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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE HEALTH TRUST

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3180 NEWBERRY DRIVE NO 200

City or town, state or province, country, and ZIP or foreign postal code

SAN JOSE, CA 95118

F Name and address of principal officer

FREDERICK FERRER

3180 NEWBERRY DRIVE NO 200

SAN JOSE,CA 95118

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( ) ◀(insert no )

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.HEALTHTRUST.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1996

M State of legal domicile CA

Part I	Summary																																
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO LEAD THE SILICON VALLEY COMMUNITY TO ADVANCE WELLNESS</div><div></div><div></div><div></div></div>																																
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>12</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>164</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>226</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	164	6	Total number of volunteers (estimate if necessary)	6	226	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>8,103,353</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>833,589</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d )</td><td>4,954,715</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>271,769</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>14,163,426</td></tr><tr><td></td><td></td><td>15,220,440</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	8,103,353	9	Program service revenue (Part VIII, line 2g)	833,589	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	4,954,715	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	271,769	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,163,426			15,220,440											
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Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2016-03-09

Date

IRA HOLTZMAN CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RANDY PETERSON

Preparer's signature

RANDY PETERSON

Date

2016-03-10

Check ☐ if self-employed

PTIN

P01300203

Firm's name

▶ ARMANINO LLP

Firm's EIN

▶ 94-6214841

Firm's address

▶ 50 WEST SAN FERNANDO STREET STE 500

SAN JOSE, CA 95113

Phone no

(408) 200-6400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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 IS TO LEAD THE SILICON VALLEY COMMUNITY TO ADVANCE WELLNESS

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 \$ 8,436,962 including grants of \$ 580,236 ) (Revenue \$ 959,298 )
<p>HEALTHY LIVING INITIATIVE 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 ON SCHEDULE O HEALTHY LIVING INITIATIVE (CONTINUED)ADDRESSING THE ROOT CAUSES OF HEALTH DISPARITIES THIS STRATEGY INCLUDES RAISING AWARENESS ABOUT THE ROOT CAUSES OF HEALTH DISPARITIES AND PARTNERING IN OUR COMMUNITY TO ADDRESS HEALTH THROUGH A FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH ONE SPECIFIC WAY WE DO THIS IS BY INCREASING THE DIVERSITY OF HEALTHCARE PROFESSIONALS IN THE LOCAL WORKFORCE THROUGH PIPELINE PROGRAMS THAT EXPOSE STUDENTS TO HEALTH CAREERS OVER 200 YOUNG PEOPLE FROM DIVERSE BACKGROUNDS WERE EXPOSED TO COMMUNITY HEALTH WORK THROUGH THE OPEN AIR HEALTH FAIR AND THE HEALTH MARKET SINCE THE HEALTH MARKET'S INCEPTION IN NOVEMBER 2013, WE HAVE PARTNERED WITH THE COUNTY, LOCAL NONPROFITS AND COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HEALTH RESOURCES AND SERVICES TO OVER 5000 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 SUPERVISORIAL DISTRICTS #4 AND #3 TO OVER 6,000 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 HOMELESSNESS IN SANTA CLARA COUNTY AND DURING FY 2012, DH LAUNCHED THE "HOUSING 1,000" CAMPAIGN THE HOUSING 1000 CAMPAIGN HAS NOW BECOME THE CARE COORDINATION PROJECT, WHICH IS RUN BY THE COUNTY'S OFFICE OF SUPPORTIVE HOUSING DURING FY 2015, OVER 597 INDIVIDUALS WERE PLACED INTO PERMANENT HOUSING DISRUPTIVE INNOVATION GRANTS PROGRAM IN FY 2015, THE HEALTH TRUST AWARDED A GRANT TO SOMOS MAYFAIR FOR \$26,814 OVER EIGHT MONTHS TO STUDY THE FEASIBILITY OF A PEER EDUCATOR (AKA PROMOTOR) JOB TRAINING AND PLACEMENT MODEL THAT WILL SYSTEMATIZE A NEW WAY OF DOING BUSINESS IN THE NONPROFIT SECTOR WHILE LEVERAGING THE ASSETS OF PEER EDUCATORS (PROMOTORES) COMPONENTS OF THE STUDY WILL FOCUS ON STAKEHOLDER, LEGAL, OPERATIONAL AND PRELIMINARY FINANCIAL ANALYSES CHRONIC DISEASE PREVENTION AND MANAGEMENT THIS STRATEGY HAS THREE MAIN COMPONENTS COMMUNITY-BASED CHRONIC DISEASE PREVENTION, CHRONIC DISEASE SELF-MANAGEMENT (CDSM, ALSO KNOWN AS BETTER CHOICES BETTER HEALTH) CLASSES, AND AIDS SERVICES DURING FY 2015, OVER 1,500 INDIVIDUALS RECEIVED CHRONIC DISEASE PREVENTION AND OR SELF-MANAGEMENT SERVICES THROUGH HOME- AND COMMUNITY-BASED HEALTH EDUCATION, RESULTING IN INCREASED KNOWLEDGE ABOUT SCREENING FOR AND PREVENTION OF CHRONIC DISEASES KEY CDSM OUTCOMES INCLUDE AN INCREASE IN BEHAVIORS THAT HELP MANAGE DISEASE SUCH AS PHYSICAL ACTIVITY AND HEALTHY EATING, REDUCTION IN DISEASE SYMPTOMS, INCREASED SELF-EFFICACY FOR DISEASE MANAGEMENT, AND REDUCTION IN HOSPITALIZATIONS ANOTHER IMPORTANT ASPECT OF THE PREVENTION OF CHRONIC DISEASE INVOLVES TARGETING COMMUNITIES WITH HIGHER RATES OF OBESITY AND CERTAIN CHRONIC CONDITIONS THE HEALTH TRUST 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 HUB LOCATION FOR THE SURROUNDING LOW INCOME 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 FY 2015, OVER 110,000 LBS OF FRESH PRODUCE WAS DISTRIBUTED TO OVER 10,000 INDIVIDUALS WITHIN THE AIDS SERVICES PROGRAM, THE HEALTH TRUST OFFERS TO OVER 800 INDIVIDUALS SOCIAL WORK CASE MANAGEMENT SERVICES, NURSING CASE MANAGEMENT, NON-MEDICAL CASE MANAGEMENT, TRANSPORTATION ASSISTANCE, SUPPLEMENTAL NUTRITIONAL ASSISTANCE, HOME HEALTH, AND EMERGENCY ASSISTANCE 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 JERRY LARSON FOOD BASKET FACILITY AIDS SERVICES ALSO UTILIZES RYAN WHITE FUNDS TO OFFER 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 ONCE AN INDIVIDUAL IS PROVIDED WITH A HOUSING SUBSIDY, 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 THE HEALTH TRUST HAS BEEN ACCREDITED FOR A YEAR NOW THROUGH THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS FOR THE DIABETES SELF-MANAGEMENT PROGRAM BY BEING ACCREDITED, THE HEALTH TRUST HAS INCORPORATED SERVICES SUCH AS MEDICAL NUTRITION THERAPY AND INDIVIDUAL DIABETES EDUCATIONAL SESSIONS WITH A REGISTERED DIETITIAN TO THEIR SUITE OF DIABETES PREVENTION AND MANAGEMENT SERVICES 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 IN FY 2015, OVER 200 INDIVIDUALS WENT THROUGH THE DIABETES SELF-MANAGEMENT PROGRAM ORAL HEALTH THE HEALTHY LIVING 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 2015 THE HEALTH TRUST PROVIDED OVER 37,000 PREVENTIVE AND RESTORATIVE VISITS TO OVER 20,000 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 AN AGREEMENT WAS ENTERED INTO WITH THE SANTA CLARA VALLEY WATER DISTRICT BOARD TO FLUORIDATE THEIR WATER SYSTEM, THE FIRST STAGE OF WHICH IS EXPECTED TO BE COMPLETED IN 2017 NUTRITION EDUCATION THE HEALTH TRUST RECEIVED A 3 YEAR GRANT TOTALING \$553,890 FROM THE USDA TO DELIVER THREE NUTRITION CURRICULUM TO UNDERSERVED COMMUNITIES IN SAN JOSE CURRICULUM INCLUDE MY PLATE, RETHINK YOUR DRINK AND HEALTHY EATING ON A BUDGET IN FY 2015, OVER 13,000 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, MEDI-CAL, SANTA CLARA COUNTY HEALTHY KIDS, KAISER CHILD HEALTH PLAN AND MEDI-CAL ACCESS PROGRAM 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 2015, THE HEALTH TRUST ASSISTED IN THE ENROLLMENT OR RE-ENROLLMENT OF OVER 5,000 CHILDREN IN HEALTH INSURANCE PROGRAMS WE ALSO PROVIDE SERVICES AT THE MEXICAN CONSULATE, WHERE WE ASSIST MEXICAN CITIZENS WITH PRE-REGISTRATION, OR PRE-AFFILIATION, FOR SEGURO POPULAR, THE MEXICAN HEALTH PROGRAM FOR RESIDENTS OF MEXICO</p>	
4b	(Code ) (Expenses \$ 2,537,305 including grants of \$ 168,069 ) (Revenue \$ 193,476 )
<p>HEALTHY AGING INITIATIVETHE HEALTH 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 &amp; ADVOCACY AND (2) INTEGRATION OF MEDICAL, SOCIAL AND OTHER LONG TERM SERVICES AND SUPPORT, AND SOCIAL CONNECTION AND NUTRITION THE PROGRAM ACCOMPLISHMENTS AND OUTCOMES FOR EACH OF THESE STRATEGIES ARE LISTED ON SCHEDULE O HEALTHY AGING INITIATIVE (CONTINUED)LEADERSHIP &amp; ADVOCACYREGIONAL 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 COMMUNICATION PLAN, (3) DEVELOPMENT OF A SUSTAINABILITY PLAN, AND (4) INTENSIVE CONSUMER EDUCATION AND ADVOCACY AROUND A FEDERAL/STATE FUNDED PILOT PROJECT ("COORDINATED CARE INITIATIVE OR "CCI") 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 ONE AREA OF FOCUS WAS PEDESTRIAN SAFETY THROUGH THE AGENTS FOR CHANGE PROGRAM WORKING WITH OTHER COMMUNITY PARTNERS, THE HEALTH TRUST MADE SIGNIFICANT PROGRESS IN INCREASING SAFETY WHERE OLDER ADULTS TRAVEL AND CONGREGATE HEALTH CARE REFORM (1) IN ADDITION TO THE INITIATIVE'S WORK AROUND CCI, THE INITIATIVE INITIALLY FUNDED, AND NOW STAFFS, A SUBCOMMITTEE OF THE COUNTY'S HEALTHCARE REFORM INTEGRATION STAKEHOLDER'S 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 DEVELOPED 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 INCLUDED RECOMMENDATIONS FOR CHANGES TO THE COUNTY HEALTH SYSTEM IN SUPPORT OF THE SUBCOMMITTEE'S GOAL ALL 4 OF THE SUBCOMMITTEE'S RECOMMENDATIONS WERE ADOPTED BY THE BOARD OF SUPERVISORS (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 INTEGRATION OF SERVICES AND SUPPORTS, NUTRITIONLOCAL 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 COMPLETED PILOTING NUTRITIOUS FOOD ACCESS MODELS IN OUR COUNTY FUNDED BY THE HEALTH TRUST THE WEEKLY FARMERS MARKET IN DOWNTOWN GILROY WILL CONTINUE WITHOUT OUR FUNDS THE PRODUCE CART NEAR A LOW INCOME RESIDENCE IN MORGAN HILL NEEDS ADDITIONAL RESEARCH BEFORE CONTINUING INTEGRATION OF SERVICES AND SUPPORTS AS DESCRIBED ABOVE, 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 STAY TO OTHER SETTINGS SOCIAL CONNECTION AND NUTRITION THE HEALTH TRUST OPERATES A MEALS ON WHEELS (MOW) PROGRAM THAT PROVES HOME-DELIVERED MEALS TO SENIORS AND PEOPLE WITH DISABILITIES IN FY 2015, 85,500 MEALS WERE DELIVERED TO A TOTAL OF 574 UNDUPLICATED INDIVIDUALS 89.4% OF THE MOW RECIPIENTS REPORTED THE MOW SERVICES ARE GOOD OR EXCELLENT 100% REPORTED THAT THE MOW SERVICES WERE "SOMEWHAT OR EXTREMELY IMPORTANT" IN HELPING THEM TO REMAIN IN THEIR HOMES 584 DELIVERIES OF GROCERIES WERE PROVIDED TO OUR CLIENTS THIS INCLUDES 295 GROCERY DELIVERIES TO RYAN WHITE CLIENTS</p>	
4c	(Code ) (Expenses \$ 3,279,562 including grants of \$ 1,948,319 ) (Revenue \$ 3,072 )
<p>HEALTHY EATING INITIATIVETHE 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 THE 2015 FISCAL YEAR, THE HEALTHY EATING INITIATIVE AWARDED 14 GRANTS, TOTALING \$1,948,319 THE PROGRAM ACCOMPLISHMENTS AND OUTCOMES FOR EACH OF THESE STRATEGIES ARE LISTED ON SCHEDULE O HEALTHY EATING INITIATIVE (CONTINUED)HE CONTINUED TO SUPPORT AND EXPAND THE FOLLOWING PROGRAMS FROM JULY 2014 THROUGH JUNE 2015 - 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 SAN JOSE'S NEW FOOD RULES, WHICH ALLOWED MARKETS IN RESIDENTIAL ZONES, THE HEALTH TRUST GRANTEEES AND PARTNERS OPENED A "SMALL, CERTIFIED FARMERS' MARKETS" OPERATED BY THE INDIAN HEALTH CENTER AND LINKED THE MARKET TO THE CLINIC'S DIABETES MANAGEMENT PROGRAMS - HEALTHY CORNERSTORE PROGRAM THE HEALTH TRUST CONTINUED ITS HEALTHY CORNERSTORE PROGRAM FOR A SECOND YEAR AND CONVERTED 5 STORES, LOCATED IN LOW-INCOME NEIGHBORHOODS, TO CARRY PRODUCE AND/OR HEALTHIER BEVERAGE AND SNACK OPTIONS - GOOD TO GO A CITY-WIDE MARKETING CAMPAIGN WAS EXPANDED TO SUPPORT THE HEALTHY EATING PROGRAMS BRANDED MARKETING MATERIALS WERE CREATED, PRINTED AND INSTALLED AT FRESH CARTS, HEALTHY CORNERSTORES, AND MARKETS, AND OUTDOOR MEDIA, SUCH AS BUS SHELTER ADS, WERE INSTALLED AND MAINTAINED NEAR THE OUTLETS THE HEALTH TRUST COMPLETED ITS FINAL YEAR OF A 3-YEAR SILICON VALLEY HEALTH CORPS (SVHC) GRANT, WHICH PLACED 20 AMERICORPS MEMBERS AT 7 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 118,226 TOTAL POUNDS OF LOCAL PRODUCE TO LOW-INCOME FAMILIES, EDUCATED 2,232 STUDENTS IN GARDEN-BASED EDUCATION, AND RECRUITED 5,463 VOLUNTEERS AS THE AMERICORPS PROGRAM WAS ENDING, HE LAUNCHED A 3-YEAR VISTA GRANT, WHICH PLACED 5 VISTA MEMBERS AT 5 PARTNER SITES SECOND HARVEST FOOD BANK, THE FOOD BASKET, VEGGIELUTION, GARDEN TO TABLE, AND SACRED HEART COMMUNITY SERVICES THE VISTA GRANT BUILDS UPON THE AMERICORPS GRANT BY FOCUSING ON CAPACITY BUILDING AT PARTNER SITES, WHEREAS THE AMERICORPS GRANT PROVIDED DIRECT, HANDS-ON SERVICES VISTA MEMBERS SEEK TO CREATE, IMPROVE, AND EXPAND SYSTEMS AND PROCESSES THAT WILL IMPROVE PARTNER SITES EFFICIENCY AND THEREFORE REACH MORE RESIDENTS IN NEED OF SERVICES IN ADDITION TO COMPLETING THE SECOND YEAR OF ITS USDA COMMUNITY FOOD PROJECT GRANT, THE HEALTH TRUST'S HEALTHY EATING INITIATIVE ALSO COMPLETED THE FIRST YEAR OF ITS 2-YEAR \$500,000 GOOGLE IMPACT CHALLENGE GRANT TO DEVELOP A MODEL TO LINK GLEANED AND LOCAL PRODUCE TO THE HEALTHY CORNERSTORES AND FRESH CARTS ADDITIONAL FUNDING INCLUDED \$40,000 UNRESTRICTED FUNDING FROM THE LESLIE FAMILY FOUNDATION AND \$50,000 FROM THE CITY OF SAN JOSE FOR THE HEALTHY CORNERSTORE PROGRAM A G2G MOBILE APPLICATION WAS DEVELOPED AND IS NOW AVAILABLE ON APPLE AND GOOGLE PLAYSTORES THIS APP SHOWS USERS WHERE ALL G2G OUTLETS ARE LOCATED, THEIR HOURS OF OPERATION, AND IF THEY ACCEPT SNAP OR WIC THE APP INCLUDES SEVERAL INTERACTIVE FEATURES TO ALLOW USERS TO SEARCH FOR THE OUTLET NEAREST THEM OR FILTER OUTLETS BY TYPE</p>	
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 14,253,829

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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 domestic 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 or for domestic individuals 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.	191	
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	
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.	164	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	
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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
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	
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
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? <i>If "No," provide an explanation in Schedule O.</i>		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	12	
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	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records

FINANCIAL ADMINISTRATIVE SUPPORT SERVICES

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) CHARLES BULLOCK PHD ..... BOARD CHAIR	2 00 ..... 0 00	X		X				0	0	0
(2) ROBERTA L ROBINS JD ..... BOARD VICE CHAIR	2 00 ..... 0 00	X		X				0	0	0
(3) CINDY RUBY ..... BOARD SECRETARY	2 00 ..... 0 00	X		X				0	0	0
(4) DARREN CDE BACA ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(5) MICHAEL CELIO ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(6) CRAIG CAPURSO ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(7) JIM HEERWAGEN ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(8) MARIANNE JACKSON ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(9) DAVID KATZ ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(10) EMILY LAM ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(11) DAVID NEIGHBORS ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(12) JUAN BENITEZ - TO JUNE 2015 ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(13) MONIQUE LAMBERT - TO JUNE 2015 ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
(14) KATHY MCCARTHY - TO JUNE 2015 ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0



Part VII

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

(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			
(15) RICHARD TRIOLO - TO JUNE 2015 ..... BOARD MEMBER	2 00 ..... 1 00	X						0	0	0
(16) FREDERICK FERRER ..... CEO	40 00 ..... 1 00	X		X				330,229	0	36,949
(17) TODD HANSEN ..... COO	40 00 ..... 0 00			X				244,298	0	35,820
(18) IRA HOLTZMAN ..... CFO	40 00 ..... 1 00			X				255,814	0	27,747
(19) PAUL HEPFER ..... V P OF PROGRAMS	40 00 ..... 0 00					X		132,807	0	7,952
(20) JENNIFER LOVING ..... DH, EXECUTIVE DIRECTOR	40 00 ..... 0 00					X		146,450	0	26,562
(21) IRENE SEGURA ..... HR DIRECTOR	40 00 ..... 0 00					X		101,839	0	19,602

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	1,211,437	0	154,632

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 <b>former</b> 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 ADMINISTRATIVE SUPPORT SERVICE 3180 NEWBERRY DRIVE SAN JOSE, CA 95118	ACCOUNTING SERVICES	371,624

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	4,517		
	b	Membership dues . . . . .	1b	102,758		
	c	Fundraising events . . . . .	1c	37,759		
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e	7,184,951		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,949,991		
	g	Noncash contributions included in lines 1a-1f \$		572,692		
	h	Total. Add lines 1a-1f . . . . .		9,279,976		
Program Service Revenue	2a	HEALTH TRUST PROGRAMS	Business Code			
			624100	1,153,056	1,153,056	
	b	TRAINING	624100	2,750	2,750	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .		1,155,806		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,618,119		1,618,119
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real	(ii) Personal		
			361,586			
	b	Less rental expenses	149,669			
	c	Rental income or (loss)	211,917			
	d	Net rental income or (loss) . . . . .		211,917		211,917
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			48,625,145			
	b	Less cost or other basis and sales expenses	45,670,523			
	c	Gain or (loss)	2,954,622			
	d	Net gain or (loss) . . . . .		2,954,622		2,954,622
	8a	Gross income from fundraising events (not including \$ 37,759 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	4,371		
			b	4,371		
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
			b			
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .				
	12	Total revenue. See Instructions . . . . .		15,220,440	1,155,806	0
						4,784,658

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 domestic organizations and domestic governments See Part IV, line 21 . . . . .	2,696,624	2,696,624		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	833,871	296,122	504,958	32,791
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	4,411,441	3,954,620	348,017	108,804
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	134,451	106,906	23,675	3,870
9	Other employee benefits . . . . .	1,359,297	1,088,795	231,772	38,730
10	Payroll taxes . . . . .	423,969	352,937	58,939	12,093
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	108,282	14,808	93,474	
c	Accounting . . . . .	531,140		531,140	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17	13,830			13,830
f	Investment management fees . . . . .	905,937		905,937	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	545,268	544,868		400
12	Advertising and promotion . . . . .	23,227	14,163	5,928	3,136
13	Office expenses . . . . .	1,105,726	1,034,896	63,254	7,576
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	1,032,347	902,180	110,653	19,514
17	Travel . . . . .	113,740	97,990	14,692	1,058
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	26,732	18,761	7,921	50
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	463,652	349,910	99,989	13,753
23	Insurance . . . . .	101,467	21,643	78,780	1,044
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	2,870,645	2,717,596	139,136	13,913
b	OTHER MISC EXPENSES	55,736	34,503	2,408	18,825
c	DUES AND SUBSCRIPTIONS	37,984	6,507	29,129	2,348
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,795,366	14,253,829	3,249,802	291,735
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	
	2	Savings and temporary cash investments		2,638,467	2	2,239,828
	3	Pledges and grants receivable, net		515,583	3	148,785
	4	Accounts receivable, net		1,820,811	4	2,281,950
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	7,442
	9	Prepaid expenses and deferred charges		106,355	9	134,593
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	16,843,266		
	b	Less: accumulated depreciation	10b	3,340,462	10c	13,502,804
	11	Investments—publicly traded securities		83,509,963	11	77,520,279
	12	Investments—other securities. See Part IV, line 11.		18,214,391	12	22,165,989
	13	Investments—program-related. See Part IV, line 11.			13	43,214
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		2,998,824	15	152,413
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		123,714,751	16	118,197,297
Liabilities	17	Accounts payable and accrued expenses		1,501,147	17	1,609,668
	18	Grants payable		1,326,012	18	106,691
	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.		112,323	25	67,111
	26	<b>Total liabilities.</b> Add lines 17 through 25.		2,939,482	26	1,783,470
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		116,775,895	27	113,030,522
	28	Temporarily restricted net assets		3,829,394	28	3,212,825
	29	Permanently restricted net assets		169,980	29	170,480
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		120,775,269	33	116,413,827
	34	<b>Total liabilities and net assets/fund balances</b>		123,714,751	34	118,197,297

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	15,220,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,795,366
3	Revenue less expenses Subtract line 2 from line 1	3	-2,574,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,775,269
5	Net unrealized gains (losses) on investments	5	-1,786,516
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	116,413,827

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	2a	No
b	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	2b	Yes
c	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	2c	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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization THE HEALTH TRUST	Employer identification number 94-6050231
--	--

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
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 section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,878,614	6,564,381	6,985,797	8,103,353	9,279,976	39,812,121
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,314,406	918,724	1,009,487	833,589	1,161,063	6,237,269
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11,193,020	7,483,105	7,995,284	8,936,942	10,441,039	46,049,390
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6 )						46,049,390

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	11,193,020	7,483,105	7,995,284	8,936,942	10,441,039	46,049,390
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,506,883	1,402,082	1,329,885	1,615,435	1,830,036	7,684,321
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,506,883	1,402,082	1,329,885	1,615,435	1,830,036	7,684,321
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
13 Total support. (Add lines 9, 10c, 11, and 12 )	12,699,903	8,885,187	9,325,169	10,552,377	12,271,075	53,733,711
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	85 700 %	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	83 520 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	14 300 %	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	16 480 %	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0													
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures		17,795,366													
e Total exempt purpose expenditures (add lines 1c and 1d)		17,795,366													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	934,478	958,430	1,000,000	3,892,908
b Lobbying ceiling amount (150% of line 2a, column(e))					5,839,362
c Total lobbying expenditures	3,109	2,137	0		5,246
d Grassroots nontaxable amount	250,000	233,620	239,608	250,000	973,228
e Grassroots ceiling amount (150% of line 2d, column (e))					1,459,842
f Grassroots lobbying expenditures	0	0			

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation



[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization THE HEALTH TRUST	Employer identification number 94-6050231
--	--

Part I

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

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

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 . . . . .	209,332	358,120	349,654	355,975	411,844
b Contributions . . . . .	500	500	2,100	2,570	100
c Net investment earnings, gains, and losses	5,372	55,140	35,409	-4,329	75,954
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .		200,100	25,000		127,550
f Administrative expenses . . . . .	1,920	4,328	4,043	4,562	4,373
g End of year balance . . . . .	213,284	209,332	358,120	349,654	355,975

- 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

79 930 %

c

Temporarily restricted endowment

20 070 %

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)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

**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	403,207	2,383,117
c Leasehold improvements . . . . .		2,477,896	1,565,528	912,368
d Equipment . . . . .		1,729,046	1,371,727	357,319
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,502,804

Schedule D (Form 990) 2014



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	13,002,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-1,786,516
b	Donated services and use of facilities . . . . .	2b	313,573
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	4,371
e	Add lines 2a through 2d . . . . .	2e	-1,468,572
3	Subtract line 2e from line 1 . . . . .	3	14,470,871
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	749,569
c	Add lines 4a and 4b . . . . .	4c	749,569
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	15,220,440

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	17,363,741
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	313,573
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	154,040
e	Add lines 2a through 2d . . . . .	2e	467,613
3	Subtract line 2e from line 1 . . . . .	3	16,896,128
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	899,238
c	Add lines 4a and 4b . . . . .	4c	899,238
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	17,795,366

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	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, LINE 2	UNCERTAINTY IN INCOME TAXES 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 THE HEALTH TRUST 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. THE ORGANIZATION'S FEDERAL RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2014, 2013 AND 2012 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE ORGANIZATION'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2014, 2013, 2012 AND 2011 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 4,371
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 899,238 RENTAL EXPENSES -149,669
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 149,669 FUNDRAISING EVENT EXPENSES 4,371
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 899,238

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

OMB No 1545-0047

2014

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 AMERICA AND THE CARIBBEAN	0	0	INVESTMENT (BOOK VALUE)		20,762,426
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			20,762,426
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			20,762,426

**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; do not file with Form 990)*

☐

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; do not file with Form 990)*

☐

Yes

☒

No

## Additional Data

**Software ID:**

**Software Version:**

**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.

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
THE HEALTH TRUST

Employer identification number  
  
94-6050231

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

- 1

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

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

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

☐ Yes ☐ No
- b

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

(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.
- CA
- 
-

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
		<div>DINING OUT FOR LIFE</div> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	42,130		42,130
	2	Less Contributions . .	37,759		37,759
	3	Gross income (line 1 minus line 2) . . . .	4,371		4,371
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .			
	8	Entertainment . . . .			
	9	Other direct expenses .	4,371		4,371
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			
					0

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

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

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

11

Does the organization conduct 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 activities conducted 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 provide any additional information (see instructions).

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
THE HEALTH TRUST

Employer identification number  
94-6050231

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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

22

3

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

4

Part III

Grants and Other Assistance to Domestic Individuals.

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
PART I, LINE 2	HEALTH PARTNERSHIP GRANTS ARE MADE THROUGH OUR HOSPITAL SPONSOR, THE HEALTH & HOSPITAL SYSTEM OF SANTA CLARA COUNTY ONCE GRANT CONTRACTS ARE SIGNED BY ALL PARTIES AND GRANT PAYMENTS ARE ISSUED, THE GRANTEE PROVIDES THE HEALTH TRUST WITH - AN INTERIM NARRATIVE REPORT AND BUDGET OF FUNDS SPENT TO-DATE AT THE MID-POINT OF THE GRANT PERIOD THE HEALTH TRUST MAY SUBSTITUTE A SITE VISIT FOR THE INTERIM REPORT NARRATIVE - A FINAL NARRATIVE REPORT AND BUDGET OF FUNDS SPENT DURING THE GRANT PERIOD PER THE GRANT CONTRACT, THE FINAL REPORT INDICATES THE OBJECTIVES OF THE GRANT AS OUTLINED IN THE PROPOSAL, THE MILESTONES AND OUTCOMES ACHIEVED, AND ANY PROBLEMS OR OBSTACLES ENCOUNTERED IN THE EFFORT TO ACHIEVE THE GRANT PURPOSES THE FINANCIAL REPORT IS PREPARED IN ACCORDANCE WITH REGULAR ACCOUNTING STANDARDS CONSISTENTLY APPLIED FOR ALL PERIODS DURING WHICH GRANT FUNDS ARE RECEIVED AND SHOWS ACTUAL EXPENDITURES AGAINST THE APPROVED LINE ITEM BUDGET 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 30 DAYS OF THE EXPIRATION OF THAT PERIOD UNLESS OTHERWISE AGREED IN WRITING BY THE TRUST THE GRANTEE IS REQUIRED TO IDENTIFY AND ACCOUNT FOR THE GRANT SEPARATELY ON ITS GENERAL LEDGER A SYSTEMATIC RECORD IS KEPT BY THE GRANTEE OF THE RECEIPT AND DISBURSEMENT OF FUNDS AND EXPENDITURES INCURRED UNDER THE TERMS OF THE GRANT, AND ALL REPORTS AND SUBSTANTIATING DOCUMENTS SUCH AS BILLS, INVOICES, CANCELED CHECKS, AND RECEIPTS, ARE REQUIRED TO BE RETAINED IN THE GRANTEE'S FILES FOR A PERIOD OF NOT LESS THAN FOUR (4) YEARS AFTER THE EXPIRATION OF THE GRANT PERIOD
SCHEDULE I PART II COLUMN (H)	THE HEALTH TRUST AWARDED A TOTAL OF \$2,706,315 IN GRANTS IN FISCAL YEAR 2015 THE HEALTH TRUST AWARDED 21 HEALTH PARTNERSHIP GRANTS TOTALING \$1,949,565, 38 GOOD SAMARITAN GRANTS TOTALING \$108,882, AND TEN GRANTS TOTALING \$647,868 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, SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM UNLESS NOTED WITH AN ASTERISK GOOD SAMARITAN GRANTS SUPPORT COMMUNITY EVENTS AND PROJECTS SUCH AS HEALTH FAIRS, SPONSORED WALKS, OR COMMUNITY CONVENINGS THAT DIRECTLY SUPPORT THE HEALTH TRUST'S INITIATIVES 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 HEALTH PARTNERSHIP GRANTS HEALTHY EATING INITIATIVE THE HEALTHY EATING INITIATIVE'S 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 ANEWAMERICA COMMUNITY CORPORATION FRESH CARTS SILICON VALLEY ENTREPRENEURSHIP AND TECHNICAL ASSISTANCE PARTNER - \$286,450 OVER 12 MONTHS TO SERVE AS THE ENTREPRENEURSHIP AND TECHNICAL ASSISTANCE PARTNER FOR FRESH CARTS BY PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO FRESH CARTS VENDORS TO ENSURE THEIR ECONOMIC SELF-SUFFICIENCY AND INCREASE ACCESS OF FRESH FRUITS AND VEGETABLES IN LOW-INCOME SAN JOSE COMMUNITIES CHANGELAB SOLUTIONS CREATING A SHARED AGENDA IDENTIFYING OPPORTUNITIES FOR COLLABORATIVE HEALTH POLICIES - \$68,761 OVER 12 MONTHS TO DEVELOP A SHARED HEALTH POLICY AGENDA FOR THE HEALTH TRUST, PARTNERS AND THE CITY OF SAN JOSE AND TO DEVELOP A HEALTHY FOOD ACCESS PLAN ENTERPRISE FOUNDATION HEALTHY FOOD ACCESS STRATEGY IMPLEMENTING A HEALTHY CORNERSTORE PROGRAM IN SAN JOSE - \$307,680 TO COMPLETE A GRANT AWARDED IN FISCAL YEAR 14 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 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 FIRST 5 SANTA CLARA COUNTY SWEET REVENGE MINI-GRANT - \$25,000 OVER SIX MONTHS FOR A 1 1 MATCH TO AWARD ONE-TIME MINI-GRANTS TO COMMUNITY-BASED ORGANIZATIONS, PUBLIC AGENCIES AND FAITH-BASED ORGANIZATIONS TO HOST COMMUNITY VIEWINGS OF SWEET REVENGE TURNING THE TABLES ON PROCESSED FOODS, A ONE-HOUR PBS PROGRAM FRESH APPROACH EXPANDING LOCAL PRODUCE ACCESS IN SANTA CLARA COUNTY \$79,075 OVER 15 MONTHS TO INCREASE ACCESS OF FRESH FRUITS AND VEGETABLES THROUGH FRESHEST CARGO A FARMERS' MARKET ON WHEELS THAT TARGETS LOW-INCOME NEIGHBORHOODS THROUGH ITS DIRECT-TO-CONSUMER MODEL, AND TO EXPAND FRESHEST CARGO TO INCLUDE DELIVERING LOCALLY AND HYPER-LOCALLY SOURCED PRODUCE TO SMALL-SCALE RETAILERS IN SAN JOSE, INCLUDING HEALTH TRUST-SUPPORTED HEALTHY CORNERSTORES GARDEN TO TABLE SILICON VALLEY PHASE II ADOPTING A POLICY FOR URBAN AGRICULTURE INCENTIVE ZONES IN SAN JOSE, CA - \$44,000 OVER NINE MONTHS TO INCREASE ACCESS TO HEALTHY, LOCALLY PRODUCED FOOD IN SAN JOSE BY ADOPTING ASSEMBLY BILL (AB) 551 AT BOTH THE CITY AND COUNTY LEVEL JOHN SNOW, INC FOOD ACCESS PLAN - \$10,000 OVER SIX MONTHS TO COMPLETE THE FOOD ACCESS PLAN WORK THAT WILL ASSESS FOOD ACCESS RESOURCES AND GAPS FOR THE HOMELESS AND OLDER ADULTS POPULATION THE FOOD TRUST SAN JOSE HEALTHY CORNERSTORE INITIATIVE - \$26,800 OVER SIX MONTHS TO SUPPORT THE SUSTAINABILITY OF THE HEALTHY CORNERSTORE PROGRAM THE FOOD TRUST SAN JOSE GOOD TO GO HEALTHY CORNERSTORE PROGRAM - \$218,412 OVER 12 MONTHS TO OVERSEE THE HEALTHY CORNERSTORE PROGRAM TO INCREASE ACCESS AND AVAILABILITY OF HEALTHY FOODS IN SAN JOSE SACRED HEART COMMUNITY SERVICES FRESH CARTS - \$18,757 OVER THREE MONTHS TO INCREASE ACCESS AND AVAILABILITY OF FRESH FRUITS AND VEGETABLES BY ADVOCATING FOR POLICIES TO SUPPORT THE HEALTH TRUST'S FRESH CART PROGRAM AND CONTINUE TO PROVIDE TECHNICAL ASSISTANCE TO COHORT 1 VENDORS SILICON VALLEY LEADERSHIP GROUP LET'S MOVE SALAD BARS TO SCHOOLS CAMPAIGN - \$62,150 OVER 12 MONTHS TO SUPPORT THE PLACEMENT OF 20 SALAD BARS IN HIGH-NEED SCHOOLS IN ALUM ROCK UNION SCHOOL DISTRICT AND EAST SIDE UNION HIGH SCHOOL DISTRICT TO INCREASE ACCESS AND CONSUMPTION OF HEALTHY FRUITS AND VEGETABLES DURING SCHOOL HOURS HEALTHY AGING INITIATIVE THE HEALTHY AGING INITIATIVE'S GRANTMAKING IS FOCUSED ON POLICY, PRACTICE, AND SYSTEM CHANGES TO PROMOTE HEALTH AND WELLNESS FOR OLDER ADULTS WORKING PARTNERSHIPS USA LONG TERM SERVICES AND SUPPORTS INTEGRATION CAMPAIGN - \$19,488 TO COMPLETE THE GRANT AWARDED IN FISCAL YEAR 13 TO SUPPORT A CONSULTANT TO FACILITATE THE FORMATION OF A LTSS STAKEHOLDER GROUP AND DEVELOP A PLAN TO MAKE POLICY AND PRACTICE CHANGES TO THE LTSS DELIVERY SYSTEM TO PROMOTE HEALTH AND WELLNESS FOR OLDER ADULTS IN SANTA CLARA COUNTY HEALTHY LIVING INITIATIVE HEALTHY LIVING INITIATIVE'S 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 ALUM ROCK UNIFIED SCHOOL DISTRICT FISCHER MIDDLE SCHOOL FITZONE - \$76,507 OVER ONE MONTH TO INSTALL A FITZONE ON THE FISCHER MIDDLE SCHOOL CAMPUS THAT WILL PROVIDE ACCESS AND PROMOTE PHYSICAL ACTIVITY TO FISCHER MIDDLE SCHOOL, RENAISSANCE ACADEMY STUDENTS AND THE DORSA NEIGHBORHOOD COMMUNITY CALIFORNIA DENTAL ASSOCIATION FOUNDATION SANTA CLARA COUNTY FLUORIDATION INITIATIVE YEAR 7 - \$146,000 OVER 12 MONTHS TO PROVIDE TECHNICAL EXPERTISE, STRATEGIC ADVICE AND PROJECT MANAGEMENT FOR THE SANTA CLARA COUNTY FLUORIDATION INITIATIVE CRISTO REY SAN JOSE JESUIT HIGH SCHOOL CRISTO REY HEALTH AND WELLNESS PROGRAM - \$25,000 OVER 12 MONTHS TO DEVELOP AND PILOT A MODEL WRAP-AROUND HEALTH AND WELLNESS PROGRAM AT CRISTO REY HIGH SCHOOL TO ENGAGE STUDENTS AND PARENTS IN PHYSICAL ACTIVITY AND HEALTHY EATING HABITS GREENBELT ALLIANCE PLANNING FOR HEALTHY COMMUNITIES IN SAN JOSE - \$28,000 OVER 12 MONTHS TO ENSURE THAT THE MAJOR REVIEW OF SAN JOSE'S GENERAL PLAN INCLUDES POLICIES THAT PROMOTE THE CONSTRUCTION OF AFFORDABLE HOUSING, SPECIFICALLY IN URBAN VILLAGE AREAS THE SAN JOSE STATE UNIVERSITY TOWER FOUNDATION PATH TO EXPUNGEMENT - \$33,500 TO COMPLETE THE GRANT AWARDED IN FISCAL YEAR 14 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 ON REDUCING COUNTY JAIL RECIDIVISM SOMOS MAYFAIR SOMOS (WE ARE) CONNECTED! (DISRUPTIVE INNOVATION SEED FUNDING) - \$26,814 OVER EIGHT MONTHS TO STUDY THE FEASIBILITY OF A PEER EDUCATOR (AKA PROMOTOR) JOB TRAINING AND PLACEMENT MODEL THAT WILL SYSTEMATIZE A NEW WAY OF DOING BUSINESS IN THE NONPROFIT SECTOR WHILE LEVERAGING THE ASSETS OF PROMOTORES (PEER EDUCATORS) COMPONENTS OF THE STUDY WILL FOCUS ON STAKEHOLDER, LEGAL, OPERATIONAL AND PRELIMINARY FINANCIAL ANALYSES CROSS CUTTING GRANTS PUBLIC HEALTH INSTITUTE PUBLIC HEALTH PROFESSIONAL DEVELOPMENT PROGRAM - YEAR 4 - \$447,171 OVER 12 MONTHS TO SUPPORT YEAR 4 OF THE PUBLIC HEALTH PROFESSIONAL DEVELOPMENT PROGRAM
SCHEDULE I PART II COLUMN (H) - CONTINUED	GOOD SAMARITAN GRANTS ALUM ROCK COUNSELING CENTER - \$5,000 FIESTA DE LA FAMILIA ON AUGUST 2, 2014 BAY AREA WOMEN'S SPORTS INITIATIVE (BAWSI) - \$2,500 2015 BAWSI BENEFIT BIRTHDAY BASH ON MAY 8, 2015 BLACK AND VEATCH - \$11,250 FLUORIDE COST STUDY BREATHE CALIFORNIA - \$3,000 ELECTRIC AUTO ASSOCIATION ANNUAL RALLY ON SEPTEMBER 20, 2014 BUILDING SKILLS PARTNERSHIP - \$1,300 HEALTHY FAMILY FUN DAY ON AUGUST 9, 2014 CENTER FOR TRAINING AND CAREERS - \$2,000 AMERICAN INDIAN HERITAGE CELEBRATION ON SEPTEMBER 12, 2015 CITY OF MORGAN HILL - \$1,500 SUMMER IN THE PARK SERIES JUNE-AUGUST 2015 COMMUNITY ALLIANCE WITH FAMILY FARMERS - \$1,000 TASTE OF SANTA CLARA VALLEY FUNDRAISER ON SEPTEMBER 14, 2014 COMMUNITY HEALTH PARTNERSHIP - \$1,000 21ST ANNIVERSARY CELEBRATION ON SEPTEMBER 12, 2014 CONGREGATION SHIR HADASH - \$1,000 HEALTHY LIVING HEALTH FAIR 2015 ON APRIL 19, 2015 DISCOVERY COUNSELING CENTER - \$1,500 MORGAN HILL VALUES YOUTH FAIR ON APRIL 18, 2015 ERITREAN COMMUNITY CENTER OF SANTA CLARA COUNTY - \$450 COMMUNITY ACTION DAY ON OCTOBER 4, 2014 FOOTHILL COMMUNITY CENTER - \$1,000 WOMEN'S WELLNESS CONFERENCE A MOTHER & DAUGHTER ON MARCH 21, 2015 GARDNER FAMILY HEALTH NETWORK - \$5,000 2014 GARDNER GALA, THE YEAR OF THE CHILD ON OCTOBER 25, 2014 GAY PRIDE CELEBRATION COMMITTEE OF SAN JOSE - \$1,000 SILICON VALLEY PRIDE EVENT FESTIVAL ON AUGUST 17, 2014 GRANTMAKERS IN HEALTH - \$7,675 FOR OPERATIONAL SUPPORT HOSPICE OF THE VALLEY - \$450 35TH ANNUAL GALA ON JUNE 13, 2015 INDIAN COMMUNITY CENTER - \$500 SOUTH ASIAN HEALTH SCREENING AND EDUCATION EVENT - NOVEMBER 2014 INDIAN HEALTH CENTER OF SANTA CLARA COUNTY - \$1,000 8TH ANNUAL IHC COMEDY JAM - OCTOBER 2014 LIVE OAK ADULT DAY SERVICES - \$1,000 A NIGHT IN NEW ORLEANS MARDI GRAS II ON OCTOBER 18, 2014 ON-LOK SENIOR HEALTH SERVICES - \$1,707 BAY AREA SENIOR HEALTH POLICY EVENT PEOPLE ACTING IN COMMUNITY TOGETHER - \$2,500 ANNUAL PACT LEADERSHIP LUNCHEON ON OCTOBER 31, 2014 PIONEER HIGH SCHOOL - \$300 EARTH DAY ON APRIL 22, 2015 RACING HEARTS - \$15,000 EAST SIDE UNION HIGH SCHOOL DISTRICT AED PROJECT SUMMER 2015 SACRED HEART COMMUNITY SERVICES - \$5,000 40TH ANNIVERSARY CELEBRATION SAN JOSE CATHEDRAL FOUNDATION - \$1,500 HEALTH FAIR ON NOVEMBER 7, 2014 SAN JOSE MULTICULTURAL ARTISTS GUILD - \$5,000 HIV/AIDS PREVENTION AND AWARENESS PROJECT - FEB 2015 SAN JOSE POLICE OFFICER ASSOCIATION CHARITABLE FOUNDATION - \$5,000 2014 GUN BUY BACK ON DECEMBER 13, 2014 SANTA CLARA COUNTY COMMISSION ON THE STATUS OF WOMEN - \$3,000 WOMEN'S EQUALITY DAY LUNCHEON ON AUGUST 28, 2014 SANTA CLARA UNIVERSITY - \$5,000 VALERIOTE GOLDMAN SYMPOSIUM ON SOCIAL JUSTICE - JAN - AUG 2015 SILICON VALLEY CENTER FOR ENTREPRENEURIAL DEVELOPMENT - \$1,000 34TH ANNUAL JUNETEENTH EVENT ON JUNE 27, 2015 SOMOS MAYFAIR - \$5,000 GRACIAS A LA VIDA ON MARCH 19, 2015 SILICON VALLEY COUNCIL OF NONPROFITS - \$5,000 BE OUR GUEST (OCT 30, 2014) & HEALTH CARE SUMMIT (DEC 4, 2014) SIREN - \$500 SIREN'S RICHARD KONDA CELEBRATION IN SUPPORT OF SIREN WORK ON AUGUST 30, 2014 SONG MANH, INC - \$500 SONG MANH'S 5TH ANNUAL GI DAY ON MARCH 8, 2015 TEATRO VISION - \$750 MACARIO COMMUNITY SCREENING ON OCTOBER 12, 2014 VALLEY MEDICAL CENTER FOUNDATION - \$2,500 SOIREE UNDER THE STARS ON SEPTEMBER 27, 2014 YU-AI KAI - \$500 PROGRAM AD FOR 40TH ANNIVERSARY GALA OCTOBER 4, 2014 DESTINATION HOME, A PROGRAM OF THE HEALTH TRUST DESTINATION HOME IS A PUBLIC-PRIVATE PARTNERSHIP HOUSED AT THE HEALTH TRUST COMMITTED TO ENDING HOMELESSNESS IN OUR COMMUNITY HOUSING 1000/CARE COORDINATION PROJECT INTENSIVE CASE MANAGEMENT THE FOLLOWING CONDITIONAL GRANTS WERE AWARDED IN FY14 AND ARE REFLECTED IN THE PAYMENTS THAT WERE MADE DURING FY15 COMMUNITY TECHNOLOGY ALLIANCE HOUSING 1000/CARE COORDINATION PROJECT - \$85,000 OVER 12 MONTHS TO MANAGE THE HOUSING 1000/CARE COORDINATION PROJECT DATABASE, PRODUCE DATA REPORTS AND PROVIDE TECHNICAL ASSISTANCE TO HOUSING 1000/CARE COORDINATION PROJECT PARTNER ORGANIZATIONS, \$21,000 ACCRUED DURING FY15 IN FY14, HOUSING 1000 INTENSIVE CASE MANAGEMENT - \$256,448 AWARDED TO FOUR COMMUNITY-BASED ORGANIZATIONS TO PROVIDE INTENSIVE CASE MANAGEMENT FOR CHRONICALLY HOMELESS MEN AND WOMEN AND CONNECT THEM TO HOUSING AND SERVICES GRANTS WERE AWARDED TO DOWNTOWN STREETS TEAM - \$200,000 OVER ONE YEAR, OF WHICH \$125,000 ACCRUED DURING FY15 HOMEFIRST - \$24,830 OVER 12 MONTHS, ACCRUED DURING FY15 INNVISION SHELTER NETWORK - \$100,000 OVER 12 MONTHS, \$81,618 ACCRUED DURING FY15 NEW DIRECTIONS, A PROGRAM OF PENINSULA HEALTHCARE CONNECTIONS - \$100,000 OVER 12 MONTHS, \$25,000 ACCRUED DURING FY15 IN FY15, HOUSING 1000 INTENSIVE CASE MANAGEMENT - \$370,420 AWARDED TO FOUR COMMUNITY-BASED ORGANIZATIONS TO PROVIDE INTENSIVE CASE MANAGEMENT FOR CHRONICALLY HOMELESS MEN AND WOMEN AND CONNECT THEM TO HOUSING AND SERVICES GRANTS WERE AWARDED TO DOWNTOWN STREETS TEAM - \$66,667 OVER EIGHT MONTHS HOMEFIRST, FORMERLY EHC LIFEBUILDERS - \$113,686 OVER EIGHT MONTHS INNVISION SHELTER NETWORK - \$66,700 OVER EIGHT MONTHS NEW DIRECTIONS, A PROGRAM OF PENINSULA HEALTHCARE CONNECTIONS - \$66,667 OVER EIGHT MONTHS COMMUNITY TECHNOLOGY ALLIANCE HOUSING 1000/CARE COORDINATION PROJECT - \$56,700 OVER 8 MONTHS TO MANAGE THE HOUSING 1000/CARE COORDINATION PROJECT DATABASE, PRODUCE DATA REPORTS AND PROVIDE TECHNICAL ASSISTANCE TO HOUSING 1000/CARE COORDINATION PROJECT PARTNER ORGANIZATIONS



Additional Data

Software ID:  
Software Version:  
EIN: 94-6050231  
Name: THE HEALTH TRUST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ANEWAMERICA COMMUNITY CORPORATION1918 UNIVERSITY AVENUE STE 3A BERKELEY,CA 94704	94-3342658	501(C)(3)	286,450				SEE PART IV
CHANGELAB SOLUTIONS 2201 BROADWAY 502 OAKLAND,CA 94612	26-3710746	501(C)(3)	68,761				SEE PART IV
ENTERPRISE FOUNDATION 101 EAST SANTA CLARA ST SAN JOSE,CA 95113	26-1670171	501(C)(3)	307,680				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST 5 SANTA CLARA COUNTY4000 MOORPARK AVE STE 200 SAN JOSE,CA 95117	26-2438206		25,000				SEE PART IV
FRESH APPROACH5060 COMMERCIAL CIRCLE C CONCORD,CA 94520		501(C)(3)	79,075				SEE PART IV
GARDEN TO TABLE SILICON VALLEY651 MACREDES AVE SAN JOSE,CA 95116	46-1812446	501(C)(3)	44,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHN SNOW INC116 NEW MONTGOMERY ST 605 SAN FRANCISCO, CA 94105	04-2578580		10,000				SEE PART IV
THE FOOD TRUST1617 JOHN F KENNEDY BLVD 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	245,212				SEE PART IV
SACRED HEART COMMUNITY SERVICES 1381 S FIRST ST SAN JOSE, CA 95110	23-7179787	501(C)(3)	18,757				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 GROUP2001 GATEWAY PLACE STE 101E SAN JOSE,CA 95110	92-2140464	501(C)(6)	62,150				SEE PART IV
WORKING PARTNERSHIPS USA2102 ALMADEN RD 112 SAN JOSE,CA 95125	77-0387535	501(C)(3)	19,488				SEE PART IV
ALUM ROCK UNIFIED SCHOOL DISTRICT2930 GAY AVE SAN JOSE,CA 95127			76,507				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ASSOCIATION FOUNDATION1201 K ST STE 1511 SACRAMENTO,CA 95814	68-0411536	501(C)(3)	146,000				SEE PART IV
CRISTO REY SAN JOSE JESUIT HIGH SCHOOL1390 FIVE WOUNDS LANE SAN JOSE,CA 95116	94-1676747		25,000				SEE PART IV
GREENBELT ALLIANCE312 SUTTER STREET SUITE 510 SAN FRANCISCO,CA 94108		501(C)(3)	28,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAN JOSE STATE UNIVERSITY TOWER FOUNDATION1 WASHINGTON SQUARE SAN JOSE,CA 95192	83-0403915	501(C)(3)	33,500				SEE PART IV
SOMOS MAYFAIR370-B S KING ROAD SAN JOSE,CA 95116	77-0499813	501(C)(3)	26,814				SEE PART IV
PUBLIC HEALTH INSTITUTE555 12TH ST 10TH FLOOR OAKLAND,CA 94607	94-1646278	501(C)(3)	447,171				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLACK AND VEATCH5875 ARNOLD ROAD STE 200 DUBLIN,CA 94568	45-5271941		11,250				SEE PART IV
RACING HEARTS4123 PARK BLVD PALO ALTO,CA 94306		501(C)(3)	15,000				SEE PART IV
COMMUNITY TECHNOLOGY ALLIANCE1671 THE ALAMEDA 300 SAN JOSE,CA 95126	77-0286926	501(C)(3)	77,700				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEAM1671 THE ALAMEDA 306 SAN JOSE,CA 95126	20-5242330	501(C)(3)	191,667				SEE PART IV
HOMEFIRST FORMERLY EHC LIFEBUILDERS507 VALLEY WAY MILPITAS,CA 95035	94-2684272	501(C)(3)	138,516				SEE PART IV
INNVISION SHELTER NETWORK181 CONSTITUTION DRIVE MENLO PARK,CA 94025	77-0160469	501(C)(3)	148,318				SEE PART IV



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PENINSULA HEALTHCARE CONNECTIONS33 ENCINA AVENUE 103 PALO ALTO,CA 94301	20-2886131	501(C)(3)	91,667				SEE PART IV
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200 WASHINGTON,DC 20036	13-3206571	501(C)(3)	7,675				SEE PART IV

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.

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations 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	Yes
<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	

**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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FREDERICK FERRER, CEO	(i)	328,681	0	1,548	27,300	9,649	367,178	0
	(ii)	0	0	0	0	0	0	0
2 TODD HANSEN, COO	(i)	238,261	0	6,037	25,965	9,855	280,118	0
	(ii)	0	0	0	0	0	0	0
3 IRA HOLTZMAN, CFO	(i)	210,299	40,000	5,515	26,690	1,057	283,561	0
	(ii)	0	0	0	0	0	0	0
4 JENNIFER LOVING, DH, EXECUTIVE DIRECTOR	(i)	146,145	0	305	8,351	18,211	173,012	0
	(ii)	0	0	0	0	0	0	0

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 I, LINE 4B	THE HEALTH TRUST MAINTAINS A 457(F) DEFERRED COMPENSATION PLAN FOR SENIOR EXECUTIVES. CONTRIBUTIONS TO THE PLAN IS DETERMINED BY THE BOARD OF TRUSTEES EACH YEAR AND SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. FOR THE YEAR ENDED JUNE 30, 2015, THE HEALTH TRUST DID NOT MAKE ANY CONTRIBUTIONS TO THE 457(F) PLAN. THERE WERE NO WITHDRAWALS FROM THE PLAN DURING THE FISCAL YEAR ENDED JUNE 30, 2015.
PART I, LINE 7	CFO RECEIVED APPROVED BONUS BASED ON REVENUES OF THE RELATED ENTITY - FINANCIAL ADMINISTRATIVE SUPPORT SERVICES AND A SERIES OF OTHER INCENTIVE BASED GOALS.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
THE HEALTH TRUST

Employer identification number  
94-6050231

<b>Part I Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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 ▶ \$

<b>Part III Grants or Assistance Benefiting Interested Persons.</b> 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) SEE PART V	SEE PART V	226,323	SEE PART V		No
(2) SEE PART V	SEE PART V	126,127	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON FINALCIAL ADMINISTRATIVE SUPPORT SERVICES (FASS) (B) RELATIONSHIP BETWEEN INTEREDTED PERSON AND ORGANIZATION 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 (C) AMOUNT OF TRANSACTION \$ 226,323 & \$126,127(D) DESCRIPTION OF TRANSACTION THE HEALTH TRUST HAS CONTRACTED WITH FASS FOR THE PROVISION OF ACCOUNTING SERVICES (\$226,323) 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 (\$126,127) (E) SHARING OF ORGANIZATION REVENUES? = NO

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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	562,004	\$1 7/LB FEEDING AMERICA
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>VARIOUS SUPPLIES</u> )	X	15	10,688	FMV
26 Other ▶ ( <u>                    </u> )				
27 Other ▶ ( <u>                    </u> )				
28 Other ▶ ( <u>                    </u> )				

29

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

29

0

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

**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
PART I, COLUMN (B)	LINE 19 - NUMBER OF CONTRIBUTIONS REPRESENT NUMBER OF DONOR



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 990-EZ 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](http://www.irs.gov/form990).

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2014

Open to Public Inspection

Name of the organization THE HEALTH TRUST	Employer identification number  94-6050231
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE CFO 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
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF CONFLICT OF INTEREST POLICY IS REVIEWED AND EXECUTED BY EACH DIRECTOR AND OFFICE R 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
FORM 990, PART VI, SECTION B, LINE 15	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 OUTSIDE CONSULTANT AND DOCUMENTS ITS COMPENSATION DECISIONS ON A CONTEMPORANEOUS BASIS THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE DECISIONS OF THE COMPENSATION COMMITTEE A FULL BLOWN EXEC COMP ANALYSIS WAS DONE IN JUNE 2013 FOR EACH OF THE EXECUTIVES ABBREVIATED PROCESS FOLLOWED IN SUBSEQUENT YEARS
FORM 990, PART VI, SECTION C, LINE 19	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

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.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

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) Disproporionate 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 SERVICES  3180 NEWBERRY DR SUITE 200 SAN JOSE, CA 95118 45-4919178	ACCOUNTING SERVICE	CA	THE HEALTH TRUST	C	2,293,566	602,685	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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

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 SERVICES	F	32,340	DIVIDEND PMT
(2) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	M	226,323	CONTRACT
(3) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	N	126,127	COST SHARING
(4) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	A	88,686	CONTRACT
(5) FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	O	40,000	BONUS AMOUNT

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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