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Part III

Statement of Program Service Accomplishments

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

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?

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?

If "Yes," describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.






















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| 4a | (Code) (Expenses \$ 7,422,929 including grants of \$ 1,754,646) (Revenue \$) |
| | <p>The Healthy Communities Initiative pursues a variety of strategies aimed at reducing health disparities including (1) Addressing the Root Causes of Health Disparities, (2) Chronic Disease Prevention and Management, (3) Oral Health, and (4) Health Care Linkages. The program accomplishments and outcomes for each of these strategies are listed below: Addressing the Root Causes of Health Disparities: This strategy includes raising awareness about the root causes of health disparities and partnering in our community to address health through a focus on the Social Determinants of Health. One specific way we do this is by increasing the diversity of healthcare professionals in the local workforce through pipeline programs that expose students to health careers. Over 200 young people from diverse backgrounds were exposed to community health work through the Open Air Health Fair. We also address root causes through the Learning Together Initiative funded by SCC FIRST 5. In partnership with Catholic Charities of SCC and San Juan Batista Child Development Centers, we provide a variety of child and family development services in County Supervisorial Districts #4 and #3 to over 2,000 parents and children from low-income communities. These services are focused on ensuring children enter kindergarten healthy and ready to learn and to promote healthy households. The Health Trust continues 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. Since the launch, during FY 2013, over 400 individuals have been placed into permanent housing. Disruptive Innovation Grants: In FY 2013, The Health Trust awarded five grants totaling \$427,722 to Silicon Valley nonprofits attempting to disrupt the ways the social services sector serves the community that are simpler and less expensive than traditional methods. The Health Trust is one of just a few foundations working to translate Disruptive Innovation theory into the social services sector. THT awarded two grants to Catholic Charities of Santa Clara County (CCSSC). The first grant in the amount of \$100,000 for the Step Up Silicon Valley initiative to explore social impact bonds, a financing method that would potentially shift the way nonprofits are funded. Non-profits now operate on a combination of government dollars, grants and donations. This project will look at the feasibility of funding projects through a venture capital approach, with returns based on an agency's performance. The second was in the amount of \$50,000 to train low-income Latina women to set up their own physical activity and nutrition instructor businesses. Low-income and minority women are challenged by unemployment and underemployment as well as higher rates of overweight and obesity. Helping women develop their own Zumba and nutrition businesses will allow low-income women more access to exercise and healthy food choices from culturally competent instructors who are more affordable and accessible than traditional health clubs. A grant for \$127,722 was made 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. Another grant for \$50,000 was made to the Law Foundation of Silicon Valley, Health Legal Services, to explore the ways to provide legal advice and basic legal services on the web for those who cannot afford an attorney. \$100,000 was awarded to Greenbelt Alliance to develop a new system to engage neighborhoods in community land use issues using the web and mobile devices. From master planning to individual park enhancement to bike lanes, city and county governments have worked to engage community members on how land is used. Unfortunately, few people tend to participate and, when they do, it is often due to large scale and expensive community engagement efforts. This new method of engagement will bring currently unrepresented voices in addition to concerned citizens to the conversation using a more convenient, less expensive and accessible format. 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 2013, over 2,500 individuals received Chronic Disease Prevention and/or self-management services through home- and community-based health education, resulting in increased knowledge about screening for and prevention of chronic diseases. Key CDSM outcomes include an increase in behaviors that help manage disease such as physical activity and healthy eating, reduction in disease symptoms, increased self-efficacy for disease management, and reduction in hospitalizations. Another important aspect of the prevention of chronic disease involves targeting communities with higher rates of obesity and certain chronic conditions. THT has worked closely with the local Mexican Consulate for over five years. A number of services are provided with funding through the Ventanilla De Salud program, most focused on reducing obesity. The Health Trust, in partnership with Second Harvest Food Bank and the Mexican Consulate, provides fresh and healthy produce to eligible families through a monthly Produce Mobile. By bringing the produce to Tropicana Shopping Center, a central location for the surrounding community, the Produce Mobile increases access and affordability of fresh fruits and vegetables, and in turn, combats the obesity trend and all of the associated health risks among residents of the county. In fiscal year 2013, over 110,000 lbs of fresh produce was distributed to over 14,000 individuals through this program. Within the AIDS Services program, The Health Trust serves over 800 individuals. Services include Social Work Case Management Services, Level 1 Case Management, Nursing Case Management, Transportation Assistance, Food Support, Home Health, Housing Assistance, and Emergency Funds. Key outcomes of AIDS Services included improved medication adherence, and utilization of routine medical care. Additional outcomes achieved included increased capacity to remain in stable, affordable and permanent housing and improved nutrition through our recently expanded Food Basket facility. The AIDS Services program Ryan White Transitional Housing Services contract funds 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 2013, The Health Trust provided over 70,000 preventive and restorative visits to over 17,000 low-income children through its Children's Dental Centers in San Jose and Sunnyvale. Additionally, the Health Trust also continued its campaign to bring fluoride to the water supply in Santa Clara County. In November 2011, a major milestone was reached when a funding agreement was reached with Santa Clara Valley Water District Board to fluoridate their entire system. Work in 2013 continued to progress along the strategy as planned toward the ultimate goal of San Jose water fluoridation in the years to come. Health Care Linkages: The Health Trust provides access to health care for uninsured adults and children in Santa Clara County by enrolling them in available low-cost insurance programs including Covered California, MediCal and Healthy Kids. The Health Trust assists 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 FY 2013, The</p> |

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| 4b | (Code) (Expenses \$ 2,620,898 including grants of \$ 541,656) (Revenue \$) |
| | <p>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 2013, 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 FY13, a Falls Prevention Task Force was formed to expand education throughout Santa Clara County on falls prevention. 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 2013, 75,712 meals were delivered to a total of 676 unduplicated individuals. Ninety 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. 973 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 2013, a Caregivers 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.</p> |

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| 4c | (Code) (Expenses \$ 2,107,439 including grants of \$ 1,052,608) (Revenue \$) |
| | <p>The Healthy Living Initiative focuses on food access in low-income communities so that all residents have affordable, healthy food options within 1/2 mile of their home and that residents meet the CDC's Healthy People 2020 objective for daily fruit and vegetable consumption. In 2013, The Health Trust awarded 23 organizations a total of \$1,074,312 to increase Healthy Food Resources, Create Healthy Places, and Build Capacity. Healthy Food Resources: Due to The Health Trusts and partners advocacy, The City of San Jose adopted The New Food Rules in August 2012 to allow neighborhood agriculture (community and home gardens) as an approved use in residential zones, while the State of California passed the Cottage Food Law. This legislation allowed residents to participate more freely in the creation and expansion of a local food system while reducing economic and geographic barriers to obtaining healthy foods. Building upon the foundation of the New Food Rules, The Health Trust provided Healthy Food Resources grants to expand Small, Certified Farmers Markets to residential zones, support groups that trained residents to grow food at home, and create entrepreneurial opportunities for residents to sell produce in low-income areas through mobile Fresh Carts. In addition, the Health Trust engaged in a planning and assessment process around healthy cornerstores, which would eventually lead to a Healthy Cornerstore Program that provides healthier food options in local stores. To support these initiatives, The Health Trust funded a Marketing and Advertising Firm, Salter-Mitchell, to begin developing a city-wide marketing and branding campaign that would draw customers to the new Fresh Carts, healthy cornerstores, and farmers markets. A grant was also awarded to Silicon Valley Eats to prepare a TV show to educate viewers on healthy food preparation in order to ensure residents have the skills to utilize the new food resources. At schools, The Health Trust launched a Lets Move Salad Bars to Schools campaign by placing 10 salad bars in low-income schools and providing matched funding for an additional 10 salad bars. In addition to the Healthy Food Resource strategy grants listed above, The Health Trust also awarded grants to organizations that sought to Create Healthy Places that encouraged physical activity and healthy eating. Farmers markets were launched on county property, and the program provided a model for other organizations hoping to launch markets on county land. San Benito County was awarded a grant to research and implement Safe Routes to School that improved walkability and bicycle safety, and Youth Alliance received a grant to build youth capacity to advocate for environmental changes in their community that support healthy eating and physical activity. The Health Trust also released its first round of Capacity Building Grants, which provided ten community-based organizations up to \$20,000 to identify a capacity need and then develop and implement strategies to address those capacity needs within the organizations. In addition to the individual grants and projects, The Health Trust also engaged consultants, who provided the grantees with monthly learning sessions aimed at increasing their knowledge and skills in fundraising, management, and other identified areas of need. During 2013, the Health Trust entered its second year of the 3-year Silicon Valley Health Corps grant, received from California Volunteers. Twenty-four AmeriCorps members work at ten sites to grow fruits and vegetables at community and school gardens and provide on-site nutrition education to students. The members also help develop and maintain distribution systems that feed low-income families with the garden and farm harvest.</p> |

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| 4d | Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 12,151,266 |

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | |
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| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 200 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 188 | |
| 2b 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). | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | No |
| 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | | No |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 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? | | | No |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | No |
| 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7a 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? | | | No |
| 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | No |
| 7d If "Yes," indicate the number of Forms 8282 filed during the year. | | 0 | |
| 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | No |
| 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | No |
| 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | No |
| 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 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? | | | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| 9a Did the organization make any taxable distributions under section 4966? | | | No |
| 9b Did the organization make a distribution to a donor, donor advisor, or related person? | | | No |
| 10 Section 501(c)(7) organizations. Enter | | | |
| 10a Initiation fees and capital contributions included on Part VIII, line 12. | | | |
| 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| 11a Gross income from members or shareholders. | | | |
| 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | No |
| 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | No |
| 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | | |
| 13c Enter the amount of reserves on hand. | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | No |
| 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | | |

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 | 18 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 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 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed | CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 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 <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | FASS 3180 Newberry Drive San Jose, CA (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Roberta Robins Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (2) Monique Lambert Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (3) Emily Lam Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (4) Michael Celio Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (5) Darren Cde Baca Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (6) David Katz Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (7) Kathy McCarthy Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (8) Marianne Jackson Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (9) Charles Bullock Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (10) Juan Benitez Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (11) Cindy Ruby Board member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Martin Fishman MD Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (13) Karen Danna Board Member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (14) Frederick Ferrer CEO | 40 00 0 00 | X | | X | | | | 249,445 | 0 | 35,608 |
| (15) Richard Triolo Board member | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| (16) Ira Holtzman CFO | 40 00 0 00 | | | X | | | | 210,595 | 0 | 22,982 |
| (17) Todd Hansen COO | 40 00 0 00 | | | X | | | | 229,122 | 0 | 40,677 |

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

[illegible]

| | | | | |
|-----------|--|-----------|--|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 1,232,018 | | 189,883 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 5

| | | 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> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | 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> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 |
|---|--------------------------------|---------------------|
| McClarney Construction 355 South Daniel Way 2nd Floor San Jose CA 95128 | Construction | 415,666 |
| Financial Adminstrative Support Services 3180 Newberry Dr San Jose CA 95118 | Accounting | 302,752 |
| Brandywine 2929 Arch Street Philadelphia PA 19104 | Investment Mgmt | 109,907 |
| | | |

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

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

| | | | | (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 | 5,111,627 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,874,170 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 687,713 | | | | |
| | h | Total. Add lines 1a-1f | | | 6,985,797 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | Nonprofit Support | | | | | | |
| | b | Health Trust Programs | | 857,123 | 857,123 | | | |
| | c | Discontinued Ops | | 60,829 | 60,829 | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 917,952 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,329,885 | | | 1,329,885 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | 0 | | | | |
| | 5 | Royalties | | 0 | | | | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | 150,530 | | | | | | |
| | | Less rental expenses | | | | | | |
| | | 177,247 | | | | | | |
| | b | Rental income or (loss) | | | | | | |
| | c | -26,717 | | | | | | |
| | d | Net rental income or (loss) | | | -26,717 | | -26,717 | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | 25,498,089 | | | | | | |
| | | Less cost or other basis and sales expenses | | | | | | |
| | | 22,325,217 | | | | | | |
| | b | Gain or (loss) | | | | | | |
| | c | 3,172,872 | | | | | | |
| | d | Net gain or (loss) | | | 3,172,872 | | 3,172,872 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | a | 91,535 | | | | | | |
| | b | Less direct expenses | | 12,873 | | | | |
| c | Net income or (loss) from fundraising events . . | | | 78,662 | | 78,662 | | |
| 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 . . | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 0 | | | | |
| 12 | Total revenue. See Instructions | | | 12,458,451 | 917,952 | | 4,554,702 | |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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. | 3,348,910 | 3,348,910 | | |
| 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. | 689,162 | 155,165 | 484,108 | 49,889 |
| 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. | 3,358,158 | 2,978,077 | 274,650 | 105,431 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 233,641 | 180,100 | 44,047 | 9,494 |
| 9 | Other employee benefits. | 1,131,671 | 872,341 | 213,346 | 45,984 |
| 10 | Payroll taxes. | 334,871 | 270,347 | 52,529 | 11,995 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | 0 | | | |
| b | Legal. | 47,056 | | 47,056 | |
| c | Accounting. | 87,174 | 11,000 | 76,174 | |
| d | Lobbying. | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17. | 3,885 | | | 3,885 |
| f | Investment management fees. | 809,468 | | 809,468 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 218,533 | 138,709 | 71,188 | 8,636 |
| 12 | Advertising and promotion. | 14,760 | 10,036 | 2,618 | 2,106 |
| 13 | Office expenses. | 1,011,162 | 945,507 | 53,371 | 12,284 |
| 14 | Information technology. | 0 | | | |
| 15 | Royalties. | 0 | | | |
| 16 | Occupancy. | 1,159,745 | 1,079,084 | 58,302 | 22,359 |
| 17 | Travel. | 66,370 | 45,129 | 11,773 | 9,468 |
| 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. | 560,029 | 465,480 | 65,887 | 28,662 |
| 23 | Insurance. | 92,870 | 15,756 | 77,114 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). | | | | |
| a | Offsets to revenue. | -12,873 | | | -12,873 |
| b | Shared services. | 102,218 | | 102,218 | |
| c | Other. | 160,745 | 109,301 | 28,513 | 22,931 |
| d | Purchased services. | 2,506,952 | 1,760,552 | 721,163 | 25,237 |
| e | All other expenses. | -247,821 | -234,228 | -9,758 | -3,835 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 15,676,686 | 12,151,266 | 3,183,767 | 341,653 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

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

☐

| | | | | (A) | | (B) |
|-----------------------------|---|--|---------------|-------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 1 | 0 |
| | 2 | Savings and temporary cash investments | | 3,115,228 | 2 | 3,783,127 |
| | 3 | Pledges and grants receivable, net | | 117,013 | 3 | 75,000 |
| | 4 | Accounts receivable, net | | 1,259,465 | 4 | 1,061,966 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | 7 | 0 |
| | 8 | Inventories for sale or use | | | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 306,484 | 9 | 176,673 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a20,881,998 | | | |
| | b | Less accumulated depreciation | 10b2,842,193 | 9,322,322 | 10c | 18,039,805 |
| | 11 | Investments—publicly traded securities | | 73,932,993 | 11 | 72,937,280 |
| | 12 | Investments—other securities See Part IV, line 11 | | 19,499,104 | 12 | 16,549,580 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | 0 |
| | 14 | Intangible assets | | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 2,403,428 | 15 | 2,822,722 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 109,956,037 | 16 | 115,446,153 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,740,065 | 17 | 1,453,810 |
| | 18 | Grants payable | | 1,609,919 | 18 | 1,855,579 |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 224,031 | 25 | 86,677 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,574,015 | 26 | 3,396,066 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 102,097,262 | 27 | 108,333,010 |
| | 28 | Temporarily restricted net assets | | 3,923,771 | 28 | 3,353,988 |
| | 29 | Permanently restricted net assets | | 360,989 | 29 | 363,089 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 106,382,022 | 33 | 112,050,087 |
| | 34 | Total liabilities and net assets/fund balances | | 109,956,037 | 34 | 115,446,153 |

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 | 12,458,451 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,676,686 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -3,218,235 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 106,382,022 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,608,394 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 277,906 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 112,050,087 |

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 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 | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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

2012

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | | |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | | |
| 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | ▶ |
| 17a 10%-facts-and-circumstances test—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | ▶ |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-----------|-----------|------------|-----------|-----------|------------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 5,244,339 | 5,058,140 | 8,878,614 | 6,564,381 | 6,985,797 | 32,731,271 |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,811,035 | 478,669 | 2,314,406 | 918,724 | 1,009,487 | 6,532,321 |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6Total. Add lines 1 through 5 | 7,055,374 | 5,536,809 | 11,193,020 | 7,483,105 | 7,995,284 | 39,263,592 |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| bAmounts 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 |
| cAdd lines 7a and 7b | | | | | | |
| 8Public support (Subtract line 7c from line 6.) | | | | | | 39,263,592 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|------------|-----------|------------|-----------|-----------|------------|
| 9Amounts from line 6 | 7,055,374 | 5,536,809 | 11,193,020 | 7,483,105 | 7,995,284 | 39,263,592 |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,504,430 | 2,263,771 | 1,506,883 | 1,402,082 | 1,329,885 | 10,007,051 |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| cAdd lines 10a and 10b | 3,504,430 | 2,263,771 | 1,506,883 | 1,402,082 | 1,329,885 | 10,007,051 |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 13Total support. (Add lines 9, 10c, 11, and 12.) | 10,559,804 | 7,800,580 | 12,699,903 | 8,885,187 | 9,325,169 | 49,270,643 |
| 14First 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

| | | |
|--|----|---------|
| 15Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 79.690% |
| 16Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | 79.280% |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---------|
| 17Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 20.310% |
| 18Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | 20.720% |

- 19a33 1/3% support tests—2012. 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 ▶
- b33 1/3% support tests—2011. 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 ▶
- 20Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| |
|-------------|
| 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

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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) | | 2,137 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 2,137 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 15,687,422 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 15,689,559 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 934,478 | | | | | | | | | | | | | |
| <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) | | 233,620 | | | | | | | | | | | | | |
| 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount | 967,474 | 946,764 | 1,000,000 | 934,478 | 3,848,716 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,773,074 |
| c Total lobbying expenditures | 16,000 | 650 | 3,109 | 2,137 | 21,896 |
| d Grassroots nontaxable amount | 241,869 | 236,691 | 250,000 | 233,620 | 962,180 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,443,270 |
| f Grassroots lobbying expenditures | 11,200 | | | | 11,200 |

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) | 1,100 | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | 193,608 | |
| 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

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

☐ Yes

☐ No

b

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

☐

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 349,654 | 355,975 | 411,844 | 412,965 | |
| b Contributions | 2,100 | 2,570 | 100 | 2,195 | |
| c Net investment earnings, gains, and losses | 35,409 | -4,329 | 75,954 | 43,106 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 25,000 | | 127,550 | 42,308 | |
| f Administrative expenses | 4,043 | 4,562 | 4,373 | 4,114 | |
| g End of year balance | 358,120 | 349,654 | 355,975 | 411,844 | |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

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 XIII 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 | 11,172,250 | 2,350,000 | | 13,522,250 |
| b Buildings | | 3,156,324 | 474,339 | 2,681,985 |
| c Leasehold improvements | | 2,452,101 | 1,151,941 | 1,300,160 |
| d Equipment | | 1,751,323 | 1,215,913 | 535,410 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 18,039,805 |

Schedule D (Form 990) 2012

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,579,951 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 8,608,394 |
| b | Donated services and use of facilities | 2b | 247,821 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 204,061 |
| e | Add lines 2a through 2d | 2e | 9,060,276 |
| 3 | Subtract line 2e from line 1 | 3 | 11,519,675 |
| 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 | |
| b | Other (Describe in Part XIII) | 4b | 938,776 |
| c | Add lines 4a and 4b | 4c | 938,776 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 12,458,451 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 14,911,886 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 247,821 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 219,561 |
| e | Add lines 2a through 2d | 2e | 467,382 |
| 3 | Subtract line 2e from line 1 | 3 | 14,444,504 |
| 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 | |
| b | Other (Describe in Part XIII) | 4b | 1,232,182 |
| c | Add lines 4a and 4b | 4c | 1,232,182 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 15,676,686 |

Part XIII

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

| Identifier | Return Reference | Explanation |
|-------------------|---|--|
| Part XII, Line 4b | Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S | Rvenue offsets reclass to expense \$129308 Reclass from investment income \$809468 FASS expense reclass \$293406 |
| Part XII, Line 2d | Part XII, Line 2d Other expenses and losses per audited F/S | Special event expense \$12873 Tax \$15500 FASS expense reclass \$0 \$191188 |
| Part XI, Line 4b | Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S | Reclass from investment income \$809468 Reclass revenue offset to expense \$129308 |
| Part XI, Line 2d | Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990 | Special event expense \$12873 FASS shared expense \$191188 |
| 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 V, Line 4 | Part V, Line 4 Intended uses of the endowment fund | Permanently restricted net assets consist of endowment fund investments to be held indefinitely, the income from which is used to support various programs. |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| Central Amer-Caribbean | 0 | 0 | Investment (thru K-1) | Investment | 16,549,580 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 16,549,580 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 16,549,580 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|--|------------------|--------------------|-------------------------------|
| | | <u>Dine for Life</u> (event type) | (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 91,535 | | 91,535 |
| | 2 | Less Contributions . . . | | | |
| | 3 | Gross income (line 1 minus line 2) | 91,535 | | 91,535 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes . . . | | | |
| | 6 | Rent/facility costs . . . | | | |
| | 7 | Food and beverages . | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses . | 12,873 | | 12,873 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine line 3, column (d), and line 10 ▶ | | | |
| | | | | | 78,662 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 | | | | | | | |
| | | | | | | | |
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2

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

39

3

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

4

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.
Part III can be duplicated if additional space is needed.

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

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|---|------------------|--|
| Grantmaker's Description of How Grants are Used | | Health Partnership grants are made through our hospital sponsor, the Health & Hospital System of Santa Clara County (facilitated by its fund development entity, Valley Medical Center Foundation) 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 approval and shall not, in the aggregate, result in an increase to the total budget for the Grant If any of the Grant funds have not been expended during the budget period of the Grant, the unspent funds shall be promptly returned to the Trust within 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 FY12, 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: 12000229

Software Version: 2012v2.0

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 St Suite 101 Hollister, CA 95023 | 77-0377245 | 501(c)(3) | 25,000 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Working Partnerships USA 2102 Almaden Road Suite 107 San Jose, CA 95125 | 77-0387535 | 501(c)(3) | 130,000 | 0 | | | See schedule O |
| Veggielution647 S King Road San Jose, CA 95116 | 23-7320163 | 501(c)(3) | 20,000 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Valley Medical Center Fdn 2400 Moorpark Ave Ste 207 San Jose, CA 95128 | 77-0187890 | 501(c)(3) | 180,848 | 0 | | | See schedule O |
| Valle Verde376 West Virginia St San Jose, CA 95125 | 45-3084814 | 501(c)(3) | 11,000 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| United Way SV1400 Parkmoor Ave Suite 250 San Jose, CA 95126 | 94-1450153 | 501(c)(3) | 60,272 | 0 | | | See schedule O |
| The Food Trust1617 John F Kennedy Blvd Philadelphia, PA 19103 | 23-2678383 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| SV Leadership Group Fdn 2001 Gateway Place Suite 101E San Jose, CA 95110 | 91-2140464 | 501(c)(3) | 26,750 | 0 | | | See schedule O |
| Sutherland-Edwards1204 Preservation Park Way Oakland,CA 94612 | 20-5975676 | | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SJSU Tower Fdn1 Washington Square San Jose, CA 95192 | 83-0403915 | 501(c)(3) | 97,357 | 0 | | | See schedule O |
| SJ Comm Media Access255 West Julian Ste 100 San Jose, CA 95110 | 26-2041299 | 501(c)(3) | 54,230 | 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) | 25,000 | 0 | | | See schedule O |
| SalterMitchell Inc117 S Gadsden St Tallahassee, FL 32830 | 33-1202378 | | 125,000 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Sacred Heart Comm Svc 1381 South First St San Jose, CA 95110 | 23-7179787 | 501(c)(3) | 240,000 | 0 | | | See schedule O |
| Public Health Institute555 12th Strreet Oakland,CA 94607 | 94-1646278 | 501(c)(3) | 398,115 | 0 | | | See schedule O |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| PlaneTree Hlth Library 10800 Torre Ave Cupertino,CA 95014 | 26-0298885 | 501(c)(3) | 25,000 | 0 | | | See schedule O |
| People Acting in Community 1100 Shasta Ave Ste 210 San Jose,CA 95126 | 77-0090129 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Our City Forest1590 Las Plumas Ave San Jose, CA 95133 | 77-0371911 | 501(c)(3) | 12,000 | 0 | | | See schedule O |
| New Directions Thru Pennin33 Encina Ave Ste 103 Palo Alto,CA 94301 | 20-2886131 | 501(c)(3) | 29,000 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| New Directions Thru Healthcar1215 K St 730 Sacramento,CA 95814 | 86-1174825 | 501(c)(3) | 94,262 | 0 | | | See schedule O |
| My Three Squares3150 18th St 315 San Francisco,CA 94110 | 45-3059509 | 501(c)(3) | 9,700 | 0 | | | See schedule O |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| La Piana Consulting5900 Hollis St Suite N Emeryville, CA 94608 | 94-3323222 | | 12,000 | 0 | | | See schedule O |
| Karp ResourcesPO Box 515 Southold, NY 11971 | 11-3021350 | | 67,926 | 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) | 159,886 | 0 | | | See schedule O |
| Healthcare Fdn No &Ctrl 1215 K Street Suite 730 Sacramento, CA 95814 | 86-1174825 | 501(c)(3) | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Grantmakers in Health1100 Connecticut Ave NW 1200 Washington,DC 20036 | 13-3206571 | 501(c)(3) | 6,675 | 0 | | | See schedule O |
| Fresh Approach5060 Commercial Circle Suite Concord,CA 94520 | 26-2438206 | 501(c)(3) | 104,500 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| EHC Life Builders507 Valley Way Milpitas,CA 95035 | 94-2684272 | 501(c)(3) | 196,250 | 0 | | | See schedule O |
| Educare of CA at SV4000 Moorpark Ave San Jose,CA 95112 | 45-5147937 | 501(c)(3) | 150,000 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Downtown Streets Team480 Lytton Ave Suite 2A Palo Alto, CA 94301 | 20-5242330 | 501(c)(3) | 164,222 | 0 | | | See schedule O |
| Council of San Bentio Govts330 Tres Pinso Rd Ste C7 Hollister, CA 95023 | 94-6000530 | 115 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Community Tech Alliance 1671 The Alameda 300 San Jose, CA 95126 | 77-0286926 | 501(c)(3) | 85,000 | 0 | | | See schedule O |
| Community Alliance wFarmers405 14th St Suite 209 Oakland,CA 94612 | 94-2914745 | 501(c)(3) | 10,000 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Comm Food Bank San Benito 1133 San Felipe Rd Hollister, CA 95023 | 77-0306871 | 501(c)(3) | 11,000 | 0 | | | See schedule O |
| Comm Fdn San Benito829 San Benito St 200 Hollister, CA 95023 | 77-0312582 | 501(c)(3) | 35,000 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Catholic Charities2625 Zanker Road San Jose, CA 95134 | 94-2762269 | 501(c)(3) | 50,000 | 0 | | | See schedule O |
| cancerCAREpoint2581 Samaritan Dr Ste 300 San Jose, CA 95124 | 27-3029691 | 501(c)(3) | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| California Dental Assn Fdn 1201 K St Ste 1511 Sacramento, CA 95814 | 68-0411536 | 501(c)(3) | 139,000 | 0 | | | See schedule O |
| Breathe California Bay Area 1469 Park Ave San Jose, CA 95126 | 94-1156307 | 501(c)(3) | 150,000 | 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) | 30,000 | 0 | | | See schedule O |
| AnewAmerica Community Corp1918 University Ave Ste3A Berkeley, CA 94704 | 94-3342658 | 501(c)(3) | 156,280 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| American Heart Assn SV1 Almaden Blvd Ste 500 San Jose, CA 95113 | 13-5613796 | 501(c)(3) | 5,500 | 0 | | | See schedule O |

| | | |
|--|---|---------------------------|
| Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div> | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions. | OMB No 1545-0047 |
| | | 2012 |
| | | Open to Public Inspection |

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

| Part I | Questions Regarding Compensation | | Yes | No |
|--------|--|---|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| 4a | Receive a severance payment or change-of-control payment? | | | No |
| 4b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | | |
| 4c | Participate in, or receive payment from, an equity-based compensation arrangement? | | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| 5a | The organization? | | | No |
| 5b | Any related organization? | | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| 6a | The organization? | | | No |
| 6b | Any related organization? | | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | No |

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

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

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

| (A) Name and Title | | (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 as deferred in prior Form 990 |
|----------------------|--------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Todd Hansen | COO | (i) (ii)211,939 | | 17,183 | | 40,677 | 269,799 | 17,183 |
| (2) Jennifer Loving | DH, Exec Dir | (i) (ii)130,977 | | | | 20,504 | 151,481 | |
| (3) Ira Holtzman | CFO | (i) (ii)190,827 | 19,661 | 107 | | 22,982 | 233,577 | |
| (4) Frederick Ferrer | CEO | (i) (ii)249,445 | | | | 35,608 | 285,053 | |

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2

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

3

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) FASS | Subsidiary | | Shared officers | | No |
| (2) David Holtzman | Family member | 37,049 | 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 2012 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. In FYE 6/30/13, The Health Trust formed a taxable subsidiary, Financial Administrative Support Services (FASS). The Health Trust is the sole member of FASS. The CEO of The Health Trust is a board member of FASS. The COO of The Health Trust is assistant secretary of FASS. The CFO of The Health Trust, pursuant to a contract with The Health Trust, is contracted to serve as CEO/CFO of FASS. The Health Trust has contracted with FASS for the provision of accounting services. In addition, FASS reimburses The Health Trust for the cost of certain services, use of facilities, equipment and shared purchased services pursuant to a written cost sharing agreement. |

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 5 | 687,713 | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 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 Acknowledgement29

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?

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

33a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

No

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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.

2012

**Open to Public
Inspection**

Name of the organization
The Health Trust

Employer identification number

94-6050231

| Identifier | Return Reference | Explanation |
|------------|--------------------------|---|
| | HEALTHY AGING INITIATIVE | <p>HEALTH PARTNERSHIP GRANTS HEALTHY AGING INITIATIVEThe Healthy Aging Initiatives grantmaking focused on policy, practices, and system changes to promote health and wellness for older adults Grants were made to promote the adoption of evidence-based physical activity and falls prevention programs in community settings, create resources and systems to support caregivers and implement best practices to engage older adults in community and civic action Caregiver Support StrategyHealthcare Foundation of Northern & Central CaliforniaThe Santa Clara County Acute Care and Skilled Nursing Facility Planning Collaborative - \$30,000 over nine months to establish a collaborative between Santa Clara County Acute Care hospitals and Skilled Nursing Facilities (SNFs) to develop a county-wide care transition plan and practice changes for high-risk patients, specifically older adults, to increase quality of care, reduce hospital readmission and improve health outcomes Health Promotion Programs StrategyThe Tower Foundation of San Jose State UniversitySilicon Valley Healthy Aging Partnership (SVHAP) - \$97,357 over 18 months to strengthen the organizational capacity and sustainability of SVHAP to meet its mission to expand evidence-based health promotion programs for older adults in Santa Clara and N San Benito Counties Older Adult Nutrition and Social Connection Strategy YMCA of Silicon ValleySouth County Livable Community Project - \$60,000 over 24 months to pilot a hub model of integrated health, wellness and social service programs at the neighborhood level in Morgan Hill and Gilroy targeting older adults and people of all ages who experience barriers to accessing these programs Leadership StrategyWorking Partnerships USALong Term Services and Supports Integration Campaign - \$105,000 over 12 months to support a consultant to facilitate the formation of a LTSS stakeholder group and develop a plan to make policy and practice changes to the LTSS delivery system to promote health and wellness for older adults in Santa Clara County</p> |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | HEALTH PARTNERSHIP-HEALTHY COMMUNITIES | <p>HEALTH PARTNERSHIP GRANTS-HEALTHY COMMUNITIES INITIATIVE-HEALTHY COMMUNITIES INITIATIVE-Healthy Communities Initiatives grantmaking focused on policy, practices, and system changes to address the root causes of health disparities, promotion of chronic disease prevention and advancement of community water fluoridation Grants are made to promote advocacy and system change to reduce health disparities and prevent disease Addressing Root Causes of Health Disparities StrategyAsian Americans for Community Involvement of Santa Clara CountyBusiness Plan for a Sustainable Community-Based, Patient-Centered Health Home in East San Jose - \$25,000 over six months for outreach and research on the ancillary and enabling service needs of private practice, primary care physicians serving the Vietnamese community to plan for a culturally competent patient centered home Community Foundation of San Benito CountyPreparing for Accreditation of County Public Health System to Improve Community Health - \$35,000 to support the first phase of a multi-year effort to achieve accreditation from the Public Health Accreditation Board (PHAB) Educare of California at Silicon ValleyEducare - \$150,000 as a first installment on a \$1,000,000 grant that will be paid out over five years, each year contingent on the grantee reaching pre-determined milestones, for capital support of an Educare model school and professional development institute on the Santee Elementary School campus in San Jose Valley Medical Center FoundationVMC Foundation Policy Agenda - \$50,000 to support VMC Foundations policy agenda Disruptive Innovation the following grants were made pursuant to an RFP targeting projects that proposed disruptive innovations in addressing root causes of health disparities Breathe California of the Bay AreaZero Emissions Squared Safe and Healthy Schools - \$150,000 over 12 months to pilot a new-market disruption to demonstrate that alternative fuel school buses can be affordable, clean, and safe and result in lower school transportation costs and improved air quality The pilot will bring together nonprofit, for-profit, and government entities in mutually beneficial ways to prove this concept by converting one school bus to solar/electric and deploying it in a high-need school district in Santa Clara County Catholic Charities of Santa Clara CountyPay For Success/Social Innovation Financing Project - \$50,000 over four months to continue support for a feasibility study of a financing mechanism to support a Pay for Success model to improve health outcomes in Santa Clara County Sacred Heart Community ServicesMassive Open Online Volunteer Engagement [MOOVE] - \$125,000 over 12 months for a planning grant to develop a new volunteer engagement model that creates a low-end disruption of its existing effective, yet not scalable, model The proposed model targets new and existing volunteers and will allow volunteers to develop their own initiatives, self-select projects and obtain training, if needed, via on-line courses without Sacred Heart as an intermediary If effective, this model could be used by other volunteer organizations to democratize social service volunteering and provide crowd-sourcing solutions United Way Silicon ValleyDisruptive Innovation 2013 - \$55,272 over 10 months to provide consultation support on The Health Trusts Disruptive Innovation (DI) grants Community Water Fluoridation StrategyCalifornia Dental Association FoundationSanta Clara County Fluoridation Initiative Year 5 - \$134,000 over 12 months to continue advising and providing technical support for the campaign to bring fluoridation to Santa Clara Countys water systems CROSS CUTTING GRANTSKarp ResourcesMeals on Wheels and Social Enterprise - Business Modeling and Feasibility Study - \$67,926 over six months to conduct a feasibility study of social enterprise models that can serve both traditional Meals on Wheels clients and new healthy prepared meal customers People Acting in Community TogetherCivic Engagement & Policy Advocacy for Healthy Aging & Community Water Fluoridation - \$55,000 over 12 months to support civic engagement and policy advocacy for older adults and to support civic engagement and policy advocacy for community water fluoridation Public Health InstitutePublic Health Professionals Development Program Year 2 - \$398,115 over 12 months to support four fellows in the Public Health Professionals Development Program</p> |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | HEALTH PARTNERSHIP GRANTS-HEALTH LIVING | <p>HEALTH PARTNERSHIP GRANTS HEALTHY LIVING INITIATIVE -HEALTHY LIVING INITIATIVEThe Healthy Living Initiatives grantmaking focused on policy, systems and environmental changes at the organization, neighborhood and city/county level to increase access to healthy food and physical activity Grants were made to increase access to Healthy Food Resources such as community gardens and farmers markets, and to change policies and environments to increase opportunities for healthy eating and physical activity Creating Healthy Places Strategy Council of San Benito County GovernmentsSafe Routes to RO Hardin and Calaveras Schools - \$30 ,000 over 18 months to develop an implementation plan and change local policy in order to improve walkability and bicycle safety in the diverse neighborhoods surrounding RO Hardin and Calaveras Schools in Hollister The Food TrustHealthy Corner Store Initiative - \$100,0 00 over 18 months to develop a program to increase the availability of healthy food offered by corner stores in San Jose's high poverty census tracts Valley Medical Center Foundation Farmers Market at Valley Medical Center - \$78,168 to complete a grant awarded in FY 12 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 serve as a model for integrating healthy food resources into County services and programs Working Partnerships USAHealthy Eating Strategies - \$25,000 to complete a grant awarded in FY 12 to increase the availability of healthy foods offered by corner stores in high poverty census tracts in San Jose, CA Youth AllianceYouth Advocates for Health - \$25,000 to complete a grant awarded in FY 12 to build advocacy capacity of youth to promote and make policy and environmental changes to support healthy eating and physical activity Healthy Food Resources StrategyAnew America Community CorporationFresh Carts Planning Grant - \$21,280 over four months for a planning grant to design an entrepreneurial model for mobile vending of fruits and vegetables for the Fresh Carts Silicon Valley campaign Anew America Community CorporationEntrepreneurship Partner-Fresh Carts Silicon Valley Vendors - \$135,000, with another \$85,000 to be awarded in FY 14 upon meeting grant conditions, to support the work of the Fresh Carts Silicon Valley campaign Fresh ApproachPutting Healthy Food Within Reach Spurring the Development of Small Certified FarmersMarkets in San Jose - \$89,000 over 24 months to provide resources and technical assistance to community-based organizations to create and operate small farmers markets in high need areas of San Jose Sacred Heart Community ServicesCommunity United for Food Access - \$105,000, with another \$105,000 to be awarded in FY 14 upon meeting grant conditions, to recruit, mentor and support vendors for the Fresh Carts Silicon Valley campaign SalterMitchell, Inc Healthy Food Access Branding and Marketing Campaign -\$125,000, with another \$100,000 to be awarded in FY 14 upon meeting grant conditions, to research, develop and implement a healthy food access campaign San Jose Community Media Access CorporationSilicon Valley Eats - \$ 54,230 over 12 months for the pre-production and production work to develop 12 episodes that will showcase and educate viewers how to access and prepare healthy foods to promote health and wellness of Santa Clara County residents Santa Clara County Public Health Department Sustaining Healthy Eating Messaging to Families - \$45,155 over 12 months to the Child Food Feeding Collaborative to develop a more cost effective and sustainable on-line training program for para-professionals to promote best practice, healthy eating messaging to families of young children in Santa Clara County Silicon Valley Leadership Group FoundationLet's Move Salad Bars to California Schools Campaign - \$26,750, with another \$26,750 to be awarded in FY 14 upon the achievement of agreed upon objectives, to support the Lets Move Sa lad Bars to California Schools campaign by funding 10 salad bars for high-need Santa Clara County schools and an additional 10 salad bars when 1-1 matching is secured Healthy Food Resources Capacity Building Grants The Health Trust made capacity building grants to the following ten Healthy Food Resources Grantees to strengthen their organizations and healthy food resources projects 18 Reasons (formerly My Three Squares) (Capacity Building)Start-Up to Scale-Up - \$9,700 over 12 months for consultant support for board and staff training focusing on board development, fundraising and strategic planning, and to support the purchase of equipment to enhance organizational capacity American Heart Association, Silicon Valley Division (Capacity Building)Health Equity Cultural Competency Training - \$5,500 over 11 months for consultant support to conduct a cultural competency organizational assessment/audit of AHAs cultural competency and the creation</p> |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | HEALTH PARTNERSHIP GRANTS- HEALTH LIVING | tion of a cultural competency plan Community Alliance with Family Farmers (Capacity Building)CAFF Capacity Building, with a focus on the South Bay - \$10,000 over 12 months for consultant support to develop a regional marketing strategy to better communicate mission, program areas, and services to schools, farmers and businesses Community Food Bank of San Benito County (Capacity Building)Capacity Building Project - \$10,000 over 12 months for consultant support to support strategic planning and board development CommUniverCity of San Jose through La Piana Consulting (Capacity Building)Strategic Planning for CommUniverCity - \$12,000 over 12 months for consultant support to complete CommUniverCity San Joses strategic planning process including identifying sustainable infrastructure, fund development plan, and process for organizational priority and decision making Fresh Approach (Capacity Building)Capacity Building Project - \$15,000 over 12 months to develop infrastructure for volunteer program including volunteer recruitment, orientation, training, and tracking systems Our City Forest (Capacity Building)Fruitworks Capacity Building - \$12,000 over 12 months for consultant support to develop social entrepreneurial model for fruit tree cultivation and distribution in order to create ongoing revenue stream to support FruitWorks Sacred Heart Community Services (Capacity Building)Capacity Building Project - \$10,000 over 12 months for consultant support to create a Community Relationship Management System to integrate volunteer and client tracking systems to more efficiently track movement of clients to volunteer and activities roles Valley Verde (Capacity Building)Plant Eat Share Project - \$11,000 over 12 months for consultant support to complete website development, and establish public relations/marketing campaign and social media tools Veggelution (Capacity Building)Fundraising Capacity Development -\$20,000 over 12 months for consultant support to increase fundraising infrastructure through individual and institutional donor campaign, including donor prospecting, cultivation and stewardship |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | GRANT SUMMARY | Health Partnership Grants Current year total 2,562,453Adjustments to prior year grants \$161,186 Net Health Partnership Grants \$2,401,267 Good Samaritan Grants Current year total \$161,497Adjustments to prior year grants \$2,500 Net Good Samaritan Grants 158,997Donor Advised Grants Baron Endow ment-PlaneTree Library for General Operating \$25,000Samaritan Med Cntr Fund cancerCAREpoint for General Operating \$30,000 Net Donor Advised Grants \$55,000Destination Home Grants Current year total \$733,645 52Adjustments to prior year grants \$0 Net Destination Home Grants \$733,645 52Total Grants, less prior year adjustments \$3,348,909 52 |

| Identifier | Return Reference | Explanation |
|------------|------------------------------|--|
| | GRANT DETAIL - SUMMARY | <p>The Health Trust awarded a total of \$3,512,595 52 in grants in fiscal year 2013. The Health Trust awarded 39 Health Partnership Grants totaling \$2,562,453, 39 Good Samaritan Grants totaling \$161,497, two donor advised grants totaling \$55,000, and 13 grants totaling \$733,645 52 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). 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. The Health Trust makes grants to nonprofit organizations and public agencies for projects that support our three initiatives: Healthy Living, Healthy Aging and Healthy Communities. These grants directly benefit residents of Santa Clara and Northern San Benito Counties and support our mission to promote health and wellness.</p> |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | GRANT DETAIL - GOOD SAMARITAN GRANTS | <p>GOOD SAMARITAN GRANTS</p> <p>African American Community Services Agency - \$500</p> <p>2013 San Jose Juneteenth in the Park Festival on June 15 and 16, 2013</p> <p>Ag Innovations Network - \$1,322</p> <p>Healthy Communities Forum on November 7, 2012</p> <p>Andrew Hill High School - \$200</p> <p>Susan Alves Memorial Golf Event on April 26, 2013</p> <p>Asian Americans for Community Involvement of Santa Clara County - \$5,000</p> <p>AACI's 40th Anniversary Gala on September 7, 2013</p> <p>Avenidas - \$500</p> <p>9th Annual Caregivers Conference on September 15, 2012</p> <p>Benjamin Litho, Inc - \$3,000</p> <p>Supervisor Simitian Community Film Screening on March 17 and 19, 2013</p> <p>California Dental Association Foundation - \$5,000</p> <p>California Dental Association Cares Event on May 17-20, 2013</p> <p>Coda Alliance - \$1,000</p> <p>Community-wide Advance Care Planning Workshops, March-June 2013</p> <p>Community Food Bank of San Benito County - \$1,000</p> <p>General Operating Support</p> <p>Community Health Institute - \$500</p> <p>Santa Clara County Fair on August 2-5, 2012</p> <p>Community Health Partnership - \$500</p> <p>Community Health Forum on October 6, 2012</p> <p>Congregation Shir Hadash - \$5,000</p> <p>Congregation Shir Hadash Health Fair on April 28, 2013</p> <p>County of Santa Clara - \$2,000</p> <p>Day on the Bay, A Multicultural Festival on October 14, 2012</p> <p>Discovery Counseling Center - \$500</p> <p>Understanding and Empowering our Youth Conference on March 16, 2013</p> <p>Downtown Streets Team - \$2,500</p> <p>An Acoustic Evening with Joan Baez on July 1, 2013</p> <p>Fresh Approach - \$500</p> <p>Food Day in San Jose on October 23, 2012</p> <p>Gay Pride Celebration Committee of San Jose - \$2,000</p> <p>San Jose Pride on August 18 and 19, 2012</p> <p>Generations Community Wellness Centers - \$1,000</p> <p>The Great Sugar Dump 5K on September 30, 2012</p> <p>Grantmakers in Health - \$6,675</p> <p>General Operating Support</p> <p>Indian Health Center of Santa Clara Valley, Inc - \$1,000</p> <p>6th Annual IHC Comedy Jam Fundraiser on September 8, 2012</p> <p>Mountain View Police Department - \$2,500</p> <p>Kick Lead and Dream Soccer Camp</p> <p>People Acting in Community Together - \$5,000</p> <p>PACT Leadership Luncheon on October 26, 2012</p> <p>Pioneer High School Service Learning - \$250</p> <p>Earth Day on April 22 and 23, 2013</p> <p>Sacred Heart Community Services - \$1,000</p> <p>General Operating Support</p> <p>San Benito County Health & Human Services Agency-Public Health Services - \$2,500</p> <p>SBC Car Seat Check-Up Event on September 21, 2012</p> <p>San Benito High School District - \$5,000</p> <p>Gifted Games on May 10, 2013</p> <p>Santa Clara County Parks and Recreation Dept - \$5,000</p> <p>Seventh Annual Festival in the Park on June 22, 2013</p> <p>Santa Clara University - \$25,000</p> <p>Silicon Valley Hike and Bike Event on December 1, 2012</p> <p>Silicon Valley Council of Nonprofits - \$2,500</p> <p>Fifth Annual Be Our Guest Luncheon on October 25, 2012</p> <p>Silicon Valley Council of Nonprofits - \$550</p> <p>General Operating Support</p> <p>SJB Child Development Centers - \$500</p> <p>Fore Our Future Golf Tournament on September 12, 2012</p> <p>Somos Mayfair - \$500</p> <p>Gracias a la Vida on September 20, 2012</p> <p>St Patrick Proto-Cathedral - \$1,000</p> <p>St Patrick Church Health Ministry Program</p> <p>Sunnyvale Community Services - \$1,000</p> <p>General Operating Support</p> <p>Sutherland~Edwards, Consultants to Philanthropy - \$60,000</p> <p>Organizational Capacity Building for Healthy Food Resources</p> <p>Grantees United Way Silicon Valley - \$5,000</p> <p>Community Assessment Project</p> <p>West Valley Community Services - \$1,000</p> <p>General Operating Support</p> <p>YMCA - Mt Madonna - \$1,000</p> <p>Healthy Kids Day on April 27, 2013</p> <p>YWCA of Silicon Valley - \$2,500</p> <p>22nd Annual Luncheon on October 2, 2012</p> <p>DESTINATION HOME, A PROGRAM OF THE HEALTH TRUST</p> <p>Destination Home is a public-private partnership housed at The Health Trust committed to ending chronic homelessness in our community</p> <p>Community Technology Alliance</p> <p>Housing 1000 Technology Management - \$85,000 over 12 months to manage the Housing 1000 Database, produce data reports and provide technical assistance to Housing 1000 partner organizations</p> <p>Downtown Streets Team</p> <p>Housing 1000 Intensive Case Management - \$25,000 over 12 months to continue to provide intensive case management for chronically homeless men and women and connect them to housing, with the goal of ending chronic homelessness in Santa Clara County</p> <p>Downtown Streets Team</p> <p>Housing 1000 Intensive Case Management - \$36,722.49 to complete a grant awarded in FY 12 to continue to provide intensive case management for chronically homeless men and women and connect them to housing with the goal of ending chronic homelessness in Santa Clara County</p> <p>Downtown Streets Team</p> <p>Housing 1000 Intensive Case Management - \$100,000 over 12 months to provide intensive case management for chronically homeless men and women living in San Jose's homeless encampments and connect them to permanent supportive housing, with the goal of ending chronic homelessness in Santa Clara County</p> <p>EHC LifeBuilders</p> <p>Housing 1000 Intensive Case Management - \$71,250 over 12 months to continue to provide intensive case management for chronically homeless men and women and connect them to housing, with the goal of ending chronic homelessness in Santa Clara County</p> <p>EHC LifeBuilders</p> <p>Housing 1000 Care Coordination Project</p> <p>Management - \$125,000 over 12 months to lead and manage the Care Coordination Project, a collaborative</p> |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | GRANT DETAIL - GOOD SAMARITAN GRANTS | of 17 organizations that provides intensive case management and supportive services to Ho using 1000 clientsInnVision Shelter Netw orkHousing 1000 Intensive Case Management - \$59,88 6 over 12 months to continue to provide intensive case management for chronically homeless men and women and connect them to housing, with the goal of ending chronic homelessness i n Santa Clara CountyInnVision Shelter Netw orkHousing 1000 Intensive Case Management - \$100 ,000 over 12 months to continue to provide intensive case management for chronically homel ess men and women and connect them to housing, with the goal of ending chronic homeles s in Santa Clara CountyNew Directions through The Healthcare Foundation of Northern & Cent ral CaliforniaHousing 1000 Pilot Project - \$3,521 02 over 12 months to provide client assi stance and remove housing barriers for homeless men and women participating in the New Dir ections Housing 1000 Pilot projectNew Directions through The Healthcare Foundation of Nort hern & Central CaliforniaHousing 1000 Intensive Case Management - \$20,000 to complete a gr ant awarded in FY12 to continue to provide intensive case management for chronically homel ess men and women and connect them to housing, with the goal of ending chronic homeles s in Santa Clara CountyNew Directions through The Healthcare Foundation of Northern & Cent ral CaliforniaHousing 1000 Intensive Case Management - \$70,741 01 over eight months to con tinue to provide intensive case management for chronically homeless men and women and conn ect them to housing, with the goal of ending chronic homelessness in Santa Clara CountyNew Directions, a program of Peninsula Healthcare ConnectionsHousing 1000 Intensive Case Mana gement - \$29,000 over four months to continue to provide intensive case management for chr onically homeless men and women and connect them to housing, with the goal of ending chron ic homelessness in Santa Clara CountyValley Medical Center FoundationHousing 1000 St Jame s Park Pilot Project - \$7,525 over 12 months to provide client assistance and remove housi ng barriers for homeless men and women participating in the St James Park Pilot Project- |

| Identifier | Return Reference | Explanation |
|---------------------------|--|------------------|
| Form 990, Part XI, Line 9 | Other Changes In Net Assets Or Fund Balances - Other Decreases | Taxes = -\$15500 |

| Identifier | Return Reference | Explanation |
|---------------------------|--|------------------------------------|
| Form 990, Part XI, Line 9 | Other Changes In Net Assets Or Fund Balances - Other Increases | Additional allocate exp = \$293406 |

| 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 11b | Form 990, Part VI, Line 11b Form 990 Review Process | The Form 990 is review ed by the Chief Financial Officer and by the Audit Commtee of the board of directors A copy of the Form 990 is provided to the full board prior to filing |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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| Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
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Part III

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

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

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Financial Administrative Support Service 3180 Newberry Dr San Jose, CA 95118 45-4919178 | Accounting | CA | The Health Trust | C corp | 2,340,550 | 689,463 | 100 000 % | Yes | |
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) Financial Administrative Support Service | n | 191,188 | Cost sharing |
| (2) Financial Administrative Support Service | m | 493,940 | Contract |
| | | | |
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Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID: 12000229
Software Version: 2012v2.0
EIN: 94-6050231
Name: The Health Trust

Part VII Supplemental Information

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

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

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