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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 94-6050231	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Health Trust Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 3180 Newberry Dr Suite 200 City or town, state or country, and ZIP + 4 San Jose, CA 95118		E Telephone number (408) 513-8700
	F Name and address of principal officer Frederick Ferrer 3180 Newberry Dr Suite 200 San Jose, CA 95118		G Gross receipts \$ 60,889,842
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ www.healthtrust.org		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1996	M State of legal domicile CA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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, Healthy Aging and Healthy Communities.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	199
	6 Total number of volunteers (estimate if necessary)	6	761
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,706,766
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,878,614	6,564,381
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,688,635	2,570,753
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,226,656	3,091,499
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,806	-49,747
		20,842,711	12,176,886
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,968,390	2,947,920
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,105,287	7,695,826
	16a Professional fundraising fees (Part IX, column (A), line 11e)	36,941	30,935
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 512,991		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,682,226	6,483,267
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,792,844	17,157,948
	19 Revenue less expenses. Subtract line 18 from line 12	5,049,867	-4,981,062
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	119,926,984	109,956,037
	21 Total liabilities (Part X, line 26)	5,273,438	3,574,015
	22 Net assets or fund balances. Subtract line 21 from line 20	114,653,546	106,382,022

Part II Signature Block

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

Sign Here	***** Signature of officer			2013-04-23 Date	
	Ira Holtzman CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	John M Kikuchi	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RK Taylor & Associates 2890 North Main St Suite 305 Walnut Creek, CA 94597			EIN
					Phone no (925) 944-7666

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

Part III

Statement of Program Service Accomplishments

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

☐ ☒

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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,905,867 including grants of \$ 1,565,470) (Revenue \$)

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. We 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 Supervisorial Districts #3 and #4 to 776 parents and 729 children 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 FY 2012, DH launched the "Housing 1,000" campaign. During FY 2012, THT also provided Medical Social Work services to DH clients who are medically fragile. Disruptive Innovation Grants Program: To effect greater change in the social services sector, THT awarded five Disruptive Innovation grants totaling \$427,722 to Silicon Valley nonprofits in October of 2012. Inspired by the Disruptive Innovation Theory of Harvard Business School Professor, Clayton Christensen, THT's goals with this grants program is to disrupt how the social services sector serves the community in a way that is simpler and less expensive than traditionally has been done. THT awarded two grants to Catholic Charities of Santa Clara County (CCSSC). The first grant in the amount of \$100,000 is for the Step Up Silicon Valley initiative to explore a venture capital approach to funding nonprofits based on performance that saves taxpayers money. The second grant to CCSSC in the amount of \$50,000 is to train low-income Latina women to set up their own physical activity and nutrition instructor businesses, that will be more affordable, accessible and culturally tailored than traditional health clubs. Additionally, \$127,722 was awarded to the Community Technology Alliance to explore the feasibility of providing basic mobile phone services to homeless and extremely low-income persons. The intention is to provide seamless access to health care, employment and housing for low-income persons via cell phones. \$50,000 was awarded to the Law Foundation of Silicon Valley, Health Legal Services, to explore ways to provide legal advice and basic legal services on the web for those who cannot afford an attorney. \$100,000 was awarded to the Greenbelt Alliance to develop a new system to engage neighborhoods in community land use issues using web and mobile devices. In order to qualify for funding, these agencies had to be more than innovative. Simply doing what they do better or more efficiently was not enough. They had to show that their innovations would be 'disruptive', meaning they would serve an untapped market at a reduced cost and provide "good enough" service that would improve the wellbeing of low-income individuals and communities. 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 2012, 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 continues to work closely with the local Mexican Consulate. 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 2012, over 130,000 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. The Health Trust also used Ryan White Transitional Housing Services funds to provide housing assistance to HIV+ clients in Santa Clara County in the form of short-term emergency housing (such as motels for homeless who cannot stay in a shelter for medical reasons), short-term emergency rental assistance, and short-term subsidy assistance for up to two years. Supportive services are also provided in the form of Housing Specialists to assist with housing placement and advocacy, and a Self-Sufficiency Coordinator to assist clients in transitioning to more permanent housing placement. 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 2012, The Health Trust provided almost 28,000 preventive and restorative visits to over 11,000 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 has continued its oral health education campaign in this area. Additionally, the Health Trust continued its campaign to bring fluoride to the water supply in Santa Clara County. In November 2011, a major milestone was reached when the Santa Clara Valley Water District Board passed a policy vote to fluoridate their water system. 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 follows 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 2012, The Health Trust assisted in the enrollment or re-enrollment of 5,746 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.

4b

(Code) (Expenses \$ 2,495,258 including grants of \$ 255,952) (Revenue \$)

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 2012, 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. The ASC also developed and adopted a Policy Agenda. "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 2012, 16,000 copies of Healthy Steps, an award-winning health & wellness guide, were distributed through workshops and presentations in partnership with 200+ organizations serving seniors. "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 2012, 67,137 meals were delivered to a total of 508 unduplicated individuals. Ninety-one percent of the MOW recipients reported that the MOW services are good or excellent. Ninety-nine percent reported that the MOW services were "somewhat or extremely important" in helping them to remain in their homes. 232 deliveries of groceries were also provided to our clients. "Caregiver Capacity Building: The Caregiver strategy was carried out in association with the Aging Services Collaborative (see above). During FY 2012, a Caregiver's Count conference was held with 120 attendees in multiple languages. In addition, a grant was made to research and analyze caregiver demographics and resources in Santa Clara County and for the preparation of a blueprint for action. "Community Engagement: We continued to operate the AGEnts for Change program, engaging between 25 and 50 seniors in education and the development and implementation of a Social Action Plan. In addition, the Senior Peer Advocate program supported and trained a corps of 20 senior volunteers that provide information and assistance to seniors at 9 sites in the county.

4c

(Code) (Expenses \$ 2,340,120 including grants of \$ 1,126,498) (Revenue \$)

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: (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 a mile of their neighborhood, and that residents meet the Healthy People 2020 objectives for daily fruit and vegetable consumption. In 2012, The Health Trust made 4 grants in this strategy, totaling \$257,274. A grant of \$50,000 was made to Ag Innovations to support the Santa Clara County Food System Alliance, an Alliance charged with identifying and implementing specific local policy and advocacy efforts and building greater local leadership and support. A grant of \$100,000 was also provided to Our City Forest, to develop and bring to scale a fruit tree stewardship program for low-income residents. Two additional grants were made to support the planning and evaluation of the Healthy Food Resources strategy, including a \$57,274 grant to Karp Resources, to create a program design and business plan for Fresh Carts, a mobile produce vending program, and a \$50,000 grant to The Food Trust to evaluate the FY 2011 cohort of Healthy Food Resources grantees. During 2012, The Health Trust also launched Campaign for Healthy Food San Jose, an effort to change city policies that make it costly and time-intensive to bring new healthy food resources into San Jose. Additionally, during 2012, The Health Trust began the 1st year of its second three-year AmeriCorps grant that annually will place up to 24 full-time 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. Creating Healthy Places: During 2012, The Health Trust provided 13 new grants in aggregate amount of \$772,600. 4 grants, totaling \$285,000, were made to California WALKS, Greenbelt Alliance, Mt. Madonna, a branch of YMCA of Silicon Valley, and TransForm, to support efforts to change policies and create systems to increase neighborhood walkability and transportation. 4 grants, totaling \$213,500, were made to address policy and systems barriers to increasing access to healthy food in low-income communities. These grants included grants to Children's Discovery Museum, My Three Squares, Valley Medical Center Foundation, and Working Partnerships USA. 3 grants were made to San Benito County, totaling \$191,500, to create new opportunities for youth to access healthy food and physical activity, as well as build the capacity of youth to promote and make policy and environmental changes in their community. In addition, a grant of \$75,000 was made to Generations Community Wellness to change faith-based organizational practice and policies to promote healthy eating and active living, and a grant of \$7,600 was made to Change Lab Solutions, to provide technical assistance on model Farmers' Market policies, as part of Campaign for Healthy Food San Jose.

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,668,139 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 13,409,384

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 questions 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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	171			
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	199			
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				No
b	Enter the aggregate 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 aggregate 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	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made 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 made 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 3180 Newberry Dr Suite 200 San Jose, CA 95118 (408) 513-8700

Part VII

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cindy Chavez Board Member	2 00	X						0	0	0
(2) Roberta Robins Board Member	2 00	X						0	0	0
(3) Monique Lambert Board Member	2 00	X						0	0	0
(4) William Rewack Board Member	2 00	X						0	0	0
(5) Emily Lam Board Member	2 00	X						0	0	0
(6) Michael Celio Board Member	2 00	X						0	0	0
(7) Darren Cde Baca Board Member	2 00	X						0	0	0
(8) David Katz Board Member	2 00	X						0	0	0
(9) Kathy McCarthy Board Member	2 00	X						0	0	0
(10) Marianne Jackson Board Member	2 00	X						0	0	0
(11) Charles Bullock Board Member	2 00	X						0	0	0
(12) Juan Benitez Board Member	2 00	X						0	0	0
(13) Cindy Ruby Board member	2 00	X						0	0	0
(14) Martin Fishman MD Board Member	2 00	X						0	0	0
(15) Ruma Kumar MD Board member	2 00	X						0	0	0
(16) Karen Danna Board Member	2 00	X						0	0	0
(17) Frederick Ferrer CEO	40 00	X		X				250,702	0	34,802

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Richard Triolo Board member	2 00	X						0	0	0
(19) Michael Barsanti Board member	2 00	X						0	0	0
(20) Ira Holtzman CFO	40 00			X				208,842	0	20,113
(21) Todd Hansen COO	40 00			X				215,973	0	34,889
(22) Paul Hepfer VP Programs	40 00					X		118,551	0	7,187
(23) Jennifer Loving DH, Exec Dir	40 00					X		132,420	0	18,523
(24) Vandana Pant Fund Dev Dir	40 00					X		128,768	0	15,921
(25) Steve Rice Controller	40 00					X		101,903	0	9,625
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,157,159		141,060

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization7

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mac-Palmetto GBA PO Box 1332 Augusta, GA 30903	Consulting	261,087
Cobe Construction 2470 Winchester Blvd Ste D Campbell, CA 95008	Construction	229,200
City of Morgan Hill 495 Alkire Ave Morgan Hill, CA 95037	Consulting	119,961

2

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

Part VIII

Statement of Revenue

				(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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,942,424				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,621,957				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		6,564,381				
Program Service Revenue			Business Code					
	2a	Nonprofit Support		1,706,766		1,706,766		
	b	Health Trust Programs		732,046	732,046			
	c	Discontinued Ops		131,941	131,941			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		2,570,753				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,402,082			1,402,082	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		90,000						
		175,100						
		-85,100						
	d	Net rental income or (loss)		-85,100			-85,100	
	7a	(i) Securities		(ii) Other				
		50,207,889						
		48,518,472						
		1,689,417						
	d	Net gain or (loss)		1,689,417			1,689,417	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a	54,737						
	b	Less direct expenses		19,384				
	c	Net income or (loss) from fundraising events . .		35,353			35,353	
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses						
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							
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		12,176,886	863,987	1,706,766	3,041,752		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,947,920	2,947,920		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	675,215	138,009	470,770	66,436
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	4,701,365	3,816,455	686,935	197,975
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	326,478	236,260	75,972	14,246
9	Other employee benefits	1,548,308	1,120,453	360,294	67,561
10	Payroll taxes	444,460	342,203	82,721	19,536
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	49,514		49,514	
c	Accounting	70,622		70,622	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	30,935			30,935
f	Investment management fees	976,662		976,662	
g	Other	497,885	464,534	33,351	
12	Advertising and promotion	8,875	6,393	1,815	667
13	Office expenses	788,252	708,509	57,341	22,402
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,524,599	1,274,083	167,751	82,765
17	Travel	122,002	87,877	24,951	9,174
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	495,551	456,154	32,940	6,457
23	Insurance	86,328	22,206	64,122	
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	In-kind rent & services	-307,025	-257,290	-32,851	-16,884
b	Offsets to revenue	-19,384			-19,384
c	Other	147,209	106,033	30,106	11,070
d	Purchased services	2,042,177	1,939,585	82,557	20,035
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	17,157,948	13,409,384	3,235,573	512,991
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			3,854,799	2	3,115,228
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			3,382,695	4	1,376,478
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			188,976	9	306,484
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,789,032			
	b	Less: accumulated depreciation	10b	2,466,710	8,750,026	10c	9,322,322
	11	Investments—publicly traded securities			78,131,300	11	73,932,993
	12	Investments—other securities. See Part IV, line 11			23,187,523	12	19,499,104
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			2,431,665	15	2,403,428
	16	Total assets. Add lines 1 through 15 (must equal line 34)			119,926,984	16	109,956,037
Liabilities	17	Accounts payable and accrued expenses			2,256,331	17	1,740,065
	18	Grants payable			2,427,949	18	1,609,919
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			589,158	25	224,031
	26	Total liabilities. Add lines 17 through 25			5,273,438	26	3,574,015
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			109,690,102	27	102,097,262
	28	Temporarily restricted net assets			4,605,025	28	3,923,771
	29	Permanently restricted net assets			358,419	29	360,989
	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			114,653,546	33	106,382,022
	34	Total liabilities and net assets/fund balances			119,926,984	34	109,956,037

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	12,176,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,157,948
3	Revenue less expenses Subtract line 2 from line 1	3	-4,981,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,653,546
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,290,462
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	106,382,022

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

2011

Open to Public
Inspection

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

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

An organization organized and operated exclusively to test for public safety Se**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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,005,306	5,244,339	5,058,140	8,878,614	6,564,381	30,750,780
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	1,222,020	1,778,487	1,770,908	3,688,635	2,570,753	11,030,803
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	6,227,326	7,022,826	6,829,048	12,567,249	9,135,134	41,781,583
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)						41,781,583

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	6,227,326	7,022,826	6,829,048	12,567,249	9,135,134	41,781,583
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,241,668	3,504,430	2,263,771	1,506,883	1,402,082	10,918,834
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,241,668	3,504,430	2,263,771	1,506,883	1,402,082	10,918,834
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.)	8,468,994	10,527,256	9,092,819	14,074,132	10,537,216	52,700,417
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	79.280 %	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	76.930 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	20.720 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	23.070 %
19a	33 1/3% support tests—2011. 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		<input checked="" type="checkbox"/>
b	33 1/3% support tests—2010. 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		<input type="checkbox"/>
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (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
--	--

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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,109													
c	Total lobbying expenditures (add lines 1a and 1b)	3,109													
d	Other exempt purpose expenditures	17,174,223													
e	Total exempt purpose expenditures (add lines 1c and 1d)	17,177,332													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<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)	250,000													
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	946,375	967,474	946,764	1,000,000	3,860,613
b Lobbying ceiling amount (150% of line 2a, column(e))					5,790,920
c Total lobbying expenditures	5,745	16,000	650	3,109	25,504
d Grassroots non-taxable amount	236,594	241,869	236,691	250,000	965,154
e Grassroots ceiling amount (150% of line 2d, column (e))					1,447,731
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)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	1,670	
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	192,508	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1
► \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1
► \$ _____

b Assets included in Form 990, Part X
► \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
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	4,963,544	1,712,668	2,954,254	
b	Contributions	1,206,636	4,297,637	1,058,862	
c	Investment earnings or losses	-17,759	216,155	326,451	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	1,867,661	1,263,016	2,626,899	
f	Administrative expenses				
g	End of year balance	4,284,760	4,963,444	1,712,668	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 8 400 %

c

Term endowment ▶ 91 600 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,022,250			7,022,250
b Buildings	370,000		342,250	27,750
c Leasehold improvements		2,526,336	961,485	1,564,851
d Equipment		1,870,446	1,162,975	707,471
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,322,322

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	12,176,886
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,157,948
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,981,062
4	Net unrealized gains (losses) on investments	4	-3,290,462
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,290,462
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,271,524

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	7,897,120
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,290,462
b	Donated services and use of facilities	2b	307,025
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	19,384
e	Add lines 2a through 2d	2e	-2,964,053
3	Subtract line 2e from line 1	3	10,861,173
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	976,661
b	Other (Describe in Part XIV)	4b	339,052
c	Add lines 4a and 4b	4c	1,315,713
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,176,886

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	16,168,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	307,025
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	19,384
e	Add lines 2a through 2d	2e	326,409
3	Subtract line 2e from line 1	3	15,842,235
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	976,661
b	Other (Describe in Part XIV)	4b	339,052
c	Add lines 4a and 4b	4c	1,315,713
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,157,948

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 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Reclass invest inc offset \$339052
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special event expense \$19384 Rental expense \$0
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Reclass from investment income \$339052
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special event expense \$19384
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Adoption of FASB ASC 820-10 \$ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Permanently restricted net assets consist of endowment fund investments to be held indefinitely, the income from which is used to support various programs.

1

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

3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
EIN: 94-6050231
Name: The Health Trust

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

2011

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			
P Harris 3828 solstice A Merced, CA 95348	Grant writer		No	40,000	5,275	34,725
Netherland PO Box 5338 Berkeley, CA 94705	Grant writer		No	391,199	20,375	370,824
Total ▶				431,199	25,650	405,549

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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	54,737			54,737
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	54,737			54,737
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	19,384		19,384
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(19,384)
					35,353

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			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary 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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

35

3

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

3

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

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: 11000144
Software Version: 2011v1.5
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
Youth Alliance310 Fourth Street Suite 101 Hollister, CA 95023	77-0377245	501(c)(3)	75,000	0			See schedule O
YMCA of Silicon Valley1922 The Alameda 3rd Fl San Jose, CA 95126	94-1156318	501(c)(3)	60,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of San Benito 351 Tres Pinos Road A-201 Hollister, CA 95023	77-0202335	501(c)(3)	55,000	0			See schedule O
Working Partnership USA2102 Almaden Road Suite 107 San Jose, CA 95125	77-0387535	501(c)(3)	91,900	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
Valley Medical Ctr Fdn2400 Moorpark Ave Ste 207 San Jose, CA 95128	77-0187890	501(c)(3)	57,500	0			See schedule O
TransForm436 14th Street Suite 600 Oakland, CA 94612	72-1521579	501(c)(3)	60,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Food Trust1617 John F Kennedy Blvd Philadelphia, PA 19103	23-2678383	501(c)(3)	50,000	0			See schedule O
Sutherland-Edwards1204 Preservation Park Way Oakland, CA 94612	20-5975676		30,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sta Cla Cty Health System828 South Bascom 280 San Jose, CA 95128	94-6000533	115	25,000	0			See schedule O
School Health Clinics5671 Santa Teresa Blvd Ste 105 San Jose, CA 95123	77-0031679	501(c)(3)	191,151	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
Santa Clara University500 El Camino Real Santa Clara, CA 95053	94-1156617	501(c)(3)	9,000	0			See schedule O
San Benito County481 Fourth Street Hollister, CA 95023	94-6000530	115	61,500	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
Public Health Law & Policy2201 Broadway Suite 502 Oakland, CA 94612	26-3710746	501(C)(3)	7,600	0			See schedule O
Public Health Institute555 12th Street Oakland, CA 94607	94-1646278	501(C)(3)	264,973	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
Our City Forest 1590 Las Plumas Ave San Jose, CA 95133	77-0371911	501(c)(3)	100,000	0			See schedule O
New Directions thru Hlthcare1215 K St 730 Sacramento, CA 95814	86-1174825	501(c)(3)	25,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
My Three Squares 3150 18th St 315 San Francisco, CA 94110	45- 3059509	501(c)(3)	50,000	0			See schedule O
Karp ResourcesPO Box 515 Southold, NY 11971	11- 3021350		57,274	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
InnVision1900 The Alameda Suite 400 San Jose, CA 95126	77-0033628	501(c)(3)	30,000	0			See schedule O
Heart of the Valley ServicesPO Box 418 Ssnta Clara, CA 95052	77-0154535	501(c)(3)	76,250	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
Healthcare Fdn of Nor CA1215 K St 730 Sacramento, CA 95814	86-1174825	501(c)(3)	57,000	0			See schedule O
Health Legal Service152 N Third St 3rd Fl San Jose, CA 95112	52-1014754	501(c)(3)	50,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greenbelt Alliance 312 Sutter St Suite 510 San Francisco, CA 94108	94-1676747	501(c)(3)	165,000	0			See schedule O
Grantmakers in Health1100 Connecticut Ave NW 1200 Washington,DC 20036	13-3206571	501(c)(3)	6,675	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
Generations Comm Wellness1250 Oakmead Parkway 109 Sunnyvale, CA 94085	20-0737711	501(c)(3)	75,000	0			See schedule O
Gardner Famly Care Cor160 East Virginia St San Jose, CA 95112	94-1743078	501(c)(3)	100,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Caregiver Alliance785 Market Street Suite 750 San Francisco, CA 94103	94-2687079	501(c)(3)	20,000	0			See schedule O
EHC Life Builders507 Valley Way Milpitas, CA 95035	94-2684272	501(c)(3)	196,250	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
Downtown Streets Team480 Lytton Ave Suite 2A Palo Alto, CA 94301	20-5242330	501(c)(3)	75,000	0			See schedule O
Council on Aging Silicon Valley2115 The Alameda San Jose, CA 95126	94-2256503	501(c)(3)	25,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Tech Alliance1671 The Alameda 300 San Jose, CA 95126	77-0286926	501(c)(3)	154,222	0			See schedule O
City of San Jose 200 E Santa Clara St San Jose, CA 95113	94-6000419	115	5,500	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
Childrens Discovery Museum 180 Woz Way San Jose, CA 95110	94-2870828	501(c)(3)	38,500	0			See schedule O
Catholic Charities 2625 Zanker Road San Jose, CA 95134	94-2762269	501(c)(3)	155,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California WALKS 1904 Franklin Street 709 Oakland, CA 94612	81-0618523	501(c)(3)	100,000	0			See schedule O
California Dental Assn Fdn1201 K St Ste 1511 Sacramento, CA 95814	68-0411536	501(c)(3)	135,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asian Americans for Community2400 Moorpark Ave Ste 300 San Jose, CA 95128	99-2292491	501(c)(3)	175,000	0			See schedule O
AG Innovations Network101 Morris St 212 Sebastopol, CA 95472	68-0462304	501(c)(3)	50,000	0			See schedule O

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <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> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	No

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

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

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

(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		173		34,889	250,862	
(2) Jennifer Loving	(i) (ii)	132,420				18,523	150,943	
(3) Ira Holtzman	(i) (ii)	189,052	19,661	129		20,113	228,955	
(4) Frederick Ferrer	(i) (ii)	250,702				34,802	285,504	

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

2011

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	61,132	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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	16	358,278	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Supplies)	X	13	5,098	
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				
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

2011**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 INITIATIVECaregiver Support Family Caregiver AllianceInformal Caregivers Blueprint for Action in Santa Clara County - \$20,000 over 12 months to increase advocacy capacity of Santa Clara County stakeholders concerned about caregivers of older adults Grant funds will support the production of a Santa Clara County Caregiver Report and recommendations for a caregiver policy agenda, service integration and education programs to be implemented by Aging Services Collaborative, AGEnts for Change volunteers, policymakers, and other stakeholders Gardner Family Health Network - Adult Day Health Center - \$25,000 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 Heart of the ValleyCommunity Volunteer Network- Silicon Valley (CVN-SV) - \$76,250 over 18 months to create a formal collaborative to facilitate the coordination of volunteer programs in Santa Clara County among its nine members and to develop and pilot a model for an on-call volunteer program Older Adult Nutrition and Social Connection Strategy Council on AgingSanta Clara County Senior Nutrition Task Force - \$25,000 over 12 months to re-convene a Senior Nutrition Task Force to inform the development of a new county Request For Proposal for congregate meal programs for older adults

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP-HEALTHY COMMUNITIES	<p>HEALTH PARTNERSHIP GRANTS-HEALTHY COMMUNITIES INITIATIVE</p> <p>Addressing Root Causes of Health Disparities / Disruptive Innovation Grants</p> <p>Catholic Charities Santa Clara County Public/Private Bond Financing Mechanisms in Santa Clara County - \$100,000 over 12 months for a seed grant to study the feasibility of "social impact bonds" as a financing mechanism to improve health outcomes for Santa Clara County residents living in poverty</p> <p>Catholic Charities Santa Clara County Cultivando Salud/Cultivating Health - \$50,000 over 12 months for a seed grant to design and pilot a micro-enterprise model that trains community residents to serve their community as Community Zumba Instructors to improve health outcomes for low-income residents in San Jose</p> <p>Community Technology Alliance ConnectSCC - \$127,722 over 12 months for a seed grant to research feasible options and develop an implementation plan for reliable mobile phone service to homeless and extremely low-income individuals to increase access to health care, employment and housing resources and improve overall wellbeing</p> <p>Greenbelt Alliance Our Backyard - \$100,000 over 6 months for a seed grant to research and design an engagement model facilitated by mobile and web technology to encourage community stakeholders in a bottom-up approach to land-use activism to achieve health, environmental sustainability and social equity</p> <p>Law Foundation of Silicon Valley Health Law Connect - \$50,000 over 12 months for a seed grant to research and design a low-touch, legal services delivery model using technology to increase access to legal services and information for patients of Santa Clara Valley Medical Center and its clinic network to resolve issues related to the social and economic determinants of health</p> <p>Chronic Disease Prevention and Management Strategy Asian Americans for Community Involvement</p> <p>Silicon Valley Mpowerment Project - \$170,000 over 24 months to prevent chronic disease by piloting Silicon Valley Mpowerment, a Center for Disease Control and Prevention approved HIV prevention intervention model that engages young, gay and bisexual men through personal networks and social activities and encourages personal and community empowerment</p> <p>Oral Health and Community Water Fluoridation California Dental Association Foundation</p> <p>Santa Clara County Fluoridation - Year 4 - \$135,000 over 12 months to continue to provide consultation and project management for the Santa Clara County Fluoridation Initiative</p> <p>Working Partnerships USA</p> <p>Implementing Water Fluoridation in Santa Clara County - \$16,900 over three months to fund a consultant to conduct an audit of Santa Clara Valley Water District to determine if the District has unallocated capital funds to support the installation of water fluoridation systems</p> <p>Supporting Health Care Linkages Strategy</p> <p>Gardner Family Health Center</p> <p>The Downtown Clinic - \$75,000 over 12 months to increase access of low-income Santa Clara County residents to culturally appropriate primary care and wellness services</p> <p>Grant funds will support startup expenses for a new community clinic on the site of the former San Jose Medical Center in downtown San Jose in partnership with the Santa Clara Valley Health & Hospital System</p> <p>School Health Clinic of Santa Clara County - Matching Funds Support - \$90,151</p> <p>To provide matching support for the establishment of a functional endowment that will provide long-term sustainability of School Health Clinic programs</p> <p>School Health Clinics of Santa Clara County* (Legacy Grant)</p> <p>Core Operating Support - \$100,000 over 12 months to increase access for low-income children and adolescents to age-appropriate preventive and primary care</p> <p>This grant was made through the Lucile Packard Children's Hospital</p> <p>Cross Cutting Initiative</p> <p>Public Health Institute</p> <p>Public Health Professional Development Program - \$264,973 over 12 months to implement a Public Health Professional Development Program and place three fellows at The Health Trust to support the work of The Health Trust Initiatives</p>

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP GRANTS-HEALTHY LIVING	HEALTH PARTNERSHIP GRANTS HEALTHY LIVING INITIATIVEHealthy Food Resources Strategy Ag InnovationsSanta Clara County Food System Alliance - \$50,000 over 24 months to provide facilitation and technical assistance support to the new ly formed Santa Clara County Food System Alliance as it identifies and implements specific local policy and advocacy efforts and builds greater local leadership and support Karp ResourcesFresh Carts Silicon Valley Business Planning - \$57,274 over 12 months to research and recommend new or modified mobile vending policies to promote the implementation of the Fresh Carts model in the City of San Jose and create a program design and business plan for Fresh Carts Silicon Valley vendors Our City Forest FruitWorks! - \$100,000 over 24 months to increase the production, availability and consumption of healthy foods by developing and bringing to scale a fruit tree stew ardship program and engaging and training low -income residents to plant and care for fruit trees The Food TrustEvaluation of Healthy Food Resource Grantees - \$50,000 over 24 months to evaluate the second cohort of Healthy Food Resources grantees

Identifier	Return Reference	Explanation
	HEALTH PARTNERSHIP GRANTS-HEALTH LIVING	<p>HEALTH PARTNERSHIP GRANTS HEALTHY LIVING INITIATIVE -Creating Healthy Places Strategy California WALKS STEPS Sustainable Transportation Engagement for Pedestrian Safety - \$100,000 over 24 months to partner with Catholic Charities of Santa Clara County to promote physical activity and active transportation (walking and biking) for residents of all ages by engaging residents to promote policy and land use changes to improve pedestrian safety and walkability in three East San Jose neighborhoods Change Lab Solutions (formerly Public Health Law and Policy) Technical Assistance Grant to Communities Putting Prevention to Work - \$7,600 over six months to increase access to healthy food resources by providing technical assistance to The Health Trust-led Campaign for Healthy Food San Jose on model policies, practices and programs Children's Discovery Museum Family Foodways Caf Project - \$38,500 over 12 months for consultation support to identify profitable solutions for operation of its food service to serve exclusively healthy foods to a customer base of children and families from diverse cultural and economic backgrounds Generations Community Wellness Creating Healthy Faith-Based Places - \$75,000 over 24 months to change faith-based organizational practice and policies to promote healthy eating and active living among members Grant funds will support technical assistance to faith-based leaders and wellness committee members to develop and implement Healthy Food and Beverage Wellness Policies Greenbelt Alliance Creating Healthy Places A Model for Neighborhood-Level Planning - \$65,000 over 24 months to implement health promoting policies from the revised San Jose general plan in the West San Carlos/Bascom neighborhood and to support the passage of the Mountain View General Plan with strong health promoting language Mt. Madonna branch of YMCA of Silicon Valley South County Livable Community Project - \$60,000 over 24 months to reduce transportation barriers to health promotion programs by changing transportation policy and practices to benefit both older adults and youth My Three Squares SNAP Partners for Health - \$50,000 over 24 months to increase affordability and consumption of healthy food by increasing Supplemental Nutrition Assistance Program (food stamp) enrollment by promoting SNAP outreach and healthy food retail at two grocery stores in the Washington neighborhood in San Jose San Benito County Creating Healthy Places Community Parks, Recreation, and Cultural Resources District - \$61,500 over 12 months to protect and promote parks and recreational space to support physical activity in San Benito County by conducting a feasibility study to establish a special district to manage the operation of parks, recreation, and cultural resources TransForm Creating Healthy Places in West San Carlos/Bascom and the Stevens Creek Corridor - \$60,000 over 24 months to increase active transportation of Santa Clara County residents in West San Carlos/Bascom neighborhood and along the Stevens Creek Corridor through policy advocacy and community engagement Valley Medical Center Foundation Farmers' Market at Valley Medical Center - \$50,000, with another \$100,000 to be awarded in FY 13, upon the achievement of agreed upon objectives, to increase the availability of healthy food on County facilities through the development of policies and practices to allow for onsite operation of a farmers market and other healthy food resources, as well as a model for integrating those healthy food resources into County services and programs Working Partnerships USA Healthy Eating Strategies - \$75,000, with another \$75,000 to be awarded in FY 13 upon the achievement of agreed upon objectives, to increase the availability of healthy foods at small retail outlets (i.e. corner stores) in high poverty census tracts through the adoption of a County Healthy Corner Store Policy Youth Alliance Youth Advocates for Health - \$75,000, with another \$25,000 to be awarded in FY 13 upon the achievement of agreed upon objectives, to build advocacy capacity of youth to promote and make policy and environmental changes to support healthy eating and physical activity YMCA of San Benito County Creating Healthy Youth School Wellness Plan - \$55,000 over 24 months to increase the availability and consumption of fruits and vegetables for students in the Hollister School District through a partnership between the school district, the Health and Human Services agency, County Park and Recreation and the local food bank</p>

Identifier	Return Reference	Explanation
	GRANT SUMMARY	Health Partnership GrantsCurrent year total \$2,365,870Adjustments to prior year grants_____ \$110,067 Net Health Partnership Grants \$2,255,803 Good Samaritan GrantsCurrent year total \$128,728Adjustments to prior year grants___ \$5,001 Net Good Samaritan Grants \$123,727

Identifier	Return Reference	Explanation
	GRANT DETAIL - SUMMARY	The Health Trust awarded a total of \$3,104,163 in grants in fiscal year 2012. The Health Trust awarded 33 Health Partnership Grants totaling \$2,365,870, 48 Good Samaritan Grants totaling \$128,728, and 14 grants totaling \$609,565 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 GRANTS</p> <p>American Diabetes Association - \$500 Feria De Salud 2011 on September 10, 2011</p> <p>American Diabetes Association - \$500 One Week Camp from July 16-July 20, 2012</p> <p>American Leadership Forum- \$5,000</p> <p>Silicon Valley 2012 Exemplary Leader Luncheon on May 3, 2012</p> <p>Andrew Hill High School - \$200</p> <p>7th Annual Sue Alves Memorial Gold Tournament on April 27, 2012</p> <p>Asian Americans for Community Involvement of Santa Clara County - \$5,000</p> <p>AACI Annual Fundraising Luncheon on April 26, 2012</p> <p>Bay Area Sports Organizing Committee - \$1,000</p> <p>2012 Bay Area Senior Games from March 10 - April 7, 2012</p> <p>Bay Area Women's Sports Initiative - \$5,000</p> <p>2012 BAWSI Sportsapoloosa on May 23, 2012</p> <p>Breast Cancer Connections - \$1,500</p> <p>8th Annual Breast Cancer Conference on November 5, 2011</p> <p>Catholic Charities of Santa Clara County - \$5,000</p> <p>3rd Annual Caregivers Count Conference on March 17, 2012</p> <p>City of San Jose - \$5,000</p> <p>Lake Cunningham Regional Skate Park</p> <p>City of San Jose - \$500</p> <p>City of San Jose's 14th Annual Walk to End Domestic Violence on October 14, 2011</p> <p>Community Health Partnership - \$3,200</p> <p>Healthy Communities Training from July 8-18, 2012</p> <p>Community Technology Alliance - \$1,500</p> <p>Evening of Celebration on May 10, 2012</p> <p>Congregation Shir Hadash - \$2,500</p> <p>Healthy Living Health Fair 2012 on April 29, 2012</p> <p>Escuela Popular del Pueblo - \$1,500</p> <p>Escuela Popular and Stanford's Day of Service on May 12, 2012</p> <p>Gilroy Unified School District - \$500</p> <p>Challenge Day Unifying High School Effect on March 7, 2012</p> <p>Grantmakers in Health - \$6,675</p> <p>General Operating Support</p> <p>Guadalupe River Parks and Gardens - \$500</p> <p>Pumpkins in the Park on October 8, 2011</p> <p>Los Altos Rotary Endowment Fund - \$500</p> <p>Encore! Investigate Your Passion and Get Involved! On March 24, 2012</p> <p>Momentum for Mental Health - \$1,250</p> <p>Shining Stars Event on November 17, 2011</p> <p>Mountain View Police Activities League - \$2,500</p> <p>Kick, Lead, Dream Soccer Camp on June 18-July 2, 2012</p> <p>Office of Community Health, Stanford University School of Medicine - \$500</p> <p>Community Health Symposium on October 27, 2011</p> <p>On Lok Senior Health Services - \$2,653</p> <p>Bay Area Senior Health Policy Forum on Nov 30, 2011</p> <p>People Acting in Community Together - \$5,000</p> <p>PACT 2011 Leadership Luncheon on November 3, 2011</p> <p>Pioneer High School Service Learning - \$250</p> <p>Earth Day on April 20, 2012</p> <p>PlaneTree Library - \$500</p> <p>AWE*some Film Festival on April 28, 2012</p> <p>Planned Parenthood Mar Monte - \$500</p> <p>Santa Clara County Fifth Annual Children's Summit on January 27, 2012</p> <p>RotaCare Bay Area, Inc - \$1,500</p> <p>RotaCare Bay Area Gala on November 10, 2011</p> <p>San Benito High School District - \$1,000</p> <p>7th Annual Gifted Games on May 18, 2012</p> <p>San Jose Foothill Family Community Clinic - \$1,000</p> <p>IHS and Community Partners Grand Opening of Comprehensive School Based Health Center on November 29, 2011</p> <p>Santa Clara County Office of Women's Policy - \$500</p> <p>State of Women and Girls in SCC</p> <p>Santa Clara County Parks and Recreation Dept - \$1,000</p> <p>6th Annual Festival in the Park - Where Wellness Meets Fun on June 23, 2012</p> <p>Santa Clara University - \$9,000</p> <p>Strategic Planning Support</p> <p>Saratoga Area Senior Coordinating Council - \$500</p> <p>Saratoga Area Senior Coordinating Council Health Fair and Flu Shot Event on October 21, 2011</p> <p>School Health Clinics of Santa Clara County - \$1,000</p> <p>25th Anniversary Celebration on May 17, 2012</p> <p>Senior Housing Solutions - \$5,000</p> <p>Senior Housing Wellness Curriculum Pilot from September 18-November 8, 2011</p> <p>Silicon Valley Council of Nonprofits - \$2,500</p> <p>Be Our Guest 2011 Event on October 27, 2011</p> <p>Somos Mayfair - \$500</p> <p>Gracias A La Vida 2011 Luncheon on September 8, 2011</p> <p>South County Collaborative - \$1,000</p> <p>Bi-national Health Week Conference on October 6, 2011</p> <p>South Valley Community Church - \$500</p> <p>Get Up, Get Active & Get Healthy on May 16, 2012</p> <p>Sunday Friends - \$500</p> <p>Nutrition Day Education on September 25, 2011</p> <p>Sutherland~Edwards, Consultants to Philanthropy - \$30,000</p> <p>Organizational Capacity Building for Healthy Food Resources</p> <p>Grantees The Tower Foundation of San Jose State University - \$500</p> <p>Global Aging Opportunities and Challenges in a Multicultural Society on April 18, 2012</p> <p>Valley Medical Center Foundation - \$5,000</p> <p>Laugh*Sing*Dance*Care on March 6, 2012</p> <p>Valley Medical Center Foundation - \$2,500</p> <p>Soiree Under the Stars on September 17, 2011</p> <p>YMCA of Silicon Valley - \$5,000</p> <p>YMCA Campo de los Ninos on August 7-13, 2011</p> <p>Yu-Ai Kai/Japanese American Community Senior Service of San Jose - \$500</p> <p>Yu-Ai Kai Health Living Series March 10, June 9, Sept 22, Nov 17</p> <p>Yu-Ai Kai/Japanese American Community Senior Service of San Jose - \$500</p> <p>Yu-Ai Kai Health Fair on April 29, 2012</p>

Identifier	Return Reference	Explanation
	DESTINATION HOME GRANTS	Destination Home Grants Community Technology Alliance for Programmatic Support \$25,000Dow ntow n Streets Team for Programmatic Support \$30,000Dow ntow n Streets Team for Programmatic Support \$25,000Dow ntow n Streets Team for Programmatic Support \$20,000EHC Life Builders for Programmatic Support \$71,250EHC Life Builders for Programmatic Support \$125,000Gilroy Compassion Center for Programmatic Support \$2,500Healthcare Foundation of Northern CA for Programmatic Support \$57,000InnVision, The Way Home for Programmatic Support \$30,000Milpitas Food Pantry for Programmatic Support \$2,500New Directions through Healthcare Foundation of Northern CA for Programmatic Support \$25,000Santa Clara County Health and Hospital System, Mental Health Department for Programmatic Support \$25,000The Health Trust for Programmatic Support \$100,000Expense Prepaid Grants for Programmatic Support \$71,315Current year total \$609,565Adjustments to prior year grants ____ \$41,175 Net Destination Home Grants \$568,390Total Grants, less prior year \$2,947,920

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	OTHER PROGRAM SERVICES 4 Financial Accounting and Support Services (\$1,586,377) and tax reclassifications (\$81,762)