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	114,489.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	425,397.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 63,049.				
	h	Total. Add lines 1a-1f		539,886.				
	Program Service Revenue	2 a	DHC PATIENT FEES	Business Code	621300	158,223.	158,223.	
b		PROGRAM FEES	Business Code	621300	59,866.	59,866.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			218,089.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			346,608.		346,608.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					6,267,643.			
	b	Less: cost or other basis and sales expenses	7b		6,696,285.			
	c	Gain or (loss)	7c		-428,642.			
	d	Net gain or (loss)			-428,642.		-428,642.	
8 a	Gross income from fundraising events (not including \$ 114,489. of contributions reported on line 1c). See Part IV, line 18	8a		71,558.				
			8b	122,279.				
c	Net income or (loss) from fundraising events			-50,721.		-50,721.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			625,220.	218,089.	0.	-132,755.	

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	350,628.	350,628.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,438.	223,390.	43,292.	46,756.
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	1,000,648.	589,679.	144,700.	266,269.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,992.	24,444.	5,946.	7,602.
9 Other employee benefits	97,058.	62,319.	20,439.	14,300.
10 Payroll taxes	90,159.	55,437.	12,648.	22,074.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,525.		2,525.	
c Accounting	35,075.		35,075.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,768.		61,768.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	194,131.	97,925.	90,057.	6,149.
12 Advertising and promotion	29,053.	15,956.	6,492.	6,605.
13 Office expenses	44,352.	21,432.	9,264.	13,656.
14 Information technology				
15 Royalties				
16 Occupancy	98,451.	62,859.	11,716.	23,876.
17 Travel	3,268.	1,262.	1,143.	863.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,617.	6,423.	10,722.	1,472.
20 Interest	254,064.	171,402.	29,674.	52,988.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,770.	23,428.	5,114.	9,228.
23 Insurance	5,622.	5,532.		90.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	87,366.	87,366.		
b BAD DEBT	36,505.	34,600.		1,905.
c DUPLICATING	5,176.	3,070.	660.	1,446.
d POSTAGE	2,711.	698.	242.	1,771.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,806,377.	1,837,850.	491,477.	477,050.
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 Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	141,258.	1	406,542.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	92,054.	4	184,483.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,674.	9	49,403.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 318,770.		
	10b	Less: accumulated depreciation	10b 139,152.	10c	179,618.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	15,282,641.	12	16,044,454.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	380,857.
16	Total assets. Add lines 1 through 15 (must equal line 33)	15,769,134.	16	17,245,357.	
Liabilities	17	Accounts payable and accrued expenses	194,403.	17	450,539.
	18	Grants payable		18	
	19	Deferred revenue	14,250.	19	27,150.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,000,000.	23	6,000,000.
	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	1,126,473.	25	2,662,156.
	26	Total liabilities. Add lines 17 through 25	7,335,126.	26	9,139,845.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,822,486.	27	5,233,832.
	28	Net assets with donor restrictions	2,611,522.	28	2,871,680.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	8,434,008.	32	8,105,512.
33	Total liabilities and net assets/fund balances	15,769,134.	33	17,245,357.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	625,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,806,377.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,181,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,434,008.
5	Net unrealized gains (losses) on investments	5	1,845,102.
6	Donated services and use of facilities	6	2,741.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,818.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,105,512.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	368,161.	1369559.	1056943.	279,100.	539,886.	3613649.
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	368,161.	1369559.	1056943.	279,100.	539,886.	3613649.
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)						1324796.
6 Public support. Subtract line 5 from line 4.						2288853.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	368,161.	1369559.	1056943.	279,100.	539,886.	3613649.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	342,547.	464,475.	289,702.	455,031.	346,608.	1898363.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,505.	7,560.		4,465.		15,530.
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						5527542.
12 Gross receipts from related activities, etc. (see instructions)					12	948,413.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	41.41	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	39.82	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have 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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: ENDOWMENT SCHOLARSHIP FUND

DATE: 12/17/19 AMOUNT: 1166951.

Multiple horizontal lines for additional entries.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

PAJARO VALLEY COMMUNITY HEALTH TRUST

94-1149702

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

PAJARO VALLEY COMMUNITY HEALTH TRUST

94-1149702

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PAJARO VALLEY COMMUNITY HEALTH TRUST

94-1149702

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 11,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PAJARO VALLEY COMMUNITY HEALTH TRUST	Employer identification number 94-1149702
---------------------------------------------------------------------	-----------------------------------------------------

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

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

Name of organization

Employer identification number

PAJARO VALLEY COMMUNITY HEALTH TRUST

94-1149702

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PAJARO VALLEY COMMUNITY HEALTH TRUST

Employer identification number

94-1149702

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,528,763.	2,992,473.	2,743,182.	1,665,960.	1,574,736.
b Contributions	2,783.	3,900.	3,246.	1,170,448.	6,191.
c Net investment earnings, gains, and losses	291,791.	-409,516.	624,318.	-21,487.	150,700.
d Grants or scholarships					
e Other expenditures for facilities and programs	131,719.	45,982.	368,023.	60,303.	68,819.
f Administrative expenses	10,063.	12,112.	10,250.	11,436.	6,848.
g End of year balance	2,681,555.	2,528,763.	2,992,473.	2,743,182.	1,655,960.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 80.0000 %
 - c Term endowment 20.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		165,435.	53,262.	112,173.
d Equipment		89,561.	50,967.	38,594.
e Other		63,774.	34,923.	28,851.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				179,618.

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) INVESTMENTS	16,044,454.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,044,454.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED WORKMANS COMPENSATION	140,545.
(3) LINE OF CREDIT	2,140,995.
(4) OPERATING LEASE LIABILITY	380,616.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,662,156.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,802,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,845,102.	
	b Donated services and use of facilities	2b	271,948.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	122,279.	
	e Add lines 2a through 2d			2e 2,239,329.
3	Subtract line 2e from line 1			3 563,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,768.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b			4c 61,768.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 625,220.

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

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

1	Total expenses and losses per audited financial statements		1	3,136,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	271,948.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	119,538.	
	e Add lines 2a through 2d			2e 391,486.
3	Subtract line 2e from line 1			3 2,744,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,768.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b			4c 61,768.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 2,806,377.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD IN ORDER TO GENERATE REVENUES IN SUPPORT OF HEALTH PROGRAMS FOR SENIORS AND CHILDREN, DENTAL NEEDS OF THOSE IN THE PAJARO VALLEY AND FOR THE UNRESTRICTED USE OF THE TRUST.

PART X, LINE 2:

AS A TAX-EXEMPT NOT-FOR-PROFIT ORGANIZATION, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D), BUT IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME WHEN EARNED.

Part XIII Supplemental Information (continued)

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEAR AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 122,279.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 122,279.

ALLOCATION OF IN-KIND EXPENSE TO DISC. OPS -2,741.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 119,538.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WINE & ROSES EVENT (event type)	FARMERS MARKET (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	149,232.	21,000.	15,815.	186,047.
	2	Less: Contributions	93,489.	21,000.		114,489.
	3	Gross income (line 1 minus line 2)	55,743.		15,815.	71,558.
Direct Expenses	4	Cash prizes			2,500.	2,500.
	5	Noncash prizes			280.	280.
	6	Rent/facility costs	5,760.		371.	6,131.
	7	Food and beverages	3,255.		7,960.	11,215.
	8	Entertainment	1,450.		300.	1,750.
	9	Other direct expenses	89,277.		11,126.	100,403.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				122,279.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-50,721.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<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? Yes No

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

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

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

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

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

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be 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.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAJARO VALLEY COMMUNITY HEALTH TRUST

Employer identification number
94-1149702

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACUPUNCTURISTS WITHOUT BORDERS 3439 NE SANDY BLVD 304 PORTLAND, OR 97232	54-2190889	501(C)(3)	15,000.	0.	N/A		SUPPORT MISSION
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL AVENUE APTOS, CA 95003	94-6121953	501(C)(3)	54,200.	0.	N/A		EISKAMP AND SINGLE YEAR SCHOLARSHIP
CENTRAL COAST YMCA 600 CAMINO EL ESTERO MONTEREY, CA 93940	77-0202335	501(C)(3)	15,000.	0.	N/A		HEALTH FAMILY HOME PROGRAM
FAMILY SVCS AGENCY 104 WALNUT AVE STE 208 SANTA CRUZ, CA 95060	94-1716354	501(C)(3)	15,000.	0.	N/A		CARES ACT GRANT & GEN'L OPERATIONS
FARM DISCOVERY AT LIVE EARTH P.O. BOX 3490 FREEDOM, CA 95019	26-3728160	501(C)(3)	15,000.	0.	N/A		SUPPORT MISSION
FRIENDS OF SANTA CRUZ COUNTY 870 17TH AVENUE, STE 2 SANTA CRUZ, CA 95062	77-0209249	501(C)(3)	15,000.	0.	N/A		HEALTH AND WELLNESS

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 **1.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INC. - CENTRAL COAST 318 CAYUGA ST, STE 206 SUITE, CA 93901	20-5040398	501(C)(3)	15,000.	0.		N/A	HEALTH SCHOLARSHIPS
HOSPICE OF SANTA CRUZ 940 DISC DRIVE SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	15,000.	0.		N/A	PROVIDE END OF LIFE CARE
JACOB'S HEART 680 WEST BEACH STREET WATSONVILLE, CA 95076	68-0413822	501(C)(3)	15,000.	0.		N/A	CARES ACT GRANT
KIDPOWER TEENPOWER FULLPOWER INTERNATIONAL - P.O. BOX 1212 - SANTA CRUZ, CA 95061	90-0151457	501(C)(3)	15,000.	0.		N/A	SUPPORT MISSION
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064	94-2778848	501(C)(3)	15,000.	0.		N/A	CREATE WORKSHOP, CHILD HEALTH
NAMI SANTA CRUZ COUNTY 542 OCEAN ST., STE H SANTA CRUZ, CA 95060	77-0002878	501(C)(3)	15,000.	0.		N/A	GENERAL OPERATING
PAJARO VALLEY UNIFIED SCHOOL 294 GREEN VALLEY ROAD WATSONVILLE, CA 95076	77-8375541	GOV'T	36,000.	0.		N/A	SCHOLARSHIPS
SANTA CRUZ COMMUNITY VENTURES P.O. BOX 2375 WATSONVILLE, CA 95077	77-0247648	501(C)(3)	30,000.	0.		N/A	CARES ACT GRANT & GEN'L OPERATING
SANTA CRUZ LESBIAN AND GAY 1117 SOQUEL AVENUE SANTA CRUZ, CA 95062	77-0212967	501(C)(3)	15,000.	0.		N/A	HEALTH AND WELLNESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEEN KITCHEN PROJECT P.O. BOX 1853 SOQUEL, CA 95073	27-0524692	501(C)(3)	15,000.	0.		N/A	HEALTHY EATING
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	15,000.	0.		N/A	CARES ACT GRANT & GEN'L FUNDS
VISTA CENTER FOR THE BLIND 3315 MISSION DRIVE, SUITE B SANTA CRUZ, CA 95065	94-1196206	501(C)(3)	15,000.	0.		N/A	DIABETES & CONTRIBUTING FACTORS

PAJARO VALLEY COMMUNITY HEALTH TRUST

94-1149702

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ALL ORGANIZATIONS APPLYING FOR FUNDING MUST SUBMIT A DETAILED LINE-ITEM BUDGET, INCLUDING INCOME AND EXPENSES FOR THE PROPOSED PROJECT. THEY MUST INDICATE THE AMOUNT PROPOSED FOR FUNDING FROM THE TRUST BY LINE ITEM AND INCLUDE NOTES FOR ANY LINE ITEMS THAT REQUIRE ADDITIONAL EXPLANATION.

IF APPROVED FOR FUNDING, GRANTEES MUST SIGN A GRANT CONTRACT IN WHICH THEY AGREE TO USE THE GRANT FUNDS TO ACCOMPLISH THE SPECIFIC OUTCOMES OUTLINED IN THEIR GRANT PROPOSAL. THEY ALSO AGREE TO INFORM THE TRUST IMMEDIATELY

Part IV Supplemental Information

IF THEY ARE UNABLE TO PERFORM ON ANY ASPECT OF THE GRANT CONTRACT
ACTIVITIES AS OUTLINED IN THE PROPOSAL. THE CONTRACT INDICATES THAT USE OF
THESE FUNDS FOR ANY PURPOSE OTHER THAN SET FORTH IN THE GRANT PROPOSAL
AND/OR FAILURE TO REPORT CHANGES IMMEDIATELY OR TO PERFORM ON THE CONTRACT
OUTCOMES MAY RESULT IN FORFEITURE OF PART OR ALL OF THE GRANT AMOUNT.

ALSO REQUIRE GRANTEES TO SUBMIT PROGRESS AND FINAL REPORTS IN WHICH THEY
MUST PROVIDE A DETAILED PROGRAM BUDGET THAT COMPARES ACTUAL EXPENDITURES TO
THE APPROVED BUDGET.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAJARO VALLEY COMMUNITY HEALTH TRUST

Employer identification number

94-1149702

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

Name of the organization **PAJARO VALLEY COMMUNITY HEALTH TRUST** Employer identification number **94-1149702**

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	X	1	500.	FMV
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	150.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>TRIP/EXPERIENCE</u>)	X	26	34,182.	FMV
26 Other (<u>GIFT CERTIFICAT</u>)	X	19	14,902.	FMV
27 Other (<u>ANIMAL</u>)	X	1	8,800.	FMV
28 Other (<u>WINE</u>)	X	3	2,386.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

PART I, OTHER TYPES OF PROPERTY:

HOUSEHOLD GOODS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 910.

(D) METHOD OF DETERMINING REVENUE: FMV

SPORTS EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 457.

(D) METHOD OF DETERMINING REVENUE: FMV

KIDS ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 398.

(D) METHOD OF DETERMINING REVENUE: FMV

RAYBANS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 364.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAJARO VALLEY COMMUNITY HEALTH TRUST

Employer identification number
94-1149702

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHARED VISION OF HEALTH AND PROVIDE GRANTS AND ALLIED SUPPORT TO LOCAL
GROUPS ENSURING ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION
PROGRAMS AS WELL AS QUALITY, CULTURALLY COMPETENT WHOLE PERSON
HEALTHCARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PAJARO VALLEY FROM ECONOMIC TO HEALTH. WE ARE ALSO A MEMBER OF THE
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY, A ROUNDTABLE OF
HEALTHCARE LEADERS IMPLEMENTING COLLABORATIVE SOLUTIONS TO PRIORITY
ISSUES AFFECTING HEALTH EQUITY AND OUTCOMES.

- FARMER'S MARKET & VEGGIE RX - THE HEALTH TRUST OPERATES THE EL
MERCADO (FARMER'S MARKET) AND THE VEGGIE RX PROGRAM. THE EL MERCADO IS
A HEALTH-FOCUSED CERTIFIED FARMER'S MARKET AIMED AT REDUCING FOOD
INSECURITY AND CHRONIC ILLNESS BY PROMOTING ACCESS TO FRESH PRODUCE AND
WELLNESS RESOURCES. THE EL MERCADO SERVICES 250 - 350 INDIVIDUALS PER
MARKET AND PROVIDES SUPPLEMENTAL NUTRITION PROGRAMS, LIKE EBT,
CALFRESH, AND CHT'S VEGGIE RX PROGRAM. THE VEGGIE RX PRODUCE
PRESCRIPTION PROGRAM PROVIDES LOCAL RESIDENTS WHO ARE MEDI-CAL
RECIPIENTS, HAVE A DIET-RELATED ILLNESS, AND ARE FACING FOOD INSECURITY
WITH A WEEKLY \$20 VOUCHER FOR FRESH PRODUCE AND HEALTH-CONSCIOUS
RECIPES. VEGGIE RX HAS SERVICED OVER 400 PARTICIPANTS.

- GRANT MAKING - THE HEALTH TRUST PROVIDED 25 LOCAL ORGANIZATIONS
PROMOTING WELLNESS AND EQUITY FOR \$263,000 FOR THEIR PROJECTS. THESE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization PAJARO VALLEY COMMUNITY HEALTH TRUST	Employer identification number 94-1149702
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GRANT FUNDS NOT ONLY PROMOTED WELLNESS, BUT STRENGTHENED NONPROFIT ORGANIZATIONS THAT PROVIDE ORAL, PHYSICAL, AND MENTAL HEALTH CARE FOR THOSE FACING THE GREATEST OBSTACLES TO CARE. WE ALSO DISTRIBUTED \$41,428 IN SCHOLARSHIP FUNDS FOR LOCAL HIGH SCHOOL STUDENTS AND \$46,200 TO CABRILLO COLLEGE STUDENTS PURSUING HEALTH AND HUMAN SERVICES CAREERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PHYSICAL THERAPY WILL PROVIDE AN ARRAY OF SERVICES TO THE COMMUNITY IN SUPPORT OF BOTH TREATMENT AND PREVENTION OF ILLNESS WITH AN EMPHASIS ON HEALTHY MOVEMENT. IT WILL ALSO SUPPORT PARTICIPANTS IN IDENTIFYING OTHER LIFESTYLE FACTORS THAT CAN ENHANCE WELLNESS. WE WILL DO THIS BY PROVIDING INDIVIDUAL AND GROUP SESSIONS, BACK HEALTH/BODY MECHANICS, WALKING GROUPS, MOVEMENT ASSESSMENTS, AND EMPLOYEE HEALTH (ERGONOMICS, LIFTING, PATIENT TRANSFERS).

EXPENSES \$ 60,409. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THIS CORPORATION HAS AN EXECUTIVE COMMITTEE WHICH, IF ANY, SHALL BE A STANDING BOARD COMMITTEE COMPOSED OF THE CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, SECRETARY, AND TREASURER; PROVIDED, HOWEVER, THAT EACH SUCH PERSON IS A DIRECTOR. EXCEPT FOR THE POWER TO AMEND THE ARTICLES AND THESE BYLAWS, AND SUBJECT TO THE LIMITATIONS SET FORTH IN SECTION 6.1 OF THE BYLAWS AND BY RESOLUTION OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THIS CORPORATION IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE FULL

Name of the organization PAJARO VALLEY COMMUNITY HEALTH TRUST	Employer identification number 94-1149702
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BOARD AT THE NEXT DULY SCHEDULED BOARD MEETING. THE CHAIR OF THE BOARD SHALL SERVE AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE RESTATED ON 2-15-2023 FOR THE FOLLOWING REASONS:

1. CHANGE IN SECTION 2.1 TO MAKE SURE PAJARO VALLEY COMMUNITY HEALTH TRUST'S PURPOSE ON BYLAWS MATCHED ARTICLES OF INCORPORATION. OLD: PROMOTE THE GENERAL HEALTH OF RESIDENTS OF THE PRIMARY SERVICE AREA AND THE SECONDARY SERVICE AREA, EACH AS DEFINED IN THE ARTICLES; NEW: TO FOSTER A HEALTHY AND EQUITABLE COMMUNITY FOR ALL IN THE PAJARO VALLEY THROUGH LEADERSHIP IN ADVOCACY, COLLABORATION, AND WELLNESS.

2. CHANGE TO SECTION 4.6 TO ENSURE ALL BOARD OF DIRECTORS GO THROUGH THE SAME NOMINATION PROCESS AND TO REMOVE THE NEED FOR VERY NARROW AND SPECIFIC REPRESENTATION ON PAJARO VALLEY COMMUNITY HEALTH TRUST BOARD. THE WORDING WAS MODIFIED TO MAKE IT CLEAR AND CONCISE.

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

LINE 11B EXPLANATION - PAJARO VALLEY COMMUNITY HEALTH TRUST ENGAGES A CPA FIRM TO ASSIST WITH THE PREPARATION AND FILING OF THE FORM 990, BASED ON AN AUDIT ENGAGEMENT COMPLETED BY THE SAME CPA FIRM. ONCE THE CPA FIRM HAS COMPLETED A DRAFT OF THE FORM 990, A COPY WILL BE SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE THE TAX RETURN IS FILED.

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

THE FOLLOWING FOUR CATEGORIES OF PERSONS ARE DEEMED TO HAVE SUBSTANTIAL INFLUENCE OVER THE HEALTH TRUST, AND THEREFORE ARE CONSIDERED "INSIDERS"

Name of the organization PAJARO VALLEY COMMUNITY HEALTH TRUST	Employer identification number 94-1149702
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FOR THE PURPOSES OF THIS POLICY:

1. EACH MEMBER OF THE BOARD OF DIRECTORS OR OTHER GOVERNING BODY.
2. THE EXECUTIVE DIRECTOR, BOARD CHAIR, BOARD VICE CHAIR, BOARD SECRETARY, BOARD TREASURER, AND THE DIRECTOR OF FINANCE, OR ANY PERSON WITH THE RESPONSIBILITIES OF ANY OF THESE POSITIONS (WHETHER OR NOT THE PERSON IS AN OFFICER OF THE TRUST UNDER TRUST'S BYLAWS AND THE CALIFORNIA CORPORATIONS CODE).
3. ANY OTHER PERSON WHOM THE BOARD, BASED ON THE FACTS AND CIRCUMSTANCES, DETERMINES TO HAVE SUBSTANTIAL INFLUENCE OVER THE HEALTH TRUST. SUCH PERSONS MAY INCLUDE A FOUNDER OF OR A SUBSTANTIAL CONTRIBUTOR TO THE HEALTH TRUST, A PERSON WITH MANAGERIAL AUTHORITY OVER THE HEALTH TRUST, OR A PERSON WITH CONTROL OVER A SIGNIFICANT PORTION OF THE HEALTH TRUST'S BUDGET (SUCH AS A KEY EMPLOYEE).
4. ANY PERSON WHO MET ANY OF THE ABOVE DEFINITIONS AT ANY TIME DURING THE FIVE YEARS BEFORE THE PROPOSED TRANSACTION.

INSIDER PERSON INCLUDES INSIDERS IN ANY OF THE FOUR CATEGORIES ABOVE AND ANY PERSON DESCRIBED IN EITHER OF THE TWO CATEGORIES BELOW:

5. SPOUSES, ANCESTORS, CHILDREN, GRANDCHILDREN, GREAT-GRANDCHILDREN, BROTHERS, SISTERS, AND THE SPOUSES OF THEIR CHILDREN, GRANDCHILDREN, GREAT-GRANDCHILDREN, BROTHERS, AND SISTERS OF ANY INSIDER.
6. ANY ENTITY IN WHICH ANY COMBINATION OF PERSONS LISTED ABOVE IN CATEGORIES 1 - 5 HOLDS MORE THAN 35 PERCENT OF THE COMBINED VOTING POWER, IF THE ENTITY IS A BUSINESS CORPORATION; PROFITS INTERESTS IF A PARTNERSHIP; OR BENEFICIAL INTEREST OF A TRUST OR ESTATE.

Name of the organization

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EACH EMPLOYEE WHO IS NOT AN INSIDER PERSON SHALL DISCLOSE TO THE HEALTH TRUST'S EXECUTIVE DIRECTOR ALL MATERIAL FACTS REGARDING HIS OR HER INTEREST (INCLUDING RELEVANT AFFILIATIONS) IN ANY TRANSACTION BEING CONSIDERED BY THE HEALTH TRUST (OTHER THAN HIS OR HER OWN COMPENSATION AS AN EMPLOYEE). THE EMPLOYEE SHALL MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED TRANSACTION. IF THERE IS A QUESTION AS TO WHETHER THE EMPLOYEE IS AN INSIDER PERSON, THE EXECUTIVE DIRECTOR SHALL PRESENT THIS ISSUE TO THE BOARD OF DIRECTORS, AND THE BOARD SHALL RESOLVE THE MATTER.

EACH INSIDER PERSON SHALL DISCLOSE TO THE BOARD, OR TO THE EXECUTIVE COMMITTEE OR OTHER BOARD COMMITTEE EMPOWERED TO APPROVE A SPECIFIC TRANSACTION OR TYPE OF TRANSACTION ("COMMITTEE"), ALL MATERIAL FACTS REGARDING HIS, HER, OR ITS INTEREST (INCLUDING RELEVANT AFFILIATIONS) IN THE TRANSACTION. THE INSIDER PERSON SHALL MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED TRANSACTION. INSIDERS SHALL MAKE DISCLOSURES ON BEHALF OF INSIDER PERSONS RELATED TO THEM UNLESS THE RELATED INSIDER PERSON DOES SO. (COMMITTEE POWERS AND PROCEDURES DEPEND ON STATE CORPORATE LAW AND THE AUTHORITY PROPERLY DELEGATED TO THE COMMITTEE BY THE BOARD. COMMITTEE ACTIONS TAKEN UNDER THIS POLICY MUST ALSO COMPLY WITH SUCH LAW AND AUTHORITY.)

WITH REGARD TO AN EMPLOYEE WHO IS NOT AN INSIDER PERSON, THE EXECUTIVE DIRECTOR SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

WITH REGARD TO AN INSIDER PERSON, THE BOARD OR COMMITTEE SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INSIDER(S) AND ANY OTHER INSIDER PERSON(S) INVOLVED WITH THE TRANSACTION SHALL NOT BE PRESENT DURING THE BOARD OR COMMITTEE'S DISCUSSION OR DETERMINATION OF WHETHER A CONFLICT OF

Name of the organization PAJARO VALLEY COMMUNITY HEALTH TRUST	Employer identification number 94-1149702
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INTEREST EXISTS.

EACH DIRECTOR, EACH CORPORATE OFFICER, THE TOP MANAGEMENT OFFICIAL, THE TOP FINANCIAL OFFICIAL, AND EACH EMPLOYEE OF THE HEALTH TRUST, AND OTHERS THAT THE HEALTH TRUST MAY IDENTIFY, SHALL ANNUALLY SIGN A STATEMENT, THAT:

- AFFIRMS THAT THE PERSON HAS RECEIVED A COPY OF THIS CONFLICT-OF-INTEREST POLICY, HAS READ, AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY; AND

- OR CERTAIN INDIVIDUALS, DISCLOSES THE PERSON'S FINANCIAL INTERESTS AND FAMILY RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

OTHER EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO AND REVIEWED WITH THE EXECUTIVE COMMITTEE.

FOR CEO AND TOP FINANCIAL PERSON, EXECUTIVE COMMITTEE COMPARES COMPENSATION WITH SIMILAR ORGANIZATIONS LOCALLY AND NATIONALLY; SALARY INCREASES ARE BASED ON COMPENSATION AND PERFORMANCE BASED. EXECUTIVE COMMITTEE EVALUATES CEO'S PERFORMANCE AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL, ANNUALLY, WITHIN BUDGETARY PARAMETERS.

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

GOVERNING DOCS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISCONTINUED OPERATIONS - NET ACTIVITY 4,818.

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FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.