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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Health Trust

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2105 S Bascom Ave

City or town, state or country, and ZIP + 4
Campbell, CA 95008

D Employer identification number
94-6050231

E Telephone number
(408) 559-9385

G Gross receipts $ 59,082,729

F Name and address of principal officer
Frederick Ferrer
2105 S Bascom Ave 220
Campbell, CA 95008

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

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www healthtrust org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1996 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of The Health Trust is to lead the Silicon Valley community to advance wellness Our vision is to transform Silicon Valley into the healthiest region in America through three initiatives Healthy Living - focuses on reducing the rates of overweight and obesity through healthy nutrition and physical activity Healthy Aging - focuses on supporting the health of our aging population so they can spend more years in good health and be engaged as vital members of their communities Healthy Communities - focuses on reducing and eliminating health disparities These initiatives will make a positive impact across all of the levels of influence that affect health - from individual behaviors to broader environmental issues such as neighborhood conditions and public policies The work of the initiatives encompasses direct client services, community and environmental change strategies, advocacy and policy strategies, and grantmaking strategies

Activities & Governance

2	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	172
6	Total number of volunteers (estimate if necessary)	**6**	581
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,292,239
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-140,979

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,227,352	5,058,140
9	Program service revenue (Part VIII, line 2g)	2,820,131	1,770,908
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,217,525	5,059,653
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,191	9,197
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-113,851	11,897,898
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,888,457	4,186,208
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,762,686	6,527,656
16a	Professional fundraising fees (Part IX, column (A), line 11e)		34,750
b	Total fundraising expenses (Part IX, column (D), line 25) ▶550,300		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,014,568	5,229,576
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,665,711	15,978,190
19	Revenue less expenses Subtract line 18 from line 12	-15,779,562	-4,080,292
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	98,243,316	105,436,921
21	Total liabilities (Part X, line 26)	4,543,364	5,425,993
22	Net assets or fund balances Subtract line 21 from line 20	93,699,952	100,010,928

Part II Signature Block

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

Sign Here

****** | 2011-04-18
Signature of officer | Date

Ira Holtzman CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ John M Kikuchi	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RK Taylor & Associates 2890 North Main St Suite 305 Walnut Creek, CA 94597		EIN ▶ Phone no ▶	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of The Health Trust is to lead the Silicon Valley community to advance wellness Our vision is to transform Silicon Valley into the healthiest region in America through three initiatives Healthy Living - focuses on reducing the rates of overweight and obesity through healthy nutrition and physical activity Healthy Aging - focuses on supporting the health of our aging population so they can spend more years in good health and be engaged as vital members of their communities Healthy Communities - focuses on reducing and eliminating health disparities These initiatives will make a positive impact across all of the levels of influence that affect health - from individual behaviors to broader environmental issues such as neighborhood conditions and public policies The work of the initiatives encompasses direct client services, community and environmental change strategies, advocacy and policy strategies, and grantmaking strategies

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,667,400 including grants of $ 2,799,345) (Revenue $ 4,310,828)

The Healthy Communities initiative pursues a variety of strategies aimed at reducing health disparities including (1) Addressing the Root Causes of Health Disparities, (2) Chronic Disease Prevention and Management, (3) Oral Health, and (4) Health Care Linkages The program accomplishments and outcomes for each of these strategies are listed below Addressing the Root Causes of Health Disparities This strategy includes raising awareness about the root causes of health disparities and partnering with communities to address these root causes One specific aspect focuses on increasing the diversity of healthcare professionals in the local workforce through pipeline programs that expose students to health careers During FY 2010, 2602 high school students from diverse backgrounds were informed about health professions and career paths with the goal of increasing diversity in the health professions 64% increased their interest in pursuing a health career, and 93% increased their knowledge of how to pursue a health career Over 200 young people from diverse backgrounds were exposed to community health work through the Open Air Health Fair To further advance the work in the area of root causes, THT applied for and was awarded two major grants from FIRST 5 Santa Clara County as part of the Learning Together Initiative Through partnerships with Catholic Charities of SCC and San Juan Batista Child Development Centers, THT will provide a variety of child and family development services in County Supervisorial Districts #3 and #4 to families from low income communities These services are focused on ensuring children enter kindergarten healthy and ready to learn and to promote healthy households Chronic Disease Prevention and Management This strategy has three main components Community-based Chronic Disease Prevention, Chronic Disease Self-Management (CDSM) Classes, and AIDS Services During FY 2010, over 2,000 individuals received Chronic Disease Prevention and or self-management services through home- and community-based health education, resulting in increased knowledge about screening for and prevention of chronic diseases Types of services offered include Social Work Case Management Services, Level 1 Case Management, Nursing Case Management, Transportation Assistance, Food Support, Home Health, Housing Assistance, and Emergency Funds Key outcomes of AIDS Services included improved medication adherence, and utilization of routine medical care Additional outcomes achieved included increased capacity to remain in stable, affordable and permanent housing and improved nutrition Key CDSM outcomes under evaluation include an increase in behaviors that help manage disease such as physical activity and healthy eating, reduction in disease symptoms, increased self-efficacy for disease management, and reduction in hospitalizations To increase the availability of self-management services, THT awarded a grant to the National Council on Aging (NCOA) to launch an online version of the service through a three year partnership Oral Health The Healthy Communities Initiative seeks to ensure access to services, including oral health services that encompass home- and community-based oral health education and clinical services During FY 2010, 167 children and their families received oral health education and The Health Trust provided preventive and restorative visits to over 14,000 low-income children through its Children's Dental Center Additionally, the Health Trust continued to educate and advocate for fluoridation in water serving residents of San Jose [Continued below in section 4d]

4b (Code) (Expenses $ 2,939,194 including grants of $ 533,455) (Revenue $ 2,295,061)

The Healthy Aging Initiative was launched in January 2008, and with the exception of the Meals On Wheels program, the strategies are new to The Health Trust The Healthy Aging initiative strikes a balance between primary prevention for promoting the health and wellness of older adults and approaches that acknowledge the unique service needs of an aging society The initiative pursues a variety of strategies including (1) Aging Services Collaborative, (2) Physical Activity Opportunities, (3) Social Connection and Nutrition, (4) Caregiver Capacity Building and (5) Community Engagement Specific accomplishments and outcomes for each of these strategies are listed below Aging Services Collaborative The Health Trust coordinates and provides leadership to the Aging Services Collaborative, a "consortium of organizations and individuals working together to provide leadership and build community-wide capacity to support, maintain, and promote the well-being of older adults and their caregivers in Santa Clara County " During FY 2010, 122 professionals and senior advocates, representing 87 organizations, participated in the collaborative During FY 2010, the collaborative completed a strategic plan, provided professional development trainings, engaged in advocacy activities, and hosted a conference for informal caregivers Physical Activity Opportunities This strategy focuses on increasing the capacity of organizations to provide best practice physical activity programs to older adults During FY 2010, the dissemination and implementation of an award winning physical activity guide was launched for use in promoting physical activity for adults aged 50 and over 414 copies of Healthy Steps in Silicon Valley were distributed In FY 2010, an additional five grants, for a total of $109,181, were awarded to community organizations to implement best practice physical activity programs Of 361 older adult program participants, eighty-four percent reported that they engage in physical activity more regularly and ninety-one percent reported greater confidence in their ability to engage in physical activity Social Connection and Nutrition The Health Trust operates a Meals On Wheels (MOW) program that provides home-delivered meals to seniors and people with disabilities In FY 2010, 107,830 meals were delivered to a total of 775 unduplicated individuals Ninety-seven percent of the MOW recipients reported that the MOW services are good or excellent One hundred percent reported that the MOW services were "extremely important" in helping them to remain in their homes In FY 2010, meetings between key senior nutrition funders and providers were initiated to explore and identify opportunities to address senior nutrition more effectively Caregiver Capacity Building The Caregiver strategy was carried out in association with the Aging Services Collaborative (see above) During FY 2010, a coordinated outreach campaign to raise awareness about caregiver needs and resources reached 115,100 individuals through multiple media modes Additionally, 10,375 caregiver brochures were distributed throughout the County to promote entry points for family caregivers Community Engagement This has been primarily a grantmaking strategy during FY 2010 with two grants made, one to Alzheimer's Association of No California for updating and expanding a resource database for Alzheimer's disease and dementia care programs and services including training for providers, and a second to Mills Peninsula Hospital Retired Senior Volunteer Program for a training conference and technical assistance targeted to senior service providers on how to effectively engage the new "boomer" volunteer

4c (Code) (Expenses $ 1,509,692 including grants of $ 853,408) (Revenue $ 541,072)

The Healthy Living Initiative focuses on increasing access to physical activity and nutrition through changing environments This environmental change approach relies on leadership, partnerships, advocacy and policy development Currently, three strategies have been prioritized within the initiative including (1) Community Gardens and Sustainable Agriculture, (2) General Plans Inclusion of Health Elements, and (3) Creating Healthy Places (formerly referred to as Organizational Wellness) Specific accomplishments and outcomes for each of the Healthy Living Initiative strategies are listed below Community Gardens and Sustainable Agriculture This strategy focuses on promoting and supporting community gardens and sustainable agriculture in the region Community/school gardens and projects involving urban/sustainable farming offer participants ways to be physically active, produce fruit and vegetables and serve as places to educate children, families and other community residents about healthy eating In FY2010, a $65,000 grant was awarded to Public Health Law and Policy to conduct an assessment of access to healthy food resources in Santa Clara County The assessment results were used to guide the selection and ultimately fund four grants in early FY 2011 to increase access to locally grown fruits and vegetables with the goal of increasing fruit and vegetable consumption and preventing obesity During FY2010, The Health Trust implemented the second year of its three-year AmeriCorps grant that has placed 46 AmeriCorps members with 10 partner garden organizations with the goal of increasing access to and consumption of fruits and vegetables in low-income neighborhoods Preliminary evaluation results show increased availability of fresh fruit and vegetables, increased knowledge about healthy eating, and increases in fruit and vegetable consumption among children and youth General Plans-Health Element This strategy focuses on educating and advocating for municipalities to include a health element in their required general plans with the goal of creating increased opportunities for healthy nutrition and physical activity and encouraging creation of environments or infrastructure that promote access to healthy foods and facilitate physical activity During FY 2010, The Health Trust made significant progress in advocating for health policies in the Cities of Mountain View, San Jose, and Santa Clara The City of San Jose's final draft plan includes a large set of policies that will positively impact health when implemented One grant was awarded to advance this strategy A grant in the amount of $75,000 was made to Greenbelt Alliance to advocate for health policies in the General Plan processes in the cities of San Jose, Santa Clara, and Mountain View [Continued below in section 4d]

4d Other program services (Describe in Schedule O)
(Expenses $ 664,871 including grants of $) (Revenue $ 1,292,239)

4e **Total program service expenses** ▶ $ 12,781,157

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	196		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	172		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		No
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Ira Holtzman
2105 S Bascom Ave Suite 220
Campbell, CA 95008
(408) 559-9385

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,213,170		121,715

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 8

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	191,522				
	b	Membership dues					
	c	Fundraising events	43,403				
	d	Related organizations					
	e	Government grants (contributions)	3,714,589				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,108,626				
	g	Noncash contributions included in lines 1a-1f $ 266,443					
	h	**Total.** Add lines 1a-1f		5,058,140			
Program Service Revenue			Business Code				
	2a	Nonprofit Support		1,292,239		1,292,239	
	b	Health Trust Programs		789,862	789,862		
	c	Discontinued Ops		-311,193	-311,193		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,770,908			
	3	Investment income (including dividends, interest and other similar amounts)		1,883,290			1,883,290
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents	380,481				
	b	Less rental expenses	323,238				
	c	Rental income or (loss)	57,243				
	d	Net rental income or (loss)		57,243			57,243
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	49,989,910				
	b	Less cost or other basis and sales expenses	46,813,547				
	c	Gain or (loss)	3,176,363				
	d	Net gain or (loss)		3,176,363			3,176,363
Other Revenue	8a	Gross income from fundraising events (not including $ 43,403 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b 48,046				
	c	Net income or (loss) from fundraising events		-48,046			-48,046
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		11,897,898	478,669	1,292,239	5,068,850

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21	4,176,208	4,176,208		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	655,552	140,270	432,550	82,732
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,077,331	3,314,836	564,066	198,429
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,115	89,303	24,457	7,355
9	Other employee benefits	492,561	363,185	99,464	29,912
10	Payroll taxes	1,181,097	936,633	172,519	71,945
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	49,592	20,098	19,160	10,334
c	Accounting	112,184	45,465	43,343	23,376
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	34,750			34,750
f	Investment management fees	692,108		692,108	
g	Other	100,414	54,778	52,221	-6,585
12	Advertising and promotion	11,053	7,391	2,914	748
13	Office expenses	665,850	586,628	61,915	17,307
14	Information technology	0			
15	Royalties	0			
16	Occupancy	932,888	669,109	178,555	85,224
17	Travel	129,285	86,448	34,086	8,751
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	399,659	328,313	59,626	11,720
23	Insurance	84,854	20,602	64,252	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Purchased services	2,102,100	1,942,795	132,084	27,221
b	Printing	101,681	89,583	9,455	2,643
c	Other	159,533	106,673	42,062	10,798
d	Offsets to revenue (rents)	-263,579	-207,161	-38,104	-18,314
e	Offsets to revenue (F/R)	-48,046			-48,046
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	15,978,190	12,781,157	2,646,733	550,300
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		2,379,119	2	2,999,716
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		1,091,705	4	1,366,642
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		203,299	9	166,246
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,720,347			
	b	Less accumulated depreciation	10b 1,602,094	5,323,194	10c	9,118,253
	11	Investments—publicly traded securities		66,880,619	11	67,966,339
	12	Investments—other securities See Part IV, line 11		20,979,756	12	22,345,165
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		1,385,624	15	1,474,560
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		98,243,316	16	105,436,921
Liabilities	17	Accounts payable and accrued expenses		1,251,346	17	1,397,111
	18	Grants payable		2,600,198	18	3,289,494
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		691,820	25	739,388
	26	**Total liabilities.** Add lines 17 through 25		4,543,364	26	5,425,993
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		90,745,698	27	98,298,260
	28	Temporarily restricted net assets		2,548,057	28	1,304,276
	29	Permanently restricted net assets		406,197	29	408,392
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,699,952	33	100,010,928
	34	Total liabilities and net assets/fund balances		98,243,316	34	105,436,921

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,329,071	5,087,916	5,005,306	5,244,339	5,058,140	25,724,772
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,541,634	1,526,335	1,222,020	1,778,487	1,770,908	7,839,384
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	6,870,705	6,614,251	6,227,326	7,022,826	6,829,048	33,564,156
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						33,564,156

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	6,870,705	6,614,251	6,227,326	7,022,826	6,829,048	33,564,156
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,622,562	2,258,599	2,241,668	3,504,430	2,263,771	12,891,030
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,622,562	2,258,599	2,241,668	3,504,430	2,263,771	12,891,030
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support** (Add lines 9, 10c, 11 and 12)						46,455,186

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	72 250 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	72 230 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	27 750 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	27 770 %

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 94-6050231
Name: The Health Trust

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Todd Hansen COO	40 00			X				215,800	0	26,400
Sue Wuerflein Board member	2 00							0	0	0
Steve Rice Controller	0					X		103,306	0	6,139
Richard Triolo Chair	2 00	X						0	0	0
Paul Hepfer VP of programs	40 00					X		122,675	0	7,029
Nicole Kohleriter Communications Dir	40 00					X		101,747	0	9,330
Monique Lambert Board Member	2 00	X						0	0	0
Michael Barsanti Board member	2 00	X						0	0	0
Martin Fishman MD Board Member	2 00	X						0	0	0
Marianne Jackson Board Member	2 00	X						0	0	0
Lori Andersen Director (program)	40 00					X		101,754	0	15,901
Kathy Meier Vice Chair	2 00	X						0	0	0
Judy Heyboer Board Member	2 00	X						0	0	0
Juan Benitez Board Member	2 00	X						0	0	0
Ira Holtzman CFO	40 00			X				189,132	0	15,920
Frederick Ferrer CEO	40 00	X		X				250,702	0	20,897
David Katz Board Member	2 00	X						0	0	0
Cindy Ruby Secretary	2 00	X						0	0	0
Cindy Chavez Board Member	2 00	X						0	0	0
Ann Danner Board Member	2 00	X						0	0	0
Aimee Reedy VP of APE	40 00					X		128,054	0	20,099

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Purchased services	2,102,100	1,942,795	132,084	27,221
Printing	101,681	89,583	9,455	2,643
Other	159,533	106,673	42,062	10,798
Offsets to revenue (rents)	-263,579	-207,161	-38,104	-18,314
Offsets to revenue (F/R)	-48,046			-48,046

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
The Health Trust	94-6050231

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	11,200	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	4,800	
c Total lobbying expenditures (add lines 1a and 1b)	16,000	
d Other exempt purpose expenditures	16,333,474	
e Total exempt purpose expenditures (add lines 1c and 1d)	16,349,474	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	967,474	
g Grassroots nontaxable amount (enter 25% of line 1f)	241,869	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	880,415	919,682	946,375	967,474	3,713,946
b Lobbying ceiling amount (150% of line 2a, column(e))					5,570,919
c Total lobbying expenditures		2,500	5,745	16,000	24,245
d Grassroots non-taxable amount	220,104	229,921	236,594	241,869	928,488
e Grassroots ceiling amount (150% of line 2d, column (e))					1,392,732
f Grassroots lobbying expenditures			5,200	11,200	16,400

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	406,197				
b Contributions	2,195				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	408,392				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,472,250			7,472,250
b Buildings	370,000		342,250	27,750
c Leasehold improvements		1,499,858	462,149	1,037,709
d Equipment		1,378,239	797,695	580,544
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,118,253

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	22,345,165	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accrued expense--discontinued operations	739,388
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	739,388

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,897,898
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,978,190
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,080,292
4	Net unrealized gains (losses) on investments	4	10,391,268
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	10,391,268
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,310,976

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

1	Total revenue, gains, and other support per audited financial statements			1	22,231,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	10,391,268		
b	Donated services and use of facilities	2b	263,579		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	371,284		
e	Add lines **2a** through **2d**			2e	11,026,131
3	Subtract line **2e** from line **1**			3	11,205,790
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	692,108		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	692,108
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	11,897,898

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

1	Total expenses and losses per audited financial statements			1	15,920,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	263,579		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	371,284		
e	Add lines **2a** through **2d**			2e	634,863
3	Subtract line **2e** from line **1**			3	15,286,082
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	692,108		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	692,108
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,978,190

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Effective July 1, 2009, The Health Trust implemented the new accounting requirements associated with uncertainty in income taxes Accordingly, an entity shall initially recognize the financial statement effects of a tax position when it is more likely than not, based on the technical merits, that the position will be sustained upon examination It also provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition The Health Trust believes that it has appropriate support for its tax positions taken on its unrelated business taxable income (UBIT) relating to its Financial and Administrative Support Services program
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special event expense $48046 Rental expense $323238
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special event expense $48046 Rental expense $323238 ASC 820-10 $0
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in premanently restricted $ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Permanently restricted net assets consist of endowment fund investments to be held indefinitely, the income from which is used to support various programs

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶				43,403	34,750	8,653

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

CA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Dine for Life (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	43,403			43,403
	2 Less Charitable contributions	43,403			43,403
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,046			48,046
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				48,046
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-48,046

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated 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?	**15a**		
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			
	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?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 81

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
Community initiatives	1	10,000			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Once grant contracts are signed by all parties and grants payments are issued, the grantee provides The Health Trust with - Interim narrative report and budget of funds spent to-date at the mid-point of the grant period-Final narrative report and budget of funds spent during the grant periodPer the contract, the final report shall indicate the objectives of the Grant as outlined in the Proposal, the outputs and outcomes achieved, and any problems or obstacles encountered in the effort to achieve the Grant purposes The financial report shall be prepared in accordance with regular accounting standards consistently applied for all periods during which Grant funds are received and shall show actual expenditures against the approved line item budget Such reports shall be retained in the Grantee's files for a period of not less than four (4) years after expiration of the Grant period Expenditures of the Grant funds must adhere to the specific line items in the budget included in the Proposal Transfers among line items (increases and decreases) are permitted if they do not in the aggregate exceed 10% of any line item Budget variances in excess of 10% of any line item require prior written Trust and shall not, in the aggregate, result in an increase to the total budget for the Grant If any of the Grant funds have not been expended during the budget period of the Grant, the unspent funds shall be promptly returned to the Trust within thirty days of the expiration of that period unless otherwise agreed in writing by the Trust The Grantee shall identify and account for the Grant separately on its general ledger A systematic record shall be kept by the Grantee of the receipt and disbursement of funds and expenditures incurred under the terms of the Grant, and substantiating documents such as bills, invoices, canceled checks, and receipts, shall be retained in the Grantee's files for a period of not less than four (4) years after expiration of the Grant period In FY10, substantially all of The Health Trust grants went to 501(C)3 or governmental entities The Health Trust exercised expenditure responsibility for non-501(c)(3) grantees

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.7
EIN: 94-6050231
Name: The Health Trust

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YMCA of Silicon Valley 17666 Crest Ave Morgan Hill, CA 95037	94-1156318	501(c)(3)	25,000	0			See schedule O
World Cardio Tai Chi Assoc PO Box 1221 Cupertino, CA 95015	32-0120977	501(c)(3)	7,420	0			See schedule O
Working Partnerships USA 2102 Almaden Rd Ste 207 San Jose, CA 95125	77-0387535	501(c)(3)	78,000	0			See schedule O
Vietnamese REACH2325 Enborg Lane 320 San Jose, CA 95123	94-2292491	501(c)(3)	15,000	0			See schedule O
Somos Mayfair370-B South King Road San Jose, CA 95116	77-0499813	501(c)(3)	160,000	0			See schedule O
SJSV Chamber of Commerce 101 W Santa Clara St San Jose, CA 95113	94-1659396	501(c)(6)	10,000	0			See schedule O
Silicon Valley Leadership Group224 Airport ParkwaySuite 620 San Jose, CA 95110	94-2460352	501(c)(3)	33,250	0			See schedule O
Silicon Valley Council Nonprofit1400 Parkmoor Ave Suite 130 San Jose, CA 95126	77-0524747	501(c)(3)	35,000	0			See schedule O
School Health Clinics5671 Santa Teresa Blvd Ste 105 San Jose, CA 95123	77-0031679	501(c)(3)	226,440	0			See schedule O
SCC Public Health Dept614 Tully Road San Jose, CA 95111	94-6000533	115	24,810	0			See schedule O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SCC Pub Hlth via Valley Med Ctr2400 Moorpark Ave Ste 207 San Jose, CA 95128	77-0187890	115	50,000	0			See schedule O
Santa Clara Family Health Fdn210 East Hacienda Ave Campbell, CA 95008	77-0545774	501(c)(3)	200,000	0			See schedule O
Santa Clara Fam Health Fdn 210 East Hacienda Ave Campbell, CA 95008	77-0545774	501(c)(3)	10,000	0			See schedule O
Santa Clara Board of Supervisors70 W Hedding St 10th Fl San Jose, CA 95110	94-6000533	115	50,000	0			See schedule O
Public Health Policy & Law 2201 Broadway Suite 502 Oakland, CA 94612	26-3710746	501(c)(3)	65,019	0			See schedule O
Public Health Law & Policy 555 12th Street Oakland, CA 94607	94-1646278	501(c)(3)	35,800	0			See schedule O
Portuguese Org for Social Serv1115 E Santa Clara St San Jose, CA 95116	51-0187655	501(c)(3)	20,000	0			See schedule O
Oaxacan Cultural Project400 Monterey Street Hollister, CA 95023	77-0337939	501(c)(3)	12,000	0			See schedule O
National Council on Aging 1901 L St NW 4th Floor Washington, DC 20036	13-1932384	501(c)(3)	149,183	0			See schedule O
Moreland Little League4660 Eastus Drive San Jose, CA 95129	94-2883281	501(c)(3)	7,500	0			See schedule O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mission College1400 Fruitvale Ave Saratoga, CA 95070	77-0396330	501(c)(3)	46,500	0			See schedule O
Mills-Peninsula Senior Focus 1720 El Camino Real Ste 10 Burlingame, CA 94010	94-1156265	501(c)(3)	60,500	0			See schedule O
Mid-Pen Housing Services 303 Vintage Park Dr SAte 250 Foster City, CA 94404	91-2090479	501(c)(3)	25,000	0			See schedule O
Metro Adult Ed Program760 Hillsdale Ave San Jose, CA 95136	94-2897396	501(c)(3)	10,000	0			See schedule O
Live Oak Adult Day Services 1147 Minnesota Ave San Jose, CA 95125	77-0069106	501(c)(3)	14,354	0			See schedule O
LFA Group170 Capp St Ste C San Francisco, CA 94110	94-3412280	501(c)(3)	25,000	0			See schedule O
Latinas Contra Cancer255 N Market St Ste 175 San Jose, CA 95110	56-2412069	501(c)(3)	25,000	0			See schedule O
Hollister Youth Alliance310 Fourth St Ste 101 Hollister, CA 95023	77-0377245	501(c)(3)	100,000	0			See schedule O
Hazel Hawkins Hospital911 Sunset Drive Hollister, CA 95023	94-2497062	501(c)(3)	99,918	0			See schedule O
Greenbelt Alliance631 Howard St Ste 510 San Francisco, CA 94105	94-1676747	501(c)(3)	75,000	0			See schedule O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Grantmakers in Health1100 Connecticut Ave NW 1200 Washington, DC 20036	13-3206571	501(c)(3)	6,675	0			See schedule O
Fresh Apporach5060 Commercial Circle Ste A Concord, CA 94520	26-2438206	501(c)(3)	25,000	0			See schedule O
First 5 Santa Clara County 4000 Moorpark Ave Ste 200 San Jose, CA 95117	77-0564932	115	49,676	0			See schedule O
Family Supportive Housing 1590 Las Plumas Ave San Jose, CA 95133	77-0106237	501(c)(3)	50,000	0			See schedule O
Council on Aging Silicon Valley2115 The Alameda San Jose, CA 95126	94-2256503	501(c)(3)	75,000	0			See schedule O
Council on Aging Silicon Valley2115 The Alameda San Jose, CA 95126	94-2256503	501(c)(3)	60,000	0			See schedule O
CommUniverCity San Jose1 Washington Square San Jose, CA 95192	83-0403915	501(c)(3)	100,000	0			See schedule O
Committee for Childrens Health155 E Campbell Ave Ste 200 Campbell, CA 95008		501(c)(4)	150,000	0			See schedule O
City of San Jose Parks & Rec 200 East Santa Clara St Sam Jose, CA 95113	94-6000419	115	24,827	0			See schedule O
Catholic Charities2625 Zanker Road San Jose, CA 95116	94-2762269	501(c)(3)	25,000	0			See schedule O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
California Dental Assoc Fdn 1201 K St Ste 1511 Sacramento, CA 95814	68-0411536	501(c)(3)	135,317	0			See schedule O
California Dental Assn Fdn 1201 K St Ste 1511 Sacramento, CA 95814	68-0411536	501(c)(3)	46,800	0			See schedule O
Anzar High School2000 San Juan Highway San Juan Bautista, CA 95045	77-0420134	501(c)(3)	53,500	0			See schedule O
Alzheimers Assoc of Nor Cal 1060 La Avenida Street Mountain View, CA 94043	94-2897949	501(c)(3)	120,000	0			See schedule O

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Todd Hansen	(i) (ii)	215,800				26,400	242,200	
Ira Holtzman	(i) (ii)	189,050		82		15,920	205,052	
Frederick Ferrer	(i) (ii)	250,702				20,897	271,599	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	62	185,509	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Other supply)	X	73	19,614	
26	Other ▶ (Computer supply)	X	3	61,319	
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-6050231
Name: The Health Trust

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents and conflict of interest policy are available for inspection upon request Audited financial statements are posted on The Health Trust's website

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The compensation of the CEO, COO and CFO is reviewed by the compensation committee of the board Members of the compensation committee are independent with respect to the CEO, COO and CFO The Health Trust regularly engages an outside compensation consultant to arrive at reasonable compensation The outside consultant reviews comparability data from compensation studies and other sources in arriving at a range of reasonable compensation The compensation committee reviews the report and data provided by the outside consultant and documents its compensation decisions on a contemporaneous basis The board of directors reviews and approves the decisions of the compensation committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A copy of the conflict of interest policy is reviewed and executed by each director and officer upon appointment or election, and then annually thereafter By executing the policy the individual acknowledges the policy and agrees to comply with it The executed acknowledgements are retained in the principal office of the Corporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 is reviewed by the Chief Financial Officer and by the Audit Commitee of the board of directors A copy of the Form 990 is provided to the full board prior to filing

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 [Continued from section 4a]Health Care Linkages To ensure access to and appropriate utilization of health care services, The Health Trust provides insurance enrollment services for income-eligible families In FY 2010, more than 8,000 children were enrolled in health insurance or had their health insurance renewed Two legacy grantees, Santa Clara Family Health Foundation and School Health Clinics of Santa Clara County (SHCSCC) were awarded grants with a combined total of almost $1,000,000 to support keeping kids healthy and in school by providing high quality, primary medical care, preventative health care services, and health insurance premiums to low-income children and adolescents [Continued from section 4c] Creating Healthy Places During 2010, this strategy evolved from a limited focus on organizational wellness to a more comprehensive approach that supports local efforts to create policies and environmental changes so that places-neighborhoods, worksites, schools and other organizations-foster wellness and healthy behaviors During FY2010, an RFP was released with matching funds from the Convergence Partnership, a coalition of national obesity prevention funders, to impact specific Santa Clara County and San Benito County neighborhoods with the highest rates of obesity and poverty Three grants were made under this RFP for a total of $360,000 $100,000 was awarded to CommUniverCity for the Pathways to Active and Healthy Living Project to promote safe, active living and commuting in the Five Wounds Brookwood Terrace neighborhood in San Jose, $100,000 was awarded to Hollister Youth Alliance for the Dunne Park Restoration Project to increase the utilization of Dunne Park for physical activity and increase availability of healthy foods at the oldest park in the City of Hollister, and, $160,000 was awarded to Somos Mayfair for the Healthy Schools Project to improve student nutrition in the Alum Rock School District, promote parent and resident advocacy for healthy food in schools, and increase parent and resident access to locally produced food in the Mayfair neighborhood in East San Jose In addition to these grants, Anzar High School in San Benito County was awarded $53,500 to implement a healthy breakfast systems change at the High School and feeder schools FIRST 5 Santa Clara County was awarded $49,676 to develop and implement organizational wellness policies within their own organization and across all of their contracted agencies