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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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 \$ 6,255,377 including grants of \$ 893,970) (Revenue \$ 4,410,967)
4a 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 in our community to address health through a focus on the Social Determinants of Health. One specific way we do this is by increasing the diversity of healthcare professionals in the local workforce through pipeline programs that expose students to health careers. Over 500 young people from diverse backgrounds were exposed to community health work through the Open Air Health Fair. We also address root causes through the Learning Together Initiative funded by SCC FIRST 5. In partnership with Catholic Charities of SCC and San Juan Batista Child Development Centers, we provide a variety of child and family development services in County Supervisory 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. Stable housing is a critical social determinant of health. To provide support to ending homelessness in the county, The Health Trust agreed to serve as fiscal sponsor of Destination Home (DH). This program's mission is to end chronic homelessness in Santa Clara County and during FY11, DH launched the "Housing 1,000" campaign. Chronic Disease Prevention and Management: This strategy has three main components: Community-based Chronic Disease Prevention, Chronic Disease Self-Management (aka Better Choices Better Health) Classes, and AIDS Services. During FY 2011, over 2,500 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. Key CDSM outcomes 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. Another important aspect of the prevention of chronic disease involves targeting communities with higher rates of obesity and certain chronic conditions. THT has now worked closely with the local Mexican Consulate for three years. A number of services are provided with funding through the Ventanilla De Salud program, most focused on reducing obesity. The Health Trust, in partnership with Second Harvest Food Bank and the Mexican Consulate, provides fresh and healthy produce to eligible families through a monthly Produce Mobile. By bringing the produce to Tropicana Shopping Center, a central location for the surrounding community, the Produce Mobile increases access and affordability of fresh fruits and vegetables, and in turn, combats the obesity trend and all of the associated health risks among residents of the county. In fiscal year 2011, over 60,000 lbs of fresh produce was distributed to individuals through this program. Within the AIDS Services program, The Health Trust offers 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. [Continued below in section 4d]	






















4b	(Code) (Expenses \$ 3,119,810 including grants of \$ 772,633) (Revenue \$ 1,969,324)
4b The Healthy Aging Initiative was launched in January 2008 and 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) Leadership & Coordination through the Aging Services Collaborative, (2) Health Promotion Program Expansion, (3) Social Connection and Nutrition, (4) Caregiver Capacity Building and (5) Community Engagement of older adults. Specific accomplishments and outcomes for each of these strategies are listed below. Leadership & Coordination: Aging Services Collaborative. The Health Trust coordinates and provides leadership to the Aging Services Collaborative (ASC), 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 2011, 122 professionals and senior advocates, representing 87 organizations, participated in the ASC by attending professional development presentations, leading advocacy efforts to sustain safety net programs for seniors, engaging in community planning efforts for aging and by hosting two conferences. "Health Promotion Program Expansion: This strategy focuses on increasing the capacity of organizations to provide best practice health promotion programs to older adults including physical activity, disease management and falls prevention. During FY 2011, 9,000 copies of Healthy Steps, an award winning health & wellness guide were distributed in partnership with 200+ organizations serving seniors. In addition during FY 2011, a two year \$150,000 grant was made to establish the Silicon Valley Healthy Aging Partnership as a vehicle for planning and coordinating the expansion of evidence-based health promotion programs with training, outreach and technical assistance. In addition, a Request for Proposal was issued for the distribution of another \$250,000 for replication and expansion of these programs. "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 2011, 92,793 meals were delivered to a total of 645 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. "Caregiver Capacity Building: The Caregiver strategy was carried out in association with the Aging Services Collaborative (see above). During FY 2011, a Caregiver's Count conference was held with 120 attendees in multiple languages. In addition, grants were made to increase outreach and improve resource databases for caregivers dealing with dementia. See below "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. In addition, a new AGENTS for Change program was established to recruit and train seniors advocating for seniors.	

4c	(Code) (Expenses \$ 1,965,679 including grants of \$ 1,301,787) (Revenue \$ 254,305)
4c 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, two strategies have been prioritized within the initiative including (1) Healthy Food Resources, and (2) Creating Healthy Places (formerly referred to as two separate strategies, Organizational Wellness and General Plan). Specific accomplishments and outcomes for each of the Healthy Living Initiative strategies are listed below. Healthy Food Resources: This strategy focuses on promoting and supporting community and school gardens, farmers markets, community supported agriculture, and mobile produce vending. The goals of the Healthy Food Resources strategy are to ensure that residents have access to affordable locally grown produce within mile of their neighborhood, and that residents meet the Healthy People 2020 objectives for daily fruit and vegetable consumption. In 2011, building on The Health Trust's 2010 Healthy Food Resources RFP, a second RFP was released to guide the selection of, and ultimately fund, 5 grants to implement policy and environmental changes that increase access to locally grown fruits and vegetables with the goal of increasing fruit and vegetable consumption and preventing obesity. An additional grant of \$50,000 was provided to the Food Trust to evaluate the impact and outcomes of the Healthy Food Resources grant strategy. Two additional grants were made within this strategy, including a grant of \$19,000 to Ag Innovations Network to create a formal, multi-stakeholder entity, the Silicon Valley Food System Alliance, that will develop community strategies, policies and programs that promote a sustainable food system and increase access to healthy foods for Santa Clara County and Northern San Benito County residents, and \$54,220 to Karp Resources to conduct an assessment of the feasibility of establishing entrepreneurially-run mobile produce businesses in four target cities in Santa Clara County to increase access to affordable and healthy food. Additionally, during 2011, The Health Trust began the 3rd year of its three-year AmeriCorps grant that annually places up to 46 AmeriCorps members with 11 partner garden organizations with the goal of increasing access to and consumption of fruits and vegetables in low-income neighborhoods. Evaluation results for this project show increased availability of fresh fruit and vegetables, increased knowledge about healthy eating, and increases in fruit and vegetable consumption among children and youth. A request for renewal funding was submitted in 2011 for an additional 3 years of AmeriCorps support. [Continued below in section 4d]	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 947,803 including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 12,288,669

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	182	
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	204	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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 instructions for 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?	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	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
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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▶CA
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Vandana Pant Fund Dev Dir	40 00					X		130,295	0	14,768
(2) Todd Hansen COO	40 00			X				215,800	0	28,807
(3) Steve Rice Controller	40 00					X		104,127	0	6,566
(4) Ruma Kumar MD Board member	2 00	X						0	0	0
(5) Roberta Robins Board Member	2 00	X						0	0	0
(6) Richard Tnolo Board member	2 00	X						0	0	0
(7) Paul Hepfer VP of programs	40 00					X		123,732	0	7,548
(8) Monique Lambert Board Member	2 00	X						0	0	0
(9) Michael Barsanti Board member	2 00	X						0	0	0
(10) Martin Fishman MD Board Member	2 00	X						0	0	0
(11) Marianne Jackson Board Member	2 00	X						0	0	0
(12) Lori Andersen Director (program)	40 00					X		102,517	0	18,865
(13) Kathy McCarthy Board Member	2 00	X						0	0	0
(14) Karen Danna Board Member	2 00	X						0	0	0
(15) Juan Benitez Board Member	2 00	X						0	0	0
(16) Ira Holtzman CFO	40 00			X				207,956	0	20,432

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Fred Ferrer CEO	40 00	X		X				250,702	0	30,842
(18) David Katz Board Member	2 00	X						0	0	0
(19) Cindy Ruby Board member	2 00	X						0	0	0
(20) Cindy Chavez Board Member	2 00	X						0	0	0
(21) Aimee Reedy VP of APE	40 00					X		129,076	0	20,735
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,264,205		148,563

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 9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Iron Construction 1962 Zanker Rd San Jose, CA 95112	Construction	234,508
Cobe Construction 2470 Winchester Blvd Ste D Campbell, CA 95008	Construction	229,679
Black & Veatch Corp PO Box 803823 Kansas City, MO 64180	Fluoride Project	192,100
Abbey Capital 48 Par-la-ville Road Hamilton BD	Investment Mgr	118,754

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 4

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	1a	429,359				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,310,130				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,139,125				
	g	Noncash contributions included in lines 1a-1f \$		101,102				
	h	Total. Add lines 1a-1f		8,878,614				
	Program Service Revenue			Business Code				
2a		Nonprofit Support		1,408,110		1,408,110		
b		Health Trust Programs		796,538	796,538			
c		Discontinued Ops		1,483,987	1,483,987			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,688,635				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		1,350,171			1,350,171
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			156,712					
			119,710					
			37,002					
	d	Net rental income or (loss)		37,002			37,002	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			50,207,889					
			43,331,404					
			6,876,485					
	d	Net gain or (loss)		6,876,485			6,876,485	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	33,881				
			b	Less direct expenses	b	22,077		
			c	Net income or (loss) from fundraising events . . .		11,804		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	b					
			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		20,842,711	2,280,525	1,408,110	8,275,462		

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	2,968,390	2,968,390		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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	674,458	75,530	516,196	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	4,473,828	3,791,113	492,428	190,287
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	235,891	175,472	48,472	11,947
9	Other employee benefits	1,243,988	925,365	255,621	63,002
10	Payroll taxes	477,122	374,367	79,784	22,971
a	Fees for services (non-employees) Management	0			
b	Legal	150,380	44,722	105,658	
c	Accounting	86,776	850	85,926	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	36,941			36,941
f	Investment management fees	876,715		876,715	
g	Other	188,600	158,965	29,635	
12	Advertising and promotion	23,955	16,012	6,788	1,155
13	Office expenses	738,033	608,947	101,820	27,266
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,319,925	1,075,127	167,987	76,811
17	Travel	147,605	98,665	41,824	7,116
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	397,624	346,973	42,056	8,595
23	Insurance	86,494	23,971	62,523	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Purchased services	2,102,525	1,972,947	112,035	17,543
b	Offsets to revenue	-141,787	-119,710		-22,077
c	In-kind rent & services	-294,619	-249,037	-29,944	-15,638
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	15,792,844	12,288,669	2,995,524	508,651
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	0
	2	Savings and temporary cash investments			2,999,716	2	3,854,799
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			1,366,642	4	3,382,695
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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			166,246	9	188,976
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	10,737,990			
	b	Less: accumulated depreciation	10b	1,987,964	9,118,253	10c	8,750,026
	11	Investments—publicly traded securities			67,966,339	11	78,131,300
	12	Investments—other securities. See Part IV, line 11			22,345,165	12	23,187,523
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			1,474,560	15	2,431,665
16	Total assets. Add lines 1 through 15 (must equal line 34)			105,436,921	16	119,926,984	
Liabilities	17	Accounts payable and accrued expenses			1,397,111	17	2,256,331
	18	Grants payable			3,289,494	18	2,427,949
	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			739,388	25	589,158
	26	Total liabilities. Add lines 17 through 25			5,425,993	26	5,273,438
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			98,298,260	27	109,690,102
	28	Temporarily restricted net assets			1,304,276	28	4,605,025
	29	Permanently restricted net assets			408,392	29	358,419
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			100,010,928	33	114,653,546
34	Total liabilities and net assets/fund balances			105,436,921	34	119,926,984	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,842,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,792,844
3	Revenue less expenses Subtract line 2 from line 1	3	5,049,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,010,928
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,592,751
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	114,653,546

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

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

2010

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 described in **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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,087,916	5,005,306	5,244,339	5,058,140	8,878,614	29,274,315
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	1,526,335	1,222,020	1,778,487	1,770,908	3,688,635	9,986,385
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	6,614,251	6,227,326	7,022,826	6,829,048	12,567,249	39,260,700
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)						39,260,700

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	6,614,251	6,227,326	7,022,826	6,829,048	12,567,249	39,260,700
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,258,599	2,241,668	3,504,430	2,263,771	1,506,883	11,775,351
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,258,599	2,241,668	3,504,430	2,263,771	1,506,883	11,775,351
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.)	8,872,850	8,468,994	10,527,256	9,092,819	14,074,132	51,036,051
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	76.930%	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	72.250%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	23.070%	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	27.750%	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

If the organization answered “Yes,” 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization The Health Trust	Employer identification number 94-6050231
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		650													
c Total lobbying expenditures (add lines 1a and 1b)		650													
d Other exempt purpose expenditures		15,934,631													
e Total exempt purpose expenditures (add lines 1c and 1d)		15,935,281													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		946,764													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		236,691													
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-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	919,682	946,375	967,474	946,764	3,780,295
b Lobbying ceiling amount (150% of line 2a, column(e))					5,670,443
c Total lobbying expenditures	2,500	5,745	16,000	650	24,895
d Grassroots non-taxable amount	229,921	236,594	241,869	236,691	945,075
e Grassroots ceiling amount (150% of line 2d, column (e))					1,417,613
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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? 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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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

2010

Open to Public
Inspection

Name of the organization The Health Trust	Employer identification number 94-6050231
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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	1
2	Aggregate contributions to (during year)	100
3	Aggregate grants from (during year)	30,850
4	Aggregate value at end of year	190,839
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? <div>Yes No</div>	
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 <div>Yes No</div>	

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

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

► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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	1,712,668	2,954,254			
b Contributions	4,297,637	1,058,862			
c Investment earnings or losses	216,155	326,451			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,263,016	2,626,899			
f Administrative expenses					
g End of year balance	4,963,544	1,712,668			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 7 000 %

c

Term endowment ▶ 93 000 %

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	5,987,250			5,987,250
b Buildings	370,000		342,250	27,750
c Leasehold improvements		2,520,515	671,747	1,848,768
d Equipment		1,860,225	973,967	886,258
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,750,026

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	20,842,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,792,844
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,049,867
4	Net unrealized gains (losses) on investments	4	11,077,751
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,485,000
9	Total adjustments (net) Add lines 4 - 8	9	9,592,751
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,642,618

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	31,480,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,077,751
b	Donated services and use of facilities	2b	294,619
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	141,787
e	Add lines 2a through 2d	2e	11,514,157
3	Subtract line 2e from line 1	3	19,965,996
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	876,715
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	876,715
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,842,711

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

1	Total expenses and losses per audited financial statements	1	15,352,535
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	294,619
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	141,787
e	Add lines 2a through 2d	2e	436,406
3	Subtract line 2e from line 1	3	14,916,129
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	876,715
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	876,715
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,792,844

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	Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that it has appropriate support for its tax positions taken on its unrelated business taxable income relating to its Financial and Administration Support Services program and that all of the positions taken by the Organization in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special event expense \$22077 Rental expense \$119710 FASB-ASC 820-10 \$0
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special event expense \$22077 Rental expense \$119710
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Adoption of FASB ASC 820-10 \$ -1485000
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.

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

2010

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.

- 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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
V Bhatnagar 890 La Para Ave Palo Alto, CA 94306	Event		No	33,881	5,434	28,447
M Adams 834 Terrace Dr Los Altos, CA 94024	Event		No	33,881	6,945	26,936
D Valadez 259 WBroadmoor San Leandr, CA 94577	Grant writer		No	1,509,967	18,656	1,491,311
Total ▶				1,577,729	31,035	1,546,694

- 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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Dine for Life</u>			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	33,881			33,881
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	33,881			33,881
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	6,263		6,263
	8	Entertainment			
	9	Other direct expenses	15,814		15,814
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					22,077
					11,804

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Health Trust

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

94-6050231

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

▶ ☐

1 (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

76

3

Enter total number of other organizations

1

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
(1) Community initiatives	1				

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 FY11, 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

Software ID: 10000105
Software Version: 2010v3.2
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 San Benito339 Fifth St Hollister, CA 95023	77-0202335		25,000	0			See schedule O
Veggielution647 S King Rd San Jose,CA 95116	23-7320163		84,450	0			See schedule O
Valley Medical Ctr Fdn2400 Moorpark Ave Ste 207 San Jose,CA 95128	77-0187890		730,000	0			See schedule O
The HEAL ProjectPO Box 3051 Half Moon Bay,CA 94019	27-0192940		6,450	0			See schedule O
The Food Trust1617 John F Kennedy Blvd Philadelphia,PA 19103	23-2678383		50,000	0			See schedule O
SJSU Tower Fdn1 Washington Square San Jose,CA 95192	83-0403915		240,000	0			See schedule O
Silicon Valley Council Nonprofit1400 Parkmoor Ave Suite 130 San Jose,CA 95126	77-0524747		50,000	0			See schedule O
School Health Clinics5671 Santa Teresa Blvd Ste 105 San Jose,CA 95123	77-0031679		268,024	0			See schedule O
Santa Clara University500 El Camino Real Santa Clara,CA 95053	94-1156617		10,950	0			See schedule O
Santa Clara Cty Public Health828 S Bascom Ave 280 San Jose,CA 95128	94-6000533		25,000	0			See schedule O
Santa Clara Ct Plannin70 W Hedding St San Jose,CA 95110	94-6000533	115	75,000	0			See schedule O
Sacred Heart Community 1381 S First St San Jose,CA 95110	23-7179787		110,700	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
PlaneTree Hlth Library 10800 Torre Ave Cupertino, CA 95014	26-0298885		31,350	0			See schedule O
People Acting in Community 1100 Shasta Ave Ste 210 San Jose, CA 95126	77-0090129		100,000	0			See schedule O
LFA Group170 Capp St Ste C San Francisco, CA 94110	94-3412280		5,795	0			See schedule O
Karp Resources27 East 21st St 3rd Fl New York, NY 10010	11-3021350		54,220	0			See schedule O
Innosight Institute100 WEI Camino Real 74B Mountain View, CA 94040	26-0264045		25,000	0			See schedule O
Hispanic Fdn Silicon V1922 The Alameda 217 San Jose, CA 95126	77-0481921		10,000	0			See schedule O
Healthcare Fdn of N C1215 K St 730 Sacramento, CA 95814	86-1174825		100,000	0			See schedule O
Guadalupe River Parks438 Coleman Ave San Jose, CA 95110	77-0166797		8,950	0			See schedule O
Greenbelt Alliance631 Howard St Ste 510 San Francisco, CA 94105	94-1676747		25,000	0			See schedule O
Grantmakers in Health1100 Connecticut Ave NW 1200 Washington, DC 20036	13-3206571		6,675	0			See schedule O
George Mark Childrens2121 George Mark Lane San Leandro, CA 94578	94-3255845		20,000	0			See schedule O
Gardner Famly Care Cor160 East Virginia St San Jose, CA 95112	94-1743078		79,500	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
Full Circle Farm1055 Dunford Way Sunnyvale,CA 94087	55-0886675		13,575	0			See schedule O
Fresh Approach5060 Commercial CirSte A Concord,CA 94520	26-2438206		100,000	0			See schedule O
Fr of Master GardenersPO Box 5502 San Jose,CA 95150	77-0399086		5,700	0			See schedule O
First 5 Santa Clara County4000 Moorpark AveSte 200 San Jose,CA 95117	77-0564932		150,000	0			See schedule O
Council on Aging Silicon Valley2115 The Alameda San Jose,CA 95126	94-2256503		60,000	0			See schedule O
Comm Alliance Fam Farm405 14th St 209 Oakland,CA 94612	94-2914745		55,700	0			See schedule O
Collective RootsPO Box 50784 E Palo Alto,CA 94303	71-0901459		6,450	0			See schedule O
City of San Jose200 East Santa Clara St San Jose,CA 95113	94-6000419		60,500	0			See schedule O
Catholic Charities2625 Zanker Road San Jose,CA 95134	94-2762269		121,800	0			See schedule O
California Dental Assn Fdn1201 K St Ste 1511 Sacramento,CA 95814	68-0411536		134,400	0			See schedule O
Bay Area Womens Sports1922 The AlamedaSt 100 San Jose,CA 95126	55-0897084		47,766	0			See schedule O
AG Innovations Network101 Morris St 212 Sebastopol,CA 95472	68-0462304		19,000	0			See schedule O

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		No

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

For each individual whose compensation must be reported 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				
(1) Todd Hansen	(i) (ii)	215,800			16,299	12,508	244,607	
(2) Ira Holtzman	(i) (ii)	189,052	18,904		15,433	4,999	228,388	
(3) Fred Ferrer	(i) (ii)	250,702			22,908	7,934	281,544	
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) David Holtzman	Family member	48,666	Employee		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		The son of one of the officers was employed as a CPA by the organization. The amount reflected above represents calendar year 2010 Form W-2 income. Employment of the individual was approved by the CEO and Chairman of the Board. The organization has implemented a process by which the individual does not report directly to the officer.

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

2010

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	71	92,528	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (Supplies)	X	31	8,574	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization**
The Health Trust**Employer identification number**

94-6050231

Identifier	Return Reference	Explanation
	HEALTHY AGING INITIATIVE	HEALTH PARTNERSHIP GRANTS HEALTHY AGING INITIATIVEPhysical Activity for Older Adults Strategy Council on Aging, Silicon Valley - Healthy Steps in Silicon Valley - \$60,000 To complete the strategic dissemination of the Healthy Steps Silicon Valley Guide in Santa Clara County and Northern San Benito to increase older adult and their caregivers' access to health promotion resources and to expand the capacity of community-based organizations to connect older adults to health promotion resources Department of Kinesiology, San Jose State University through The Tower Foundation of San Jose State University - Silicon Valley Healthy Aging Partnership - \$150,000 To create, launch and manage the Silicon Valley Healthy Aging Partnership, an alliance of agencies and individuals committed to making evidence-based health promotion programming affordable and sustainable for older adults throughout Santa Clara County and Northern San Benito County Health and Hospital System of Santa Clara County and Valley Medical Center Foundation - Donor Advised Fund for Health Promotion Programs - \$350,000 To support collaboratives and organizations in implementing and/or expanding Enhance Fitness and Matter of Balance, two evidence-based health promotion programs LFA Group (Augmentation Grant) - Evaluation of physical activity grant strategy for the Healthy Aging Initiative - \$5,795 To complete an analysis and report on the Healthy Aging physical activity grant strategy Caregiver Support Gardner Family Health Network - Adult Day Health Center - \$75,000 To sustain community-based services for older adults and their caregivers by re-opening an Adult Day Health Center in East San Jose to provide culturally and linguistically appropriate services to frail older adults Civic Engagement Strategy Catholic Charities of Santa Clara County - AGENTS of Change Project - \$60,000 To support the AGENTS of Change project that will expand and strengthen organizational capacity to engage volunteers in social action and advocacy to improve home and community-based services for older adults and their caregivers People Acting in Community Together (PACT) - Policy Advocacy for Healthy Aging and Community Water Fluoridation - \$75,000 To support the work of the PACT health committee and to engage PACT members and other community members including older adults in policy advocacy on two community health issues healthy aging and community water fluoridation

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP-HEALTHY COMMUNITIES	<p>HEALTH PARTNERSHIP GRANTS-HEALTHY COMMUNITIES INITIATIVE</p> <p>Addressing Root Causes of Health Disparities Innosight Institute - Silicon Valley Disruptive Innovation Project - \$25,000 To convene a one-day summit that will begin a year-long process of supporting Disruptive Innovation theory in the development and promotion of solutions to health disparities and other critical community challenges</p> <p>Santa Clara County Health and Hospital System, Mental Health Department - County Systems Change to End Chronic Homelessness - \$25,000 To improve and integrate County services to support the County's goal of ending chronic homelessness by 2015 and improve the health of those most impacted by health disparities</p> <p>Silicon Valley Council of Nonprofits - SVCN Health Advocacy - \$50,000 To build SVCN's capacity to conduct more proactive and in depth analysis of budget, policy and structural changes at the city and county level to strengthen its health advocacy work</p> <p>Oral Health and Community Water Fluoridation California Dental Association Foundation - Santa Clara Fluoridation Initiative, Year III - \$134,400 To provide advocacy and project management for the Santa Clara County Fluoridation Initiative to improve the oral health of Santa Clara County residents</p> <p>People Acting Together in Community - Community Fluoridation in Santa Clara County - \$25,000 To raise awareness and engagement among PACT membership about health disparities and water fluoridation in Santa Clara County</p> <p>Supporting Health Care Linkages Strategy School Health Clinics of Santa Clara County* (Legacy Grant) - Core Operating Support - \$180,000 To increase access for low-income children and adolescents to age-appropriate preventive and primary care</p> <p>This grant was made in conjunction with the Lucile Packard Children's Hospital School Health Clinic of Santa Clara County - Matching Funds Support - \$88,024 To provide matching support for the establishment of a functional endowment that will provide long-term sustainability of School Health Clinic programs</p>

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP GRANTS-HEALTHY LIVING	HEALTH PARTNERSHIP GRANTS HEALTHY LIVING INITIATIVECreating Healthy Places Strategy Bay Area Women's Sports Initiative (BAWSI) - BAWSI Strategic Direction - \$42,766 To build organizational capacity to sustain and expand place-based partnerships and health promotion programs targeting girls and women living in underserved neighborhoods in Silicon Valley City of San Jose, Planning Department - Urban Village Plans for Five Wounds/Brookw ood Terrace - \$50,000 To incorporate resident input to develop four Urban Village Plans that w ill be used as tools to implement the grow th and health strategies of the revised San Jose General Plan Community Alliance w ith Family Farmers - Santa Clara County Farm to School Initiative - \$50,000 To increase access to healthy, locally-produced food in the Moreland School District though food policy changes at the district level and implementing the Know Your Farmer education program in all five district schools CommUniverCity San Jose through the Tow er Foundation of San Jose State University [Healthy People Healthy Places Augmentation Grant] - Pathw ays to Active and Healthy Living in Five Wounds/Brookw ood Terrace - \$15,000 To expand the scope of the active transit project to gather resident input to inform the four Urban Village Plans that w ill be used as tools to implement the grow th and health strategies of the revised San Jose General Plan County of Santa Clara, Planning Office - Santa Clara County General Plan Revision - \$75,000 To develop and incorporate a new Health Element in the County General Plan to promote policies and land-use plans that support health Greenbelt Alliance - Planning for Healthy Communities - \$25,000 To ensure that strong health policies and criteria are included in the revised San Jose and Mountain View General Plans YMCA of San Benito County [Healthy People Healthy Places Grant] - Creating Healthy Youth in San Benito County - \$25,000 To engage multi-sector stakeholders to develop a strategic plan to make policy and environmental changes to improve the health of youth in San Benito County

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP GRANTS- HEALTH LIVING	<p>HEALTH PARTNERSHIP GRANTS HEALTHY LIVING INITIATIVE -Healthy Food Resources Strategy Ag Innovations Netw ork - Silicon Valley Food System Alliance - \$19,000 To create a formal, multi-stakeholder entity, the Silicon Valley Food System Alliance, that will develop community strategies, policies and programs that promote a sustainable food system and increase access to healthy foods for Santa Clara County and Northern San Benito County residents CommUniverCity San Jose through The Tow er Foundation of San Jose State University - Grow ing Sustainability - \$75,000 To increase availability and affordability of healthy food by planning a new community garden model and implementing a Fruit Tree Sharing program in the Five Wounds/Brookw ood Terrace neighborhood in San Jose Fresh Approach - Fruit and Vegetable Prescriptions (RX) - \$100,000 To increase consumption of healthy food by piloting the Fruit and Veggie Prescription (RX) program that enables Santa Clara County community clinic providers to offer vouchers (RX) for produce from local farmers' markets to patients at-risk for obesity and diabetes FIRST 5 Santa Clara County - Healthy Food Initiative - \$150,000 To increase availability and affordability of healthy food in San Jose by piloting a Community Supported Agriculture (CSA) program for low -income families, planning and opening a new farmers' market and implementing EBT acceptance at both the CSA and farmers' market Health and Hospital System of Santa Clara County and Valley Medical Center Foundation - Donor Advised Fund for Healthy Food Resources - \$350,000 To support innovative efforts to increase access to healthy food resources, targeting communities w ith the most barriers and greatest need Karp Resources - Santa Clara County Mobile Fresh Food Vending Feasibility Study - Up to \$54,220 To conduct an assessment of the feasibility of establishing entrepreneurially-run mobile produce businesses in four target cities in Santa Clara County to increase access to affordable and healthy food Sacred Heart Community Services - La Mesa Verde Program - \$100,000 To increase availability and affordability of healthy food by implementing 100 new home gardens in the Washington neighborhood in San Jose and piloting projects to generate program revenue and build greater program sustainability The Food Trust - Evaluation of Healthy Food Resource Grants and Grantmaking Strategy - \$50,000 To determine the outcomes and impact of the Healthy Food Resources Grants Program Veggielution - Community Food Access - \$75,000 To increase the production, affordability and availability of local healthy foods by expanding the urban farm's food production to tw o acres, implement EBT acceptance at its farm stand and Community Supported Agriculture (CSA) program and engaging East San Jose residents to increase their participation on and purchasing from the farm</p>

Identifier	Return Reference	Explanation
	GRANT SUMMARY	Health Partnership GrantsCurrent year total \$2,559,205Adjustments to prior year grants \$9,402 Net Health Partnership Grants \$2,549,803 Good Samaritan GrantsCurrent year total \$152,809Adjustments to prior year grants \$28,197 Net Good Samaritan Grants \$124,612Donor Advised Grants Natalie Fund - George Mark Children's House for General Operating \$20,000Natalie Fund -Valley Medical Center Foundation for General Operating \$15,000Baron Endow ment-PlaneTree Library for General Operating \$7,000Baron Endow ment-PlaneTree Library for General Operating \$3,900 Baron Endow ment-PlaneTree Library for General Operating \$7,000 Baron Endow ment-PlaneTree Library for General Operating \$2,500 Baron Endow ment-PlaneTree Library for General Operating \$6,450 Baron Endow ment-PlaneTree Library for General Operating \$4,000 SJMCF-Full Circle Farm for Programmatic Support \$13,575SJMCF-Guadalupe River Park for Programmatic Support \$4,950SJMCF-Santa Clara University for Programmatic Support \$10,950SJMCF-The HEAL Project for Programmatic Support \$6,450SJMCF-Veggielution for Programmatic Support \$9,450SJMCF-Community Alliance w ith Family Farmers for Programmatic Support \$5,700SJMCF-Sacred Heart Community Services for Programmatic Support \$5,700SJMCF-Friends of Master Gardner's for Programmatic Support \$5,700SJMCF-Conexions for Programmatic Support \$4,200SJMCF-Collective Roots for Programmatic Support \$6,450Net Donor Advised Grants \$138,975Destination Home Grants Catholic Charities of Santa Clara County for Programmatic Support \$55,000Healthcare Foundation of Northern CA for Programmatic Support \$100,000Net Destination Home Grants \$155,000Grant Administration Fees \$12,000Total Grants, less prior year adjustments and grant administration fees \$2,980,390

Identifier	Return Reference	Explanation
	GRANT DETAIL - SUMMARY	The Health Trust awarded a total of \$3,005,989 in grants in fiscal year 2011. There were \$37,599 in adjustments to prior year grants, resulting in net total grants in fiscal year 2011 of \$2,968,390. The Health Trust awarded 29 Health Partnership Grants totaling \$2,559,205, 56 Good Samaritan Grants totaling \$152,809, 18 donor advised grants totaling \$138,975, and two grants totaling \$155,000 to support the work of Destination Home, a program of The Health Trust. Health Partnership grants are made for medically-related purposes through our hospital sponsor, the Health & Hospital System of Santa Clara County (facilitated by its fund development entity, Valley Medical Center Foundation) unless noted with an asterisk. Good Samaritan grants support community events and projects such as health fairs, sponsored walks, or community convenings that directly support The Health Trust's Initiatives.

Identifier	Return Reference	Explanation
	GRANT DETAIL - GOOD SAMARITAN GRANTS	<p>GOOD SAMARITAN GRANTSAsian Americans for Community Involvement - \$5,000For sponsorship support of the 2011 Fundraising Luncheon on April 28, 2011Alliance for Justice - \$500For General Operating SupportAmerican Diabetes Association - \$1,000For sponsorship support of the Diabetes Forum on November 7, 2010Andrew Hill High School - \$200For sponsorship support of the Sue Alves Memorial Golf Tournament on April 29, 2011Avenidas - \$2,500For sponsorship support of the Avenidas 8th Annual Caregiver Conference on August 20, 2011Bay Area Women's Sports Initiative - \$5,000For sponsorship support of the Game On! BAWSI Sportsapalooza on May 4, 2011Billy DeFrank Community Center - \$5,000 To support 200 HIV Tests and the San Jose Pride EventBreast Cancer Connection - \$2,500For sponsorship support of the 3rd Annual Spring Benefit on April 26, 2011Breathe California of the Bay Area - \$1,000For sponsorship support of the Breath of Life Walkathon Event on October 9, 2010 CA Public Health Association-North - \$3,500To support the Forum RE Patient Protection and Affordable Care Act on September 10, 2010California Teachers Association - \$5,000 To support the Breakfast First Healthy Foods for Hungry Minds Conferences on November 8, 2010 and November 30, 2010Campbell Union School District - \$500For sponsorship support of the Kids Fun Day on October 23, 2010Catholic Charities of Santa Clara County - \$5,000For sponsorship support of the 2nd Annual Caregivers Count Conference on November 13, 2010Catholic Charities of Santa Clara County - \$1,800To support the Jr Giants Baseball LeagueChamberlain's Children Center - \$1,500To support the Health, Wellness & Nutrition Center Opening on February 14, 2011City of San Jose - \$10,000 To support the Safe Summer Initiative City of San Jose - \$500For sponsorship support of the 38th Annual Volunteer Recognition Luncheon on May 17, 2011Community Health Partnerships - \$5,000For sponsorship support of the Community Health Forums on October 1, 2011Congregation Shir Hadash Organization - \$5,000For sponsorship support of the Healthy Living Health Fair 2011 on May 1, 2011El Camino YMCA - \$500For sponsorship support of the Move to Wellness Fair on September 26, 2010Far East Dragon Lion Association - \$600For general support Friends of Guadalupe River Park & Gardens - \$2,500For sponsorship support of Pumpkins in the Park on October 9, 2010Friends of Guadalupe River Park & Gardens - \$1,500For sponsorship support of Spring in the Guadalupe River on April 23, 2011Gardner Health Services - \$4,500For sponsorship support of Silent Heroes in Health Care on May 5, 2011Generation Community Wellness Center - \$1,000For sponsorship support of Eat, Play, Love on October 29, 2010Gilroy Unified School District - \$1,000To support Gilroy's Challenge for Special Needs Children Week of May 10-14, 2011Grantmakers in Health - \$6,675For General Operating SupportHealth Legal Services - \$1,884To support AIDS Legal ServicesHispanic Foundation Silicon Valley - \$10,000To support the Latino Report Card ProjectInteractive Parent Media - \$500For sponsorship support of the Dr Burman Fundraiser on June 11, 2011Ira Green PACE (Partners in AIDS Care & Education) through Valley Medical Center Foundation - \$2,500For sponsorship support of the Laugh*Sing*Dance*Care A PACE Clinic Benefit on February 1, 2011Kids in Common - \$1,500For sponsorship support of the 4th Annual SCC Children's Summit on February 4, 2011Kids Physical Education & Wellness - \$500For sponsorship support of the Healthy Holidays Sports Camp in December 2010Kids Physical Education & Wellness - \$1,000For sponsorship support of the Healthy Holidays Sports Camp in April 2011Latinas Contra Cancer - \$1,000To support the Healthy Eating, Healthy Living, Healthy Environment Campaign and Walk Against Cancer on May 7, 2011</p>

Identifier	Return Reference	Explanation
	GOOD SAMARITAN GRANTS (continued)	<p>Latino Community Development Foundation - \$3,000For sponsorship support of the Healthy Children's Day on September 11, 2010Los Altos Rotary Endow ment Fund - \$500For sponsorship support of the Los Altos/Los Altos Hills Community Expo for 50+-Get Involved! Get Active! on April 2, 2011National Association for Professional Gerontologists - \$4,000To support the "Age-Friendly" Community Oaxacan Cultural Project through Binational Center for the Development of Indigenous Oaxacan Communities - \$4,100To support the Oaxacan Children's GardenPeninsula Stroke Association - \$1,000For sponsorship support of the 3rd Annual Ability Resource Fair on November 4, 2010PlaneTree Library - \$500For sponsorship support of the AWE*some Film Festival on May 7, 2011Project Homeless Connect - \$5,000For sponsorship support of the Project Homeless Connect Event, February 2011 through March 2011Public Health Law & Policy - \$4,650To support the Community Profiles ProjectSacred Heart Community Service - \$5,000To support the La Mesa Verde Business PlanSan Benito County Health & Human Services Agency - \$3,500For sponsorship support of the San Benito County Car Seat Check-up Event on May 5, 2011San Benito High School District - \$1,500For sponsorship support of the 6th Annual Baler Gifted Games on May 13, 2011Santa Clara County Health and Hospital System through Valley Medical Center Foundation - \$2,500For sponsorship support of the Chronic Care Symposium on May 18, 2011Saratoga Area Senior Coordinating Council - \$1,000For sponsorship support of the SASCC Senior Health Fair on Nov 6, 2010Schmahl Science Project - \$500Support for the Victory Garden Inauguration Celebration on March 27, 2011Silicon Valley Bicycle Coalition - \$500For sponsorship support of the 3rd Annual Benefit Dinner on November 3, 2010SJB Child Development Centers - \$750For sponsorship support of the 40th Anniversary Champion for Children on October 20, 2011Sustainable Community Gardens - \$1,150For sponsorship support of the Fall Harvest Feast on September 23, 2010Valley Medical Center Foundation - \$10,000To support the Hep B Free Santa Clara County Kick-off in Fall 2011Yu-Ai Kai Community Senior Center - \$1,000To support the Yu-Ai Kai Kenko (Health) Living Series on Feb 26, June 4, Oct 8YWCA of Silicon Valley - \$2,500For sponsorship support of the 2010 Tribute to Women Awards DinnerYWCA Silicon Valley - \$2,500For sponsorship support of the 2011 TWIN Awards on May 3, 2011</p>

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 Committee 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	<p>OTHER PROGRAM SERVICES 4 [Continued from section 4a]Oral Health The Healthy Communities Initiative seeks to ensure access to oral health services, including home- and community-based oral health education, as well as clinical services for children During FY 2011 The Health Trust provided almost 18,000 preventive and restorative visits to over 8,000 low -income children through its Children's Dental Center To address the needs of families in the northern part of the County, The Health Trust opened a second dental clinic, again in partnership with the Children's Dental Group, in Sunnyvale CA in June of 2011 and launched a north county oral health education campaign Additionally, the Health Trust continued to educate and advocate for fluoridation in water serving residents of San Jose Health Care Linkages The Health Trust's Family Health Insurance program (FHI) provides assistance to families looking to enroll children in Medi-Cal, Healthy Families, Healthy Kids, and Kaiser Child Health Plan Children are eligible if they are under age 19, currently uninsured, a resident of Santa Clara County and if their family income is equal to, or below , 300% of the federal poverty level Parents do not need to have immigration documentation in order to enroll their children, and undocumented children are also eligible for some programs In addition to enrolling children, Health Trust staff follow s up with families to ensure that they choose a medical and dental home, and also to assist with re-enrollment requirements For parents of enrolled children, staff suggest resources and referrals to health education opportunities such as chronic disease self management classes and free or low -cost clinics In fiscal year 2011, The Health Trust assisted in the enrollment or re-enrollment of over 3,000 children in health insurance programs We also provide services at the Mexican Consulate, where we assist Mexican citizens with pre-registration, or pre-affiliation, for Seguro Popular, the Mexican health program for residents of Mexico Creating Healthy Places During 2011, this strategy evolved from a limited focus on organizational wellness and General Plans 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 2011, The Health Trust provided 7 new grants, totaling \$282,766 3 grants were made to support the adoption and implementation of health policies in the San Jose General Plan \$25,000 was awarded to Greenbelt Alliance to ensure that strong health policies and criteria are included in the revised General Plan, \$50,000 was awarded to the City of San Jose, Planning Department to incorporate resident input to develop four Urban Village Plans that will be used as tools to implement the growth and health strategies of the revised San Jose General Plan, and \$15,000 was awarded to CommUniverCity San Jose to gather resident input to inform the four Urban Village Plans that will be used as tools to implement the growth and health strategies of the revised San Jose General Plan Additionally, \$75,000 was awarded to the County of Santa Clara, Planning Office to develop and incorporate a new Health Element in the County General Plan to promote policies and land-use plans that support health Three grants were made specifically to support policies that impact youth environments including \$25,000 to YMCA of San Benito County to engage multi-sector stakeholders to develop a strategic plan to make policy and environmental changes to improve the health of youth in San Benito County, \$50,000 to Community Alliance with Family Farmers to increase access to healthy, locally-produced food in the Moreland School District, and \$42,766 to Bay Area Women's Sports Initiative (BAWSI) to build organizational capacity to sustain and expand place-based partnerships and health promotion programs OTHER PROGRAM SERVICES 5</p>