



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 Eating - 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 Living - focuses on reducing and eliminating health disparities. These initiatives will make a positive impact across all of the levels of influence that affect health - from individual behaviors to broader environmental issues such as neighborhood conditions and public policies. The work of the initiatives encompasses direct client services, community and environmental change strategies, advocacy and policy strategies, and grantmaking strategies.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No












If “Yes,” describe these changes on Schedule O.

4

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

4a	(Code) (Expenses \$ 7,891,502 including grants of \$ 1,896,408) (Revenue \$)
	<p>The Healthy Living 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 300 young people from diverse backgrounds were exposed to community health work through the Open Air Health Fair and The Health Market. Since The Health Markets inception in November 2013, we have partnered with the County, local nonprofits and community-based organizations to provide health resources and services to over 3000 individuals. 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 Supervisoral Districts #4 and #3 to over 3,000 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 2014, over 315 individuals have been placed into permanent housing. Disruptive Innovation Grants Program: In FY 2014, The Health Trust awarded two grants totaling \$131,448 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. The first grant awarded was to Greenbelt Alliance in the amount of \$75,000 to pilot test Public Square, an online tool that will create a new system of public engagement targeting individuals who are traditionally left out of the land-use planning process in the City of Mountain View. The second of which was for United Way Silicon Valley in the amount of \$56,448 to support local community-based organizations with technical assistance in the development and implementation of projects focused on addressing various social determinants of health utilizing the Disruptive Innovation theoretical framework. Chronic Disease Prevention and Management: This strategy has three main components: Community-based Chronic Disease Prevention, Chronic Disease Self-Management (also known as Better Choices Better Health) Classes, and AIDS Services. During FY 2014, over 2,000 individuals received Chronic Disease Prevention and/or self-management services through home- and community-based health education, resulting in increased knowledge about screening for and prevention of chronic diseases. 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 2014, over 90,000 lbs of fresh produce was distributed to over 12,000 individuals through this program. Within the AIDS Services program, The Health Trust offers services to over 800 individuals living with HIV/AIDS, including 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. Furthermore, with Ryan White Transitional Housing Services funding we provide housing assistance to HIV+ clients in Santa Clara County in the form of short-term emergency housing (such as motels for homeless who cannot stay in a shelter for medical reasons), short-term emergency rental assistance, and short-term subsidy assistance for up to two years. Supportive services are also provided in the form of Housing Specialists to assist with housing placement and advocacy, and a Self-Sufficiency Coordinator to assist clients in transitioning to more permanent housing placement. Diabetes Self-Management Program: The Health Trust is committed to preventing and alleviating the burdens of diabetes through diabetes education. In December 2014, the American Association of Diabetes Educators accredited The Health Trust's Diabetes Self-Management Program. By being accredited, The Health Trust will incorporate additional services such as Medical Nutrition Therapy and individual diabetes educational sessions with a registered dietitian to their suite of diabetes prevention and management services currently offered throughout Santa Clara County. This suite of services is rounded out by evidence-based peer-led Healthy Eating programs developed by the USDA. Also, The Health Trust is now a certified Medicare provider for these Diabetes Education services and will be able to serve an even larger population. 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 2014, The Health Trust provided over 25,000 preventive and restorative visits to over 16,000 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. The Health Trust contracted with Santa Clara Valley Water District to fluoridate its water system in FY 2013 and supported implementation in FY 2014. Nutrition Education: The Health Trust received a 3-year grant totaling \$553,890 from the USDA to deliver three nutrition curriculums to underserved communities in San Jose. Curriculum includes My Plate, ReThink Your Drink, and Healthy Eating on a Budget. In FY 2014, nearly 4000 individuals received at least one of the three nutrition curriculum. 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 2014, The Health Trust assisted in the enrollment or re-enrollment of nearly 5000 children in health insurance programs. We also provide services at the Mexican Consulate, where we assist Mexican citizens with pre-registration, or pre-affiliation, for Seguro Popular, the Mexican health program for residents of Mexico.</p>
4b	(Code) (Expenses \$ 2,666,108 including grants of \$ 379,232) (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 addressing the unique service needs of an aging society. This Initiative pursues a variety of strategies including (1) Leadership & Advocacy, (2) Neighborhood/Wellness Hubs, (3) Integration of medical, social and other long-term services and supports, and social connection and nutrition. Leadership & Advocacy: Regional Coalition. The Health Trust supports the Aging Services Collaborative, a regional coalition of aging services providers, in its efforts around (1) development and publication of a policy agenda, (2) development and implementation of a communications plan, (3) development of a sustainability plan, and (4) intensive consumer education and advocacy around a Federal/State-funded pilot project (Cal MediConnect) in Santa Clara County integrating medical and other health services with long-term social services and supports for older adults and persons with disabilities that qualify both for Medicare and MediCal. AGENTS for Change: AGENTS for Change is a program of The Health Trust comprised of older adult volunteers that are trained by The Health Trust in advocacy techniques. These volunteers identify gaps in local services and supports for our County's older adults and use their advocacy tools to bring about changes to those systems. Health Care Reform: (1) In addition to the Initiatives work around Cal MediConnect, the Initiative has funded a subcommittee of the County's Healthcare Reform Integration Stakeholders Working Group. The goal of the Subcommittee is optimal integration of health and social services and supports for older adults. In its first year, the Subcommittee is developing a report to the County Board of Supervisors on Transitions of Care from hospitals to nursing facilities and from institutions to the community. The report will include recommendations for changes to the County Health System in support of the Subcommittee's goal. (2) Through a grant from The Health Trust to The Healthcare Foundation of Northern and Central California, local hospitals and skilled nursing facilities participated in a project to enhance communication in the process of discharging chronically ill patients from acute care to skilled nursing. The hospitals voluntarily have adopted use of standardized checklists and are collecting data on areas such as hospital readmissions and length of time before patients are seen by the SNF physician. Neighborhood and Wellness Hubs: Local Information and Assistance. Through its Senior Peer Advocates program, the Health Trust places older adult volunteers in community centers and other neighborhood gathering spots, for the purpose of providing needed information to their peers on service availability in the community. The Volunteers receive ongoing training to keep their information current and many are bilingual, allowing the program to reach limited English speakers in their own languages. Food Access: This year, two communities began piloting new nutritious food access models in our county funded by the Health Trust. There is a weekly farmers market in downtown Gilroy, and a produce cart near a low-income residence in Morgan Hill Pedestrian Safety. Through our AGENTS for Change program working with other community partners, The Health Trust is making significant progress in increasing safety where older adults travel and congregate. Integration of Services and Supports: As described above, this year the Health Trust has taken a leadership role to eliminate the fragmentation of medical and social services that plague our older adults and have a negative impact on the quality of their care. We are working to radically change these systems with particular emphasis on the appropriate availability and integration of discharge planning, supportive housing, case management and caregiver support, during times of transition from hospital stays to other settings. 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 2014, 79,877 meals were delivered to a total of 599 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 provided to our clients.</p>
4c	(Code) (Expenses \$ 2,119,433 including grants of \$ 975,233) (Revenue \$)
	<p>The Healthy Eating 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 2014, the Healthy Eating Initiative of The Health Trust awarded 14 grants, totaling \$954,150. The Health Trust Healthy Eating Initiative launched the following programs in 2014: Fresh Carts: This program recruits, trains, and empowers entrepreneurs from low-income neighborhoods to start their own street vending business in order to bring fresh produce to residents. Twenty-five vendors were trained in San Jose's new Food Rules and provided loans and marketing materials to start their businesses. Small, Certified Farmers Markets: Building upon the New Food Rules policy changes, which allowed markets in residential zones, The Health Trust grantees and partners opened a small, certified farmers market operated by the Indian Health Center and linked the market to the clinic's diabetes management programs. Healthy Cornerstore Program: The Health Trust launched and led a collaborative of partners to implement a 2-year program to convert 35 cornerstores, located in low-income neighborhoods, over the course of two years to carry produce and/or healthier beverage and snack options. Twenty stores were recruited in 2014, and fifteen were provided marketing materials and technical assistance. Good To Go: A city-wide marketing campaign was launched in the summer of 2014 to support the new Healthy Eating programs. The Good To Go (G2G) brand was developed and promoted through print and outdoor media, radio and TV, and social media in order to raise consumers' awareness of and demand for the new fun, fast, fresh items available at the farmers markets, Healthy Cornerstores, and Fresh Carts. The Health Trust also entered its third year of a 3-year Americorps grant: Silicon Valley Health Corps (SVHC) - in the Fall of 2013. This grant recruited, trained, and supported 20 Americorps members, who work at seven community-based organizations throughout Santa Clara County in order to grow and distribute produce to low-income families and provide nutrition and cooking education. SVHC distributed 177,108 pounds of produce to low-income families, educated 3,110 students in garden-based education, and recruited 7,534 volunteers to assist the SVHC sites. In addition to entering the second year of its USDA Community Food Project Grant, The Health Trust's Healthy Eating Initiative also won the Google Impact Challenge, earning \$500,000 to develop a model to link gleaned and local produce to the Healthy Cornerstores and Fresh Carts.</p>
4d	Other program services (Describe in Schedule O) (Expenses \$ -302,517 including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 12,374,526

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	No
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	No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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		No
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	Yes	
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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	173	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	147
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	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)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 or note to any line 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	14	
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	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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▶
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 95118 (408) 513-8700

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See 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) Richard Tnolo Board member	2 00 0 00	X						0	0	0
(2) Frederick Ferrer CEO	40 00 0 00	X		X				248,006	0	35,277
(3) David Neighbors Board Member	2 00 0 00	X						0	0	0
(4) Ruma Kumar Board Member	2 00 0 00	X						0	0	0
(5) Cindy Ruby Secretary	2 00 0 00	X						0	0	0
(6) Juan Benitez Board Member	2 00 0 00	X						0	0	0
(7) Charles Bullock Chair	2 00 0 00	X						0	0	0
(8) Marianne Jackson Board Member	2 00 0 00	X						0	0	0
(9) Kathy McCarthy Board Member	2 00 0 00	X						0	0	0
(10) David Katz Board Member	2 00 0 00	X						0	0	0
(11) Darren Cde Baca Board Member	2 00 0 00	X						0	0	0
(12) Michael Celio Board Member	2 00 0 00	X						0	0	0
(13) Emily Lam Board Member	2 00 0 00	X						0	0	0
(14) Monique Lambert Board Member	2 00 0 00	X						0	0	0
(15) Roberta Robins Vice Chair	2 00 0 00	X						0	0	0
(16) Todd Hansen COO	40 00 0 00			X				217,573	0	32,303
(17) Ira Holtzman CFO	40 00 0 00			X				210,709	0	22,921

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,053,978		145,057

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: 6

		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
Financial Adminstrative Support Services 3180 Newberry DrSan Jose CA 95118	Accounting	302,751

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 ►1

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	4,744,303		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,359,050		
	g	Noncash contributions included in lines 1a-1f \$		609,258		
	h	Total. Add lines 1a-1f		8,103,353		
Program Service Revenue	2a	Discontinued Ops	Business Code	4,848	4,848	
	b	Health Trust Programs		828,741	828,741	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		833,589		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,644,835	
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		0		
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses	263,874			
c		Rental income or (loss)	144,394			
d		Net rental income or (loss)	119,480			
7a		Gross amount from sales of assets other than inventory				
b		Less cost or other basis and sales expenses	25,584,345	3,566,265		
c		Gain or (loss)	22,140,730	3,700,000		
d		Net gain or (loss)	3,443,615	-133,735		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses	a	152,289		
c		Net income or (loss) from fundraising events	b			
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses	a			
c		Net income or (loss) from gaming activities	b			
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold	a			
c		Net income or (loss) from sales of inventory	b			
		Miscellaneous Revenue	Business Code			
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See Instructions		14,163,426	833,589		5,226,484

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	3,250,873	3,250,873		
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.	676,288	136,744	489,943	49,601
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.	3,531,176	3,093,531	316,471	121,174
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	201,376	125,449	67,072	8,855
9	Other employee benefits.	354,917	285,661	56,260	12,996
10	Payroll taxes.	1,392,353	1,061,277	266,603	64,473
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	46,959		46,959	
c	Accounting.	71,157		71,157	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	869,703		869,703	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	298,817	192,357	44,599	61,861
12	Advertising and promotion.	23,085	5,548	2,373	15,164
13	Office expenses.	1,116,345	1,039,580	54,979	21,786
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	1,348,075	1,189,852	124,236	33,987
17	Travel.	103,663	85,755	14,646	3,262
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.	463,143	374,367	61,012	27,764
23	Insurance.	103,664	22,940	79,941	783
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	Purchased services.	2,440,646	1,752,073	610,316	78,257
b	Shared services.	209,569		209,569	
c	Other.	149,136	61,036	81,844	6,256
d	Rental exp offsets to revenue.	-179,836		-179,836	
e	All other expenses.	-302,517	-302,517		
25	Total functional expenses. Add lines 1 through 24e.	16,168,592	12,374,526	3,287,847	506,219
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		3,783,127	2	2,638,467
	3	Pledges and grants receivable, net		75,000	3	515,583
	4	Accounts receivable, net		1,061,966	4	1,820,811
	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		176,673	9	106,355
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,873,443		
	b	Less: accumulated depreciation	10b	2,963,086	10c	13,910,357
	11	Investments—publicly traded securities		72,937,280	11	83,509,963
	12	Investments—other securities. See Part IV, line 11		16,549,580	12	18,214,391
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		2,822,722	15	2,998,824
	16	Total assets. Add lines 1 through 15 (must equal line 34)		115,446,153	16	123,714,751
Liabilities	17	Accounts payable and accrued expenses		1,453,810	17	1,501,147
	18	Grants payable		1,855,579	18	1,326,012
	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		86,677	25	112,323
	26	Total liabilities. Add lines 17 through 25		3,396,066	26	2,939,482
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		108,333,010	27	116,775,895
	28	Temporarily restricted net assets		3,353,988	28	3,829,394
	29	Permanently restricted net assets		363,089	29	169,980
	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		112,050,087	33	120,775,269
	34	Total liabilities and net assets/fund balances		115,446,153	34	123,714,751

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,163,426
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,168,592
3	Revenue less expenses Subtract line 2 from line 1	3	-2,005,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,050,087
5	Net unrealized gains (losses) on investments	5	10,418,276
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	312,072
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,775,269

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☒

10

☐

11

☐

e

☐

f

☐

g

☐

a

☐

b

☐

c

☐

d

☐

(i)

☐

(ii)

☐

(iii)

☐

h

☐

11g(i)

☐

11g(ii)

☐

11g(iii)

☐

Yes

No

(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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,058,140	8,878,614	6,564,381	6,985,797	8,103,353	35,590,285
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	478,669	2,314,406	918,724	1,009,487	833,589	5,554,875
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	5,536,809	11,193,020	7,483,105	7,995,284	8,936,942	41,145,160
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.)						41,145,160

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9Amounts from line 6	5,536,809	11,193,020	7,483,105	7,995,284	8,936,942	41,145,160
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,263,771	1,506,883	1,402,082	1,329,885	1,615,435	8,118,056
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
cAdd lines 10a and 10b	2,263,771	1,506,883	1,402,082	1,329,885	1,615,435	8,118,056
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.)	7,800,580	12,699,903	8,885,187	9,325,169	10,552,377	49,263,216
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	83 520 %
16Public support percentage from 2012 Schedule A, Part III, line 15	16	79 690 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	16 480 %
18Investment income percentage from 2012 Schedule A, Part III, line 17	18	20 310 %

- 19a33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
------------------	-------------	--

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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	358,120	349,654	355,975	411,844	412,965
b Contributions	500	2,100	2,570	100	2,195
c Net investment earnings, gains, and losses	55,140	35,409	-4,329	75,954	43,106
d Grants or scholarships					
e Other expenditures for facilities and programs	200,100	25,000		127,550	42,308
f Administrative expenses	4,328	4,043	4,562	4,373	4,114
g End of year balance	209,332	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
- 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 7,500,000 | 2,350,000 | | 9,850,000 |
| b Buildings | | 2,786,324 | 259,789 | 2,526,535 |
| c Leasehold improvements | | 2,454,499 | 1,362,022 | 1,092,477 |
| d Equipment | | 1,782,620 | 1,341,275 | 441,345 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 13,910,357 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,350,099
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	10,418,276
b	Donated services and use of facilities	2b	302,517
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	335,583
e	Add lines 2a through 2d	2e	11,056,376
3	Subtract line 2e from line 1	3	13,293,723
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	869,703
c	Add lines 4a and 4b	4c	869,703
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,163,426

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,624,917
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	302,517
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	233,080
e	Add lines 2a through 2d	2e	535,597
3	Subtract line 2e from line 1	3	15,089,320
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	1,079,272
c	Add lines 4a and 4b	4c	1,079,272
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	16,168,592

Part XIII

Supplemental Information

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

Return Reference	Explanation
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
Part X FIN48 Footnote	The Health Trust financial statements are consolidated statements that include its taxable subsidiary, Financial Administrative Support Services. The following footnote is included in the consolidated statement: 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 XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Rental expense offset revenue \$233080 FASS shared expense \$102503
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Reclass investment expense \$869703
Part XII, Line 2d Other expenses and losses per audited F/S	Rental expense offset to revenue \$233080
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Shared expense \$209569 Reclass from investment income \$869703

[illegible]

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) Central Amer-Caribbean	0	0	Investment (Sch K-1)	Investment	18,214,391
(2)					
(3)					
(4)					
(5)					
3a Sub-total					18,214,391
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,214,391

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)
(1)									
(2)									
(3)									
(4)									

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

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

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

☒

Yes

☐

No
- 6

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

☐

Yes

☒

No

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 94-6050231
Name: The Health Trust

Part V Supplemental Information

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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☒ Mail solicitations
- e

☒ Solicitation of non-government grants
- b

☒ Internet and email solicitations
- f

☒ Solicitation of government grants
- c

☒ Phone solicitations
- g

☒ Special fundraising events
- d

☒ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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	152,289		152,289
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	152,289		152,289
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					()
					152,289

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	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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. 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).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
The Health Trust

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
94-6050231

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

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

2

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

21

3

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

8

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

Part IV

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

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 FY14, substantially all of The Health Trust grants went to 501(C)3 or governmental entities The Health Trust exercised expenditure responsibility for non-501(c)(3) grantees

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
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
Advise and Consent LLC 31 Howard St Ste 402 New York, NY 10013	45-4527305		50,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A newAmerica Community Corp 1918 University Ave Ste3A Berkeley,CA 94704	94-3342658	501(c)(3)	85,000	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)	134,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California WALKS 1904 Franklin Street 709 Oakland,CA 94612	81-0618523	501(c)(3)	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
cancerCAREpoint 2581 Samaritan Dr Ste 300 San Jose, CA 95124	27-3029691	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
Comm Alliance Family Farmers 405 14th St Ste 209 Oakland, CA 94612	94-2914745	501(c)(3)	50,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Tech Alliance 1671 The Alameda 300 San Jose, CA 95126	77-0286926	501(c)(3)	64,000	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 Team 480 Lytton Ave Suite 2A Palo Alto, CA 94301	20-5242330	501(c)(3)	175,000	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
Educare of CA at SV 4000 Moorpark Ave San Jose, CA 95112	45-5147937	501(c)(3)	350,000	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
Enterprise Foundation 101 East Santa Clara St San Jose, CA 95113	26-1670171	501(c)(3)	200,000	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
Garden to Table Silicon Vall 651 Macredes Ave San Jose, CA 95116	46-1812446	501(c)(3)	25,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greenbelt Alliance 312 Sutter St Suite 510 San Francisco, CA 94108	94-1676747	501(c)(3)	75,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HomeFirst 507 Valley Way Milpitas, CA 95035	94-2684272	501(c)(3)	187,500	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
Hospice of the Valley 4850 Union Ave San Jose, CA 95124	94-2803411	501(c)(3)	6,999	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
John Snow Inc 116 New Montgomery St 605 San Francisco,CA 94105	04-2578580		50,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Karp Resources PO Box 515 Southold, NY 11971	11-3021350		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
New Directions Thru Pennin 33 Encina Ave Ste 103 Palo Alto, CA 94301	20-2886131	501(c)(3)	75,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Profit Inc 200 Clarendon St 9th Fl Boston, MA 02116	04-3396766	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
Pacific Health Consulting Grp 72 Oak Knoll Ave San Anselmo, CA 94960	68-0403180		75,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Health Institute 555 12th Street Oakland, CA 94607	94-1646278	501(c)(3)	594,697	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)	122,500	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
SalterMitchell Inc 117 S Gadsden St Tallahassee, FL 32830	33-1202378		173,176	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
San Benito Health Foundation 351 Felice Drive Hollister,CA 95023	94-2299959	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
Silicon Valley Leadership Gp 2001 Gatewayt Place Ste101E San Jose, CA 95110	92-2140464		26,750	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 Fdn 1 Washington Square San Jose, CA 95192	83-0403915	501(c)(3)	64,000	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
Song Manh Inc 231 OConnor Dr San Jose, CA 95128	77-0563887	501(c)(3)	6,000	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
Sutherland-Edwards 1204 Preservation Park Way Oakland,CA 94612	20-5975676		30,000	0			See schedule O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way SV 1400 Parkmoor Ave Suite 250 San Jose, CA 95126	94-1450153	501(c)(3)	56,448	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 Verde 1530 Meridian Ave San Jose, CA 95125	45-3084814	501(c)(3)	20,000	0			See schedule O

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	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)Frederick Ferrer CEO	(i) (ii)	250,702		-2,696		35,277	283,283	
(2)Ira Holtzman CFO	(i) (ii)	189,161		21,548		22,921	233,630	
(3)Jennifer Loving DH, Exec Dir	(i) (ii)	142,145	300	-4,980		23,254	160,719	
(4)Todd Hansen COO	(i) (ii)	220,059		-2,486		32,303	249,876	

Part III **Supplemental Information**

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.

Return Reference	Explanation
Part III, Additional Information	"Other reportable compensation" for Ira Holtzman includes a bonus for his services to The Health Trust's wholly owned subsidiary, Financial Administrative Support Services. The Health Trust is reimbursed for this bonus.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental Information	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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Health Trust

Employer identification number
94-6050231

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	1	606,295	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Other)			3,233	Market est
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

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

32a

No

b

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
The Health Trust

Employer identification number

94-6050231

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 The Healthy Eating 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 2014, the Healthy Eating Initiative of The Health Trust awarded 14 grants, totaling \$954,150. The Health Trust Healthy Eating Initiative launched the following programs in 2014:</p> <ul style="list-style-type: none"> Fresh Carts: This program recruits, trains, and empowers entrepreneurs from low-income neighborhoods to start their own street vending business in order to bring fresh produce to residents. Twenty-five vendors were trained in San Jose's new Food Rules and provided loans and marketing materials to start their businesses. Small, Certified Farmers Markets: Building upon the New Food Rules policy changes, which allowed markets in residential zones, The Health Trust grantees and partners opened a small, certified farmers market operated by the Indian Health Center and linked the market to the clinic's diabetes management programs. Healthy Cornerstore Program: The Health Trust launched and led a collaborative of partners to implement a 2-year program to convert 35 cornerstores, located in low-income neighborhoods, over the course of two years to carry produce and/or healthier beverage and snack options. Twenty stores were recruited in 2014, and fifteen were provided marketing materials and technical assistance. Good To Go: A city-wide marketing campaign was launched in the summer of 2014 to support the new Healthy Eating programs. The Good To Go (G2G) brand was developed and promoted through print and outdoor media, radio and TV, and social media in order to raise consumers' awareness of and demand for the new, fun, fast, fresh items available at the farmers markets, Healthy Cornerstores, and Fresh Carts. <p>The Health Trust also entered its third year of a 3-year Americorps grant Silicon Valley Health Corps (SVHC) - in the Fall of 2013. This grant recruited, trained, and supported 20 Americorps members, who work at seven community-based organizations throughout Santa Clara County in order to grow and distribute produce to low-income families and provide nutrition and cooking education. SVHC distributed 177,108 pounds of produce to low-income families, educated 3,110 students in garden-based education, and recruited 7,534 volunteers to assist the SVHC sites. In addition to entering the second year of its USDA Community Food Project Grant, The Health Trust's Healthy Eating Initiative also won the Google Impact Challenge, earning \$500,000 to develop a model to link gleaned and local produce to the Healthy Cornerstores and Fresh Carts.</p> <p>OTHER PROGRAM SERVICES 5 The Form 990 includes an adjustment for donated rent (\$302,517).</p>

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

Return Reference	Explanation
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.

Return Reference	Explanation
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.

Return Reference	Explanation
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

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Additional allocate exp = \$312072

Return Reference	Explanation
GRANT DETAIL - GOOD SAMARITAN GRANTS	<p>GOOD SAMARITAN GRANTS</p> <p>Sable People Foundation - \$5,000</p> <p>Gift of Mobility Event on November 9, 2013</p> <p>American Leadership Forum - \$1,000</p> <p>ALF's 25th Anniversary Event on October 10, 2013</p> <p>Asian Americans for Community Involvement of Santa Clara County - \$2,500</p> <p>Bay Area Regional Navigation Summit on February 20, 2014</p> <p>Asian Americans for Community Involvement of Santa Clara County - \$2,500</p> <p>Char-a-oke Night on September 20, 2014</p> <p>Asian Health Services - \$2,500</p> <p>Healthy Nail Salon Policy Program, March 2014-August 2014</p> <p>Bay Area Women's Sports Initiative - \$2,500</p> <p>BAWSI Sportsapalooza 2014 on May 19, 2014</p> <p>Catholic Charities of Santa Clara County - \$1,000</p> <p>Spring Forward 5k/10k Run/Walk/Stroll/Roll on April 5, 2014</p> <p>Centers for Elders Independence - \$3,000</p> <p>3rd Bay Area Senior Health Policy Forum</p> <p>Community Health Partnership - \$300</p> <p>Community Health Centers Take Action Learning Session on August 14, 2013</p> <p>Congregation Shir Hadash - \$2,500</p> <p>9th Annual Healthy Living Fair on April 27, 2014</p> <p>Garden to Table Silicon Valley - \$10,000</p> <p>Capacity Building Support Gay Pride Celebration Committee of San Jose - \$2,000</p> <p>San Jose Pride on August 18 and 19, 2013</p> <p>Genesis United Methodist Church - \$500</p> <p>Genesis Health & Wellness Fair on March 1, 2014</p> <p>Hospice of the Valley - \$6,999</p> <p>To support Hospice services in South County</p> <p>Indian Health Center of Santa Clara Valley, Inc - \$1,000</p> <p>For the 7th Annual Indian Health Center Comedy Jam</p> <p>Institute on Aging - \$1,500</p> <p>2014 Family Caregiver Education Program</p> <p>Live Oak Adult Day Services - \$5,000</p> <p>For the A Night in New Orleans Event on September 28, 2013</p> <p>New Profit Inc - \$10,000</p> <p>From Idea to Action Pay For Success Exploration in SCC - Lessons Learned Case Study</p> <p>People Acting in Community Together - \$5,000</p> <p>For the Annual PACT Leadership Luncheon on October 4, 2013</p> <p>RotaCare Bay Area, Inc - \$5,000</p> <p>RotaCare Bay Area's 25th Anniversary on April 10, 2014</p> <p>San Benito High School District - \$1,000</p> <p>2014 Gifted Games on May 16, 2014</p> <p>San Jose Police Foundation - \$5,000</p> <p>San Jose Gun Buy Back Event on December 14, 2013</p> <p>Santa Clara County - \$5,000</p> <p>Day on the Bay A Multicultural Festival on October 13, 2013</p> <p>Santa Clara County Commission on the Status of Women - \$2,500</p> <p>Women's Equality Day Luncheon on August 23, 2013</p> <p>Santa Clara County Parks and Recreation Dept - \$1,500</p> <p>Festival in the Park on June 7, 2014</p> <p>Silicon Valley Black Chamber of Commerce - \$2,000</p> <p>2014 San Jose Juneteenth in the Park Festival</p> <p>Silicon Valley Childrens Fund - \$100</p> <p>General Operating Support Silicon Valley Council of Nonprofits - \$2,500</p> <p>6th Annual Be Our Guest Luncheon on October 24, 2013</p> <p>Silicon Valley Council of Nonprofits - \$2,500</p> <p>For the 3rd Annual Health Care Reform Summit</p> <p>Somos Mayfair - \$1,000</p> <p>Gracias A La Vida 2013 Luncheon on October 17, 2013</p> <p>Song Manh, Inc - \$3,000</p> <p>15th Annual Health Fair on October 20, 2013</p> <p>Song Manh, Inc - \$3,000</p> <p>4th Annual Gastrointestinal and Liver Health Fair on March 23, 2014</p> <p>Sutherland-Edwards, Consultants to Philanthropy - \$30,000</p> <p>Organizational Capacity Building for Healthy Food Resources</p> <p>Grantees YMCA - Mt Madonna - \$1,000</p> <p>Healthy Kids Day on April 26, 2014</p> <p>Yu-Ai Kai/Japanese American Community Senior Service of San Jose - \$500</p> <p>Yu-Ai Kai's Nhonmachi Run & Health Fair on April 27, 2014</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 - \$64,000 to manage the Housing 1000 Database, produce data reports and provide technical assistance to Housing 1000 partner organizations</p> <p>HomeFirst, formerly EHC LifeBuilders</p> <p>Housing 1000 Care Coordination Project Management - \$87,500 to lead and manage the Care Coordination Project, a collaborative of 27 organizations that is providing intensive case management and supportive services to Housing 1000 clients</p> <p>Housing 1000 Intensive Case Management - \$100,000 awarded to community-based organizations to provide intensive case management for chronically homeless men and women living in San Jose's homeless encampments and connect them to housing and working to end chronic homelessness in Santa Clara County</p> <p>Grants were awarded to AIDS Services, a program of The Health Trust</p> <p>Downtown Streets Team - \$175,000</p> <p>New Directions, a program of Peninsula Healthcare Connections - \$75,000 over 12 months</p> <p>Prior year adjustment - \$8,024</p>

Return Reference	Explanation
GRANT DETAIL - SUMMARY	<p>The Health Trust awarded a total of \$3,250,873 in grants in fiscal year 2014. The Health Trust awarded 20 Health Partnership Grants totaling \$2,322,067, 36 Good Samaritan Grants totaling \$130,243, restricted grants and endowment transfers totaling \$305,087, and nine grants totaling \$493,476 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 Eating, Healthy Aging and Healthy Living. These grants directly benefit residents of Santa Clara and Northern San Benito Counties and support our mission to promote health and wellness.</p>

Return Reference	Explanation
HEALTH PARTNERSHIP GRANTS- HEALTH LIVING	<p>HEALTH PARTNERSHIP GRANTS HEALTHY EATING INITIATIVE -The Healthy Eating Initiatives grantmaking aims to ensure that every resident in Santa Clara County and Northern San Benito County is able to conveniently purchase and consume affordable, quality, nutritious food Grants were made to increase access to Healthy Food Resources such as farmers markets, corner stores, fresh carts, and salad bars, and to support policies that increase opportunities for healthy eating Advise and ConsentSweet Revenge Turning the Tables on Processed Foods - \$50,000 over 12 months to produce a one-hour television PBS program to encourage healthy eating behavior changes by increasing awareness regarding the health risks associated with high levels of sugar consumption, which are commonly found in processed foods and sodas and juices Anew America Community CorporationImplementing Fresh Carts Silicon Valley in San Jose \$85,000 to fulfill a grant awarded in FY13 to support the work of Fresh Carts Silicon Valley that will increase the availability and affordability of fresh produce in neighborhoods with the lowest access to fresh, healthy food options Community Alliance with Family Farmers (CAFF) Institutionalizing Farm to School in Santa Clara Valley Schools - \$50,000 over 12 months to ensure that children have access to healthy, local fresh fruits and vegetables during school hours by institutionalizing and sustaining CAFFs Farm to School and Harvest of the Month programs and curriculum in five school districts Enterprise Foundation Healthy Food Access Strategy Implementing a Healthy Corner Store Program in San Jose - \$200,000 awarded, with another \$200,000 to be awarded in FY15, to support Enterprise Foundation, the nonprofit arm of the Hispanic Chamber of Commerce - Silicon Valley to implement the Healthy Cornerstores Programs in San Jose, a new Health Trust-led initiative that addresses healthy food disparities by increasing access and affordability of healthy foods to residents that are underserved by traditional fresh food retail outlets, like supermarkets Garden to Table Silicon Valley Implementing Assembly Bill (AB) 551 in San Jose - \$15,000 over six months to conduct a feasibility study to assess and identify the potential benefits of implementing state legislation AB 551 locally which will increase land use for urban agriculture that will augment access and consumption of healthy foods for low-income residents in San Jose John Snow, Inc Food Access Assessment for Vulnerable Populations in San Jose - \$50,000 over four months to understand how best to address food access needs in San Jose by augmenting existing data with primary data collection to develop a guiding document that will inform a Food Access Plan for government agencies, non-profits and other food access stakeholders Karp ResourcesHealthy Prepared Meal Social Enterprise Market Research - \$60,000 over six months to conduct Phase II of a two-tiered market research study to further understand and determine the feasibility of developing and launching a social enterprise that provides healthy prepared meals in Santa Clara County Sacred Heart Community Services Implementing Fresh Carts Silicon Valley in San Jose - \$122,500 to complete a grant awarded in FY13 to support the work of Fresh Carts Silicon Valley that will increase the availability and affordability of fresh produce in neighborhoods with the lowest access to fresh, healthy food options SalterMitchell, Inc Healthy Food Access Branding and Marketing Campaign - \$173,176 to finalize a grant awarded in FY13 to research, develop and implement a healthy food access campaign, and to partner with the Valley Transportation Authority (VTA) to co-brand a healthy lifestyle marketing campaign that promotes healthy behaviors for those utilizing public transit Silicon Valley Leadership Group Foundation Let's Move Salad Bars to California Schools Campaign - \$26,750 to conclude a grant awarded in FY13 to support the funding of 10 salad bars for high-need Santa Clara County schools and an additional 10 salad bars when 1-1 matching is secured from local funders to increase access to and consumption of fruit and vegetables during school hours Valley VerdeHome Gardens in Low Income Neighborhoods - \$20,000 over 12 months to train 60 low income families to build and sustain home gardens in order to increase their access and consumption of healthy foods in underserved neighborhoods in Gilroy and San Jose</p>

Return Reference	Explanation
HEALTH PARTNERSHIP- HEALTHY LIVING	<p>HEALTH PARTNERSHIP GRANTS-HEALTHY LIVING INITIATIVEHealthy Living Initiatives grantmaking is focused on policy, practice, and system changes to address the root causes of health disparities, promotion of chronic disease prevention and advancement of community water fluoridation Grants were made to promote advocacy and system change to reduce health disparities and prevent disease California Dental Association FoundationSanta Clara County Fluoridation Initiative Year 6 - \$134,000 over 12 months to continue coordinating the campaign to fluoridate the water supply in San Jose, including monitoring fluoridation of the Santa Clara Valley Water District system and the identification of funding for fluoridation of the San Jose Water Company system Educare of California at Silicon Valley Educare - \$350,000 as a second installment on a \$1,000,000 grant that will be paid out over five years, contingent on the Grantee reaching pre-determined milestones for capital support on an Educare model school, professional development institute and family resource center on the Santee Elementary School campus in San Jose This project will provide training to early childhood workers throughout the community in scientifically-proven best practices Greenbelt Alliance Public Square - \$75,000 over 12 months to pilot-test Public Square, an online tool that will create a new system of public engagement targeting individuals who are traditionally left out of the land-use planning process in the City of Mountain View The San Jose State University Tower Foundation Path to Expungement - \$64,000 awarded with another \$33,500 to be awarded in FY 15, to increase access to employment, housing and safety net services for low-income people with criminal convictions through expungement of their criminal records The grant is designed to demonstrate the efficacy of expungement services on reducing county jail recidivism San Benito Health Foundation San Benito County Safety Net - \$100,000 over 12 months to increase access to healthcare coverage and services for low-income residents by increasing the capacity of San Benito Health Foundation, a community clinic, to assist residents and patients with insurance enrollment United Way Silicon Valley Disruptive Innovation 2014 - \$56,448 over 12 months to support local community-based organizations with technical assistance in the development and implementation of projects focused on addressing various social determinants of health utilizing the Disruptive Innovation theoretical framework CROSS CUTTING GRANTSPublic Health Institute Public Health Professional Development Program - Year 3 - \$594,697 over 12 months to support Year 3 of the Public Health Professional Development Program</p>

Return Reference	Explanation
HEALTHY AGING INITIATIVE	HEALTH PARTNERSHIP GRANTS HEALTHY AGING INITIATIVEThe Healthy Aging Initiatives grantmaking is focused on policy, practice, and system changes to promote health and wellness for older adults Grants were made to engage older adults in community and civic action and to research models to address barriers to access and support services California Walks San Jose STEPS Coalition - \$35,000 over 12 months to train and engage older adults and community-based organizations serving older-adults in advocating for policies, programs and infrastructure changes to improve and increase pedestrian safety in three high-impact neighborhoods in San Jose Pacific Health Consulting Group Business Plan Development One-Stop Shop - \$75,000 over 10 months to develop a business model for a One Stop Shop that improves health outcomes for older adults and low-income residents through expanded partnerships with managed care and provider systems and changes and growth in non-medical services (i.e case management, patient education, social service partnerships)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on 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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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

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

Cat No 50135Y

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on 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 Suite 200 San Jose, CA 95118 45-4919178	Accounting	CA	The Health Trust	C corp	2,501,683	2,494,687	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

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

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

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

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

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

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

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

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

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther 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

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Financial Administrative Support Service	m	493,940	Contract
(2) Financial Administrative Support Service	n	191,189	Cost sharing
(3) Financial Administrative Support Service	f	29,400	Dividend paymen

Schedule R (Form 990) 2013

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]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------