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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*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

D Employer identification number
94-6050231

E Telephone number
(408) 513-8700

G Gross receipts $ 40,903,660

F Name and address of principal officer
MICHELE LEW
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

1 Briefly describe the organization's mission or most significant activities
TO BUILD HEALTH EQUITY IN SILICON VALLEY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	171
6	Total number of volunteers (estimate if necessary)	6	1,011
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,765,833	15,437,035
	9	Program service revenue (Part VIII, line 2g)	966,156	359,945
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,027,862	5,249,449
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	309,237	290,901
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,069,088	21,337,330
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,297,554	2,549,642
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,529,961	8,903,325
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,772	20,505
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶623,025		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,542,269	9,296,087
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,390,556	20,769,559
	19	Revenue less expenses Subtract line 18 from line 12	7,678,532	567,771
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	115,725,010	116,504,049
	21	Total liabilities (Part X, line 26)	2,621,395	3,382,898
	22	Net assets or fund balances Subtract line 21 from line 20	113,103,615	113,121,151

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

****** | 2019-05-14
Signature of officer | Date

MICHELE LEW CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAWRENCE S KUECHLER	LAWRENCE S KUECHLER	2019-05-14		P00233621

Firm's name ▶ ARMANINO LLP | Firm's EIN ▶ 94-6214841
Firm's address ▶ 50 W SAN FERNANDO ST 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

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 BUILD HEALTH EQUITY IN SILICON VALLEY

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 $ 14,583,122 including grants of $ 1,591,674) (Revenue $ 172,778)

See Additional Data

4b (Code) (Expenses $ 1,927,122 including grants of $ 397,219) (Revenue $ 161,908)

See Additional Data

4c (Code) (Expenses $ 817,691 including grants of $ 560,749) (Revenue $ 25,259)

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 17,327,935

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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		No
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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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		
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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	337			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	171			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.**If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .			3b		
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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?**Note.** 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?*If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 10			
	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	**1b** 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ 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 3315 ALMADEN EXPWY SUITE 10 SAN JOSE, CA 95118 (408) 513-8700

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

Check ıf Schedule O contaıns a response or note to any lıne ın thıs Part VII . . . . ☐

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

1a Complete thıs table for all persons requıred to be lısted Report compensatıon for the calendar year endıng wıth or wıthın the organızatıon's tax year

● Lıst all of the organızatıon's **current** offıcers, dırectors, trustees (whether ındıvıduals or organızatıons), regardless of amount of compensatıon Enter -0- ın columns (D), (E), and (F) ıf no compensatıon was paıd

● Lıst all of the organızatıon's **current** key employees, ıf any See ınstructıons for defınıtıon of "key employee "

● Lıst the organızatıon's five **current** hıghest compensated employees (other than an offıcer, dırector, trustee or key employee) who receıved reportable compensatıon (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organızatıon and any related organızatıons

● Lıst all of the organızatıon's **former** offıcers, key employees, or hıghest compensated employees who receıved more than $100,000 of reportable compensatıon from the organızatıon and any related organızatıons

● Lıst all of the organızatıon's **former directors or trustees** that receıved, ın the capacıty as a former dırector or trustee of the organızatıon, more than $10,000 of reportable compensatıon from the organızatıon and any related organızatıons

Lıst persons ın the followıng order ındıvıdual trustees or dırectors, ınstıtutıonal trustees, offıcers, key employees, hıghest compensated employees, and former such persons

☐ Check thıs box ıf neıther the organızatıon nor any related organızatıon compensated any current offıcer, dırector, 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) CHARLES BULLOCK PHD BOARD CHAIR/(INTERIM CEO TO 1/18)	40 00	X		X				272,223	0	796
(2) ROBERTA L ROBINS JD BOARD VICE CHAIR	2 00	X		X				0	0	0
(3) CINDY RUBY BOARD SECRETARY - LEFT DURING YEAR	2 00	X		X				0	0	0
(4) DARREN A CDE BACA BOARD MEMBER - LEFT DURING YEAR	2 00	X						0	0	0
(5) MICHAEL CELIO BOARD MEMBER	2 00	X						0	0	0
(6) JIM HEERWAGEN BOARD MEMBER	2 00	X						0	0	0
(7) MARIANNE JACKSON BOARD MEMBER - LEFT DURING YEAR	2 00	X						0	0	0
(8) EMILY LAM SECRETARY	2 00	X						0	0	0
(9) DAVID NEIGHBORS BOARD MEMBER	2 00	X						0	0	0
(10) SONYA ARRIOLA BOARD MEMBER - LEFT DURING YEAR	2 00	X						0	0	0
(11) JOANN ZIMMERMAN BOARD MEMBER	2 00	X						0	0	0
(12) CAMILLE LLANES-FONTANILLA BOARD MEMBER	2 00	X						0	0	0
(13) ALEXANDRIA FELTON BOARD MEMBER	2 00	X						0	0	0
(14) MICHELE LEW CEO - FROM 1/18	40 00	X		X				0	0	0
(15) IRA HOLTZMAN CFO - TO 9/17	24 00 16 00			X				235,099	0	7,761
(16) TODD HANSEN COO	38 00 2 00			X				248,698	0	37,425
(17) RACHEL POPLACK DIRECTOR OF STRATEGY	32 00					X		101,350	0	6,637

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) PAUL HEPFER V P OF PROGRAMS	40 00					X		167,370	0	9,833
(19) JENNIFER LOVING DH, EXECUTIVE DIRECTOR	40 00					X		211,808	0	14,777
(20) IRENE SEGURA HR DIRECTOR	31 60 8 40					X		102,920	0	25,499
(21) FREDERICK FERRAR CEO - FORMER	0 00						X	331,447	0	0

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,670,915	0	102,728

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 ▶ 8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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 3315 ALMADEN EXPY STE10 SAN JOSE, CA 95118	ACCOUNTING SERVICES	496,527
CHILDREN'S DENTAL CENTER 4444 TWEEDY BOULEVARD SOUTH GATE, CA 90280	DENTAL SERVICES	113,475

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 ▶ 2

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b	132,135				
c Fundraising events	1c	51,432				
d Related organizations	1d					
e Government grants (contributions)	1e	12,538,419				
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,715,049				
g Noncash contributions included in lines 1a-1f $ 838,447						
h **Total.** Add lines 1a-1f ▶			15,437,035			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a HEALTH TRUST PROGRAMS	624100	359,945	359,945		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		359,945			

Other Revenue	(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			4,423,487			4,423,487
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	377,809					
b Less rental expenses	147,401					
c Rental income or (loss)	230,408					
d Net rental income or (loss) ▶			230,408			230,408
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	20,208,524	25,008				
b Less cost or other basis and sales expenses	19,040,717	366,853				
c Gain or (loss)	1,167,807	-341,845				
d Net gain or (loss) ▶			825,962			825,962
8a Gross income from fundraising events (not including $ 51,432 of contributions reported on line 1c) See Part IV, line 18	a	11,750				
b Less direct expenses	b	11,359				
c Net income or (loss) from fundraising events ▶			391			391
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
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 SHARED SERVICES		900099	60,102			60,102
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			60,102			
12 **Total revenue.** See Instructions ▶			21,337,330	359,945	0	5,540,350

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,711,195	1,711,195		
2 Grants and other assistance to domestic individuals See Part IV, line 22	838,447	838,447		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	848,886	249,401	568,600	30,885
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	5,773,060	5,152,684	292,547	327,829
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	197,668	187,955	720	8,993
9 Other employee benefits	1,563,749	1,352,541	155,145	56,063
10 Payroll taxes	519,962	437,911	53,110	28,941
11 Fees for services (non-employees)				
a Management				
b Legal	39,228		39,228	
c Accounting	553,041		553,041	
d Lobbying				
e Professional fundraising services See Part IV, line 17	20,505			20,505
f Investment management fees	451,063		451,063	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	209,406	87,975	120,801	630
12 Advertising and promotion	45,823	27,696	14,213	3,914
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	559,427	475,618	59,629	24,180
17 Travel	180,285	175,059	3,490	1,736
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	12,789	8,409	3,698	682
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	190,263	87,257	89,655	13,351
23 Insurance . . .	114,092	20,019	93,272	801
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	6,177,071	5,985,497	178,279	13,295
b SUPPLIES	582,731	443,112	64,533	75,086
c OTHER MISC EXPENSES	133,835	61,285	60,723	11,827
d DUES AND SUBSCRIPTIONS	47,033	25,874	16,852	4,307
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	20,769,559	17,327,935	2,818,599	623,025
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 ▶ ☐ 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 IX . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing				1	
	2	Savings and temporary cash investments			3,230,356	2	1,866,663
	3	Pledges and grants receivable, net			144,209	3	101,732
	4	Accounts receivable, net			4,960,782	4	5,011,511
	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	
	9	Prepaid expenses and deferred charges			162,947	9	184,091
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,584,709			
	b	Less accumulated depreciation	10b	2,627,173	12,497,165	10c	11,957,536
	11	Investments—publicly traded securities			66,521,386	11	68,501,354
	12	Investments—other securities See Part IV, line 11			28,087,361	12	28,779,275
	13	Investments—program-related See Part IV, line 11			43,215	13	43,215
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			77,589	15	58,672
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			115,725,010	16	116,504,049
Liabilities	17	Accounts payable and accrued expenses			2,267,135	17	1,429,592
	18	Grants payable			353,000	18	1,283,498
	19	Deferred revenue			1,260	19	1,460
	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			0	25	668,348
	26	**Total liabilities.** Add lines 17 through 25			2,621,395	26	3,382,898
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			108,536,126	27	111,217,864
	28	Temporarily restricted net assets			4,396,008	28	1,731,806
	29	Permanently restricted net assets			171,481	29	171,481
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			113,103,615	33	113,121,151
	34	Total liabilities and net assets/fund balances			115,725,010	34	116,504,049

Part XI Reconcilliation 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	21,337,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,769,559
3	Revenue less expenses Subtract line 2 from line 1	3	567,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,103,615
5	Net unrealized gains (losses) on investments	5	1,604,811
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	-2,155,046
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	113,121,151

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID:

Software Version:

EIN: 94-6050231

Name: THE HEALTH TRUST

Form 990 (2017)

Form 990, Part III, Line 4a:

HEALTHY LIVING THE HEALTHY LIVING INITIATIVE FOCUSES ON REDUCING AND ELIMINATING HEALTH DISPARITIES A TEAM OF OVER 60 FULL TIME EMPLOYEES HELP TO DELIVER A NUMBER OF DIRECT SERVICES ALIGNED UNDER THIS INITIATIVE THIS DIVERSE GROUP OF EMPLOYEE'S MIRRORS THE DIVERSITY OF THE COMMUNITY IN ETHNICITY, GENDER, SEXUAL ORIENTATION, AND EDUCATIONAL LEVEL SEE SCHEDULE O CONINUATION HEALTH LIVING CONTINUED THE SERVICES PROVIDED UNDER THIS INITIATIVE ARE ALSO VERY DIVERSE RANGING FROM MEDICAL CASE-MANAGEMENT FOR PEOPLE WITH COMPLEX HEALTH ISSUES SUCH AS HIV/AIDS AND DIABETES TO PROVIDING ORAL HEALTH EDUCATION INSTRUCTION TO FAMILIES WITH YOUNG CHILDREN EVEN WITH THAT WIDE RANGE OF SERVICES AND TARGET POPULATIONS, COMMON PRACTICES SUCH AS MOTIVATIONAL INTERVIEWING AND RELIANCE ON EVIDENCE BASED APPROACHES ARE APPROACHES THAT UNITE THE STAFF ACROSS THIS INITIATIVE SOME OF THE STRATEGIES WITHIN THIS INITIATIVE INCLUDE * PREVENTING AND HELPING PEOPLE SELF-MANAGE CHRONIC DISEASE THROUGH THE DELIVERY OF EVIDENCE BASED CLASSES AND WORKSHOPS, * ESTABLISHING KEY PARTNERSHIPS WITH THE MEXICAN CONSULATE AND CITY OF SAN JOSE TO PROMOTE OUR ARRAY OF CHRONIC DISEASE SERVICES* PILOTING STATE FUNDED PROGRAMS, LIKE FOOD IS MEDICINE AND THE FOOD ACCESS PILOT PROJECT, TO PROVE THAT MEDICALLY TAILORED MEALS CAN HELP TREAT AND PREVENT CHRONIC CONDITIONS * PROVIDING LOW INCOME PEOPLE LIVING WITH HIV/AIDS WITH CASE MANAGEMENT, HOUSING AND NUTRITION SERVICES, * PROMOTING HEALTHY FAMILY SCHOOL READINESS PROGRAMS, AS WELL AS PARENTING AND FAMILY EDUCATION, AT FAMILY RESOURCE CENTERS,* PROVIDING RAPID REHOUSING FOR HOMELESS INDIVIDUALS,* PROVIDING ORAL HEALTH EDUCATION AND TREATMENT SERVICES FOR CHILDREN, AND* LEADING THE CAMPAIGN TO BRING WATER FLUORIDATION TO SAN JOSE THE DIRECT SERVICES OF THIS INITIATIVE ARE GROUPED IN FOUR DISTINCT PROGRAMS HIV/AIDS, HOUSING, MEALS ON WHEELS, AND WELLNESS ACCESS AND EDUCATION HIV/AIDS SERVICES - AS THE LARGEST NON-MEDICAL HIV PROGRAM IN SANTA CLARA COUNTY, INDIVIDUALS AND THEIR FAMILIES WITH HIV/AIDS ARE PROVIDED CASE MANAGEMENT, HOUSING ASSISTANCE, FOOD, TRANSPORTATION, AND HOME-CARE AS NEEDED OVER 80% OF THE 700+ CLIENTS SERVED HAVE AN UNDETECTABLE VIRAL LOAD AND REPORT RETENTION INTO CARE AT RATES SIGNIFICANTLY HIGHER THAN NATIONAL AVERAGES THE PROGRAM IS PRIMARILY FUNDED WITH GRANTS FROM THE NATIONAL RYAN WHITE PROGRAM AND HAS BEEN A LEGACY PROGRAM OF THE HEALTH TRUST SINCE THE INCEPTION OF THE ORGANIZATION MANY OF THE CORE COMPETENCIES AND SYSTEMS DEVELOPED OVER THE 25 YEARS OF SERVICE TO PEOPLE LIVING WITH HIV/AIDS HAVE POSITIONED THE HEALTH TRUST TO EXPAND INTO OTHER AREAS WHERE THERE WAS SIGNIFICANT COMMUNITY NEED, SUCH AS DIABETES, HOUSING, AND BENEFITS NAVIGATION HOUSING - THE HOUSING PROGRAM HAS BECOME THE FASTEST GROWING OF THT PROGRAM SERVICES THIS GROWTH IS THE RESULT OF OVER 15 YEARS OF PROVIDING HOUSING CASE MANAGEMENT, HOUSING SEARCH, AND HOUSING PLACEMENT AS PART OF THE LOCAL PROGRAM FUNDED BY THE HOUSING OPPORTUNITIES FOR PEOPLE WITH HIV/AIDS (HOPWA) THE CAPACITY DEVELOPED DURING YEARS OF PROVING THIS SERVICE HELPED POSITION THE ORGANIZATION FOR SIGNIFICANT EXPANSION WITH THE INCREASED FOCUS ON THE IMPORTANCE OF ADDRESSING SOCIAL DRIVERS OF HEALTH, THE HEALTHY LIVING INITIATIVE SOUGHT OUT AREAS THAT WOULD BUILD ON CURRENT CAPACITY AND EXPERTISE WITHIN THE HEALTH TRUST WITH THE PASSING OF THE $950 MILLION SANTA CLARA COUNTY MEASURE A IN 2016 TO EXPAND HOUSING FOR THE HOMELESS AND CREATE MORE AFFORDABLE HOUSING, THE RESOURCES TO GROW SUPPORTIVE HOUSING SERVICES INCREASED SIGNIFICANTLY THIS PROGRAM AREA NOW REPRESENTS NEARLY HALF OF THE ENTIRE ORGANIZATION'S OPERATING BUDGET THE HEALTH TRUST BRINGS A UNIQUE POSITION TO THIS SECTOR AS A PUBLIC HEALTH FOUNDATION EXPANDING ITS ROLE IN SUPPORTIVE HOUSING THROUGH LEADERSHIP, GRANT MAKING (AS IN OUR SUPPORT OF THE MEASURE A BALLOT MEASURE) AND AS A DIRECT SERVICE PROVIDER MEALS ON WHEELS PROVIDED OVER 80,000 MEALS THIS PAST YEAR TO OLDER ADULTS AND ADULTS WITH DISABILITIES THIS SERVICE FOCUSES ON PEOPLE WHO LACK THE ABILITY TO SHOP OR COOK FOR THEMSELVES, SUPPORTING THEIR NUTRITION, HEALTH AND INDEPENDENCE THE PROGRAM OPERATES A NUMBER OF SUPPORT "WRAP-AROUND" SERVICES FOR COMMUNITY MEMBERS WHO ARE OFTEN ISOLATED AT HOME AND IN NEED OF A NUMBER OF SUPPORT SERVICES TO AGE IN-PLACE, AT HOME SUCH AS THE FRIENDS OF MEALS ON WHEELS PROGRAM THAT PROVIDES IN-HOME VISITATION FOR CLIENTS RECEIVING WEEKLY MEALS FROM THE COUNTY'S MEALS ON WHEELS PROGRAM THE FOOD ACCESS STUDY COMMISSIONED BY THE HEALTH TRUST IN 2015 PUT A SPOTLIGHT ON THE UNMET NEED OF OLDER ADULTS LIVING IN ISOLATION AT HOME AND EXPERIENCING NUTRITION RISK ONE ESTIMATE SHOWED MORE THAN 10,000 SENIORS IN SANTA CLARA COUNTY MATCHING THIS PROFILE THE DATA GENERATED IN THIS REPORT WAS USED TO EDUCATE ELECTED OFFICIALS IN MOST OF THE CITIES WITHIN SANTA CLARA COUNTY IN AN ATTEMPT TO INCREASE FUNDING AND SUPPORT FOR THESE CRITICAL SERVICES FOOD IS MEDICINE - THE HEALTH TRUST, AS A MEMBER OF THE CALIFORNIA FOOD IS MEDICINE COALITION (CAL FIMC), IS PARTICIPATING IN THE MEDI-CAL MEDICALLY TAILORED MEALS PILOT PROGRAM LAUNCHED IN 2018, THE THREE-YEAR, $6 MILLION STATE FUNDED PILOT PROGRAM AIMS TO REDUCE HOSPITAL READMISSION RATES AND EMERGENCY ROOM UTILIZATION FOR MEDI-CAL CLIENTS WITH CONGESTIVE HEART FAILURE ELIGIBLE CLIENTS WILL BE ENROLLED IN THE PROGRAM FOR TWELVE WEEKS, DURING WHICH THEY WILL RECEIVE 3 HEART HEALTHY MEDICALLY TAILORED MEALS PER DAY AND 4 MEDICAL NUTRITION THERAPY SESSIONS FROM A REGISTERED DIETITIAN IF SUCCESSFUL, THE PROGRAM WILL SET THE FRAMEWORK FOR REVOLUTIONIZING HOW WE TREAT CHRONIC CONDITIONS, RESULTING IN HEALTHIER PATIENTS AND SUBSTANTIAL SAVINGS IN TAX PAYER DOLLARS WELLNESS ACCESS AND EDUCATION - THIS PROGRAM INCLUDES A BROAD RANGE OF SERVICES ATTEMPTING TO ADDRESS THE HEALTH OF CHILDREN AND OLDER ADULTS THROUGH UPSTREAM PREVENTION AND THE SOCIAL DETERMINANTS OF HEALTH OVER 5,000 FAMILIES RECEIVE SERVICES EITHER THROUGH IN-HOME ORAL HEALTH EDUCATION WORKSHOPS, ASSISTANCE WITH HEALTH INSURANCE ENROLMENT, PARTICIPATION IN A NUMBER OF EVIDENCE BASED HEALTH EDUCATION WORKSHOPS, MEDICAL NUTRITION THERAPY, AND THROUGH PARTICIPATION AT ONE OF EIGHT FAMILY RESOURCE CENTERS NO OF PEOPLE SERVED = 10,000

Form 990, Part III, Line 4b:

HEALTHY AGINGTHE HEALTHY AGING INITIATIVE FOCUSES ON SUPPORTING THE HEALTH OF OUR AGING POPULATION SO THEY CAN SPEND MORE YEARS IN GOOD HEALTH AND BE ENGAGED AS VITAL MEMBERS OF THEIR COMMUNITIES SEE SCHEUDLE O CONTINUATIONHEALTHY AGING CONTINUED HEALTHY AGING RELIES ON THE FOLLOWING STRATEGIES * COORDINATION OF AGENTS FOR CHANGE, A CADRE OF VOLUNTEERS COMMITTED TO ADVOCATING FOR SOCIAL JUSTICE FOR OLDER ADULTS,* PROVIDING INFORMATION AND ASSISTANCE TO OLDER ADULTS AND THEIR FAMILIES THROUGH TRAINED PEER VOLUNTEERS,* SYSTEM INTEGRATION AND REFORM THROUGH PROVIDING LEADERSHIP AND COORDINATING EFFORTS TO DEVELOP AND ENHANCE LONG TERM SUPPORTS AND SERVICES FOR OLDER ADULTS,* DELIVERING HEALTHY MEALS AND DAILY WELLNESS CHECKS TO HOME BOUND OLDER AND DISABLED ADULTS,* ENGAGING AND PROMOTING EXERCISE AND PHYSICAL ACTIVITY TO SENIORS THROUGH THE SENIOR SAFARI WALKABOUT PROGRAM, AND* ADDRESSING SENIOR SOCIAL ISOLATION BY PROVIDING OPPORTUNITIES FOR SOCIAL CONNECTION THROUGH REGULAR FRIENDLY HOME VISITS, PHONE CALLS, FREE MONTHLY PET FOOD, AND AN IN-HOME EXERCISE PROGRAM TO SANTA CLARA COUNTY MEALS ON WHEELS RECIPIENTS THROUGH FRIENDS FROM MEALS ON WHEELS NO OF PEOPLE SERVED = 3,000

Form 990, Part III, Line 4c:

HEALTHY EATINGTHE HEALTHY EATING INITIATIVE FOCUSES ON INCREASING ACCESS TO HEALTHY FOODS, WITH AN EMPHASIS ON ENSURING THAT OUR MOST AT RISK POPULATIONS (INDIVIDUALS WHO ARE HOMELESS, LOW-INCOME SENIORS, AND THOSE LIVING IN AFFORDABLE AND SUPPORTIVE HOUSING) ARE FOOD SECURE THE INITIATIVE USES GRANT MAKING, ADVOCACY AND COLLABORATION TO SUPPORT LOCAL EFFORTS TO 1) PILOT AND INCREASE CAPACITY OF INNOVATIVE NEW PROGRAMS, 2) ADVOCATE FOR INCREASED GOVERNMENT INVESTMENT IN FOOD SECURITY, AND 3) BUILD CAPACITY OF THE NON-PROFIT SECTOR TO RESPOND TO FOOD SECURITY NEEDS SEE SCHEUDLE O CONTINUATIONHEALTHY EATING CONTINUED PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE * NEW FOOD ACCESS PROGRAMMING OPENED AT AFFORDABLE HOUSING SITES * NEIGHBORHOOD CORNER STORES COMPLETED PROCESS TO ACCEPT CALFRESH AND WIC * EXPANDED MEALS ON WHEELS SERVICE TO LOW-INCOME SENIORS IN NEIGHBORHOODS WITHOUT OTHER FOOD SAFETY NET PROGRAMS NO OF PEOPLE SERVED = 21,000

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*.

OMB No 1545-0047
2017
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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2017**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,103,353	9,279,976	10,505,232	15,765,833	15,437,035	59,091,429
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	833,589	1,155,806	957,095	966,156	339,945	4,252,591
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	8,936,942	10,435,782	11,462,327	16,731,989	15,776,980	63,344,020
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)						63,344,020

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	8,936,942	10,435,782	11,462,327	16,731,989	15,776,980	63,344,020
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,615,435	1,830,036	1,635,847	1,913,301	4,801,295	11,795,914
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,615,435	1,830,036	1,635,847	1,913,301	4,801,295	11,795,914
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)				38,688	71,852	110,540
13 **Total support.** (Add lines 9, 10c, 11, and 12)	10,552,377	12,265,818	13,098,174	18,683,978	20,650,127	75,250,474

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 2017 (line 8, column (f) divided by line 13, column (f))	15	84 180 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	86 920 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	15 680 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	13 020 %

19a **331/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 12a or 12b 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	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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 **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV **Supporting Organizations** (continued)

			Yes	No
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**		

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* ***Part VI*** *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*	**1**		
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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
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* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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* ***Part VI identify those supported organizations and explain*** *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*	**2a**		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
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.***	**3a**		
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*	**3b**		

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 (explain in Part VI) **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	**Adjusted Net Income** (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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** 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	**Minimum Asset Amount** (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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
THE HEALTH TRUST	94-6050231

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ 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-
1					
2					
3					
4					
5					
6					

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)	518	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,775	
c	Total lobbying expenditures (add lines 1a and 1b)	5,293	
d	Other exempt purpose expenditures	17,322,642	
e	Total exempt purpose expenditures (add lines 1c and 1d)	17,327,935	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	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

		(a)	(b)
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?	☐ Yes ☐ 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)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a	Lobbying nontaxable amount	1,000,000	950,570	998,951	1,000,000	3,949,521
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,924,282
c	Total lobbying expenditures		110,000	10,809	5,293	126,102
d	Grassroots nontaxable amount	250,000	237,643	249,738	250,000	987,381
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,481,072
f	Grassroots lobbying expenditures		110,000	10,799	518	121,317

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

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134045049

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047
2017
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" on 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	238,863	205,002	213,284	209,332	358,120
b Contributions	0	501	500	500	500
c Net investment earnings, gains, and losses	16,643	33,360	-6,988	5,372	55,140
d Grants or scholarships					
e Other expenditures for facilities and programs					200,100
f Administrative expenses			1,794	1,920	4,328
g End of year balance	255,506	238,863	205,002	213,284	209,332

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 ▶ 67 110 %

c Temporarily restricted endowment ▶ 32 890 %

The percentages on 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on 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		2,295,139	839,924	1,455,215
c Leasehold improvements		782,955	699,816	83,139
d Equipment		1,656,615	1,087,433	569,182
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				11,957,536

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REIT EQUITIES - MCMORGAN	1,696,192	F
(B) VENTURE CAPITAL FUNDS AND LIMITED PARTNERSHIPS	2,407,845	F
(C) SEI ENERGY DEBT	3,917,256	F
(D) SEI HEDGE FD	19,277,485	F
(E) SEI GPA IV	480,497	F
(F) ABODE NOTE	1,000,000	F
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	28,779,275	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYABLE TO SVCF FOR DH TRANSFER OF ASSETS	668,348
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	668,348

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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 XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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*.

OMB No 1545-0047

2017

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT (BOOK VALUE) LIST 74 _ 3VIVIAN ZHANG@AMLLP COM - 03/10/18 09 13 AM WORKSHEET SCHEDULE F -		21,363,270
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			21,363,270
b	Total from continuation sheets to Part I					0
c	**Totals** (add lines 3a and 3b)	0	0			21,363,270

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☑ No

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).

ReturnReference	Explanation

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" on 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.

OMB No 1545-0047

2017

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" on 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? Yes	No	(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
1 LAUTMAN MASKA NEILL & CO 1730 RHODE ISLAND AVE NW SUITE 301 WASHINGTON, DC 20036	FALL 2017 & SPRING 2018 SOLICITATION MAILING & WELCOME PKGE		No	161,928	20,505	141,423
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				161,928	20,505	141,423

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" on 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 WORLD AIDS DAY GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	63,182			63,182
	2 Less Contributions	51,432			51,432
	3 Gross income (line 1 minus line 2)	11,750			11,750
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	9,045			9,045
	8 Entertainment	800			800
	9 Other direct expenses	1,514			1,514
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				11,359
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				391

Part III **Gaming.** Complete if the organization answered "Yes" on 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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	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 activity 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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134045049

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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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" on 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 noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 20

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONATED FOOD	6000		838,447	FMV FROM IN-KIND DONATIONS	FOOD BASKET, FAMILY RESOURCE CENTER, MOBILE FOOD
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 $1,711,195 IN GRANTS IN FISCAL YEAR 2018 THE HEALTH TRUST AWARDED 13 HEALTH PARTNERSHIP GRANTS TOTALING $1,303,700, 38 GOOD SAMARITAN GRANTS TOTALING $59,995, AND 4 GRANTS TOTALING $247,500 TO SUPPORT THE WORK OF DESTINATION HOME, A PROGRAM OF THE HEALTH TRUST IN ADDITION, THE HEALTH TRUST AWARDED 9 GRANTS TOTALING $100,000 IN SUPPORT OF THE GETTING TO ZERO INITIATIVE MADE POSSIBLE THROUGH FUNDS FROM THE COUNTY OF SANTA CLARA THERE WERE OTHER REDUCTIONS TOTALING $93,664 76 DUE TO RETURNED UNSPENT GRANT FUNDS HEALTH PARTNERSHIP GRANTS ARE MADE FOR MEDICALLY-RELATED PURPOSES THROUGH OUR HOSPITAL SPONSOR, SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM GOOD SAMARITAN GRANTS SUPPORT COMMUNITY EVENTS AND PROJECTS SUCH AS HEALTH FAIRS, SPONSORED WALKS, OR COMMUNITY CONVENINGS THAT ADVANCE HEALTH EQUITY THE HEALTH TRUST MAKES GRANTS TO NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES FOR PROJECTS THAT DIRECTLY BENEFIT RESIDENTS OF SANTA CLARA AND NORTHERN SAN BENITO COUNTIES AND THAT SUPPORT OUR MISSION TO ADVANCE HEALTH EQUITY HEALTH PARTNERSHIP GRANTS CITY OF SAN JOSE - DEPARTMENT OF PARKS, RECREATION AND NEIGHBORHOOD SERVICES - $10,000 OVER NINE MONTHS TO SUPPORT THE FOURTH ANNUAL VIVACALLE SAN JOSE COMMUNITY SEVA - $13,250 OVER 10 MONTHS TO SUPPORT START-UP COSTS FOR ITS FIRST COMMERCIAL KITCHEN IN SAN JOSE AND TO SUPPORT ITS INAUGURAL GALA FUNDRAISER HAPPY HOLLOW FOUNDATION - $10,000 OVER 8 MONTHS TO SUPPORT THE 2018 SENIOR SAFARI WALKABOUT SERIES JSI RESEARCH & TRAINING INSTITUTE, INC - $37,752 OVER FOUR MONTHS TO CONDUCT AN ASSESSMENT TO PROVIDE A COMMUNITY-LEVEL UNDERSTANDING OF RYAN WHITE CLIENTS' UNMET CASE MANAGEMENT NEEDS LOAVES & FISHES FAMILY KITCHEN - $35,000 OVER 12 MONTHS TO PILOT A CONGREGATE MEAL SITE, TARGETING LOW-INCOME OLDER ADULTS WHO ARE FOOD INSECURE, AND TO ASSESS WHETHER THEY CAN BECOME A SENIOR NUTRITION PROGRAM (SNP) DELIVERY PROVIDER TO OTHER SNP SITES THROUGH A COST-EFFECTIVE, SUSTAINABLE MEAL MODEL, THAT MEETS THE COUNTY OF SANTA CLARA'S NUTRITIONAL STANDARDS OFFICE OF THE MAYOR THROUGH THE SAN JOSE PARKS FOUNDATION - $100,000 OVER 12 MONTHS TO INCREASE THE NUMBER OF OLDER ADULTS ENGAGED AND RETAINED IN VOLUNTEERISM THROUGHOUT THE CITY OF SAN JOSE THROUGH AN INTERGENERATIONAL MODEL PUBLIC HEALTH INSTITUTE - $555,998 OVER 12 MONTHS TO SUPPORT THE PUBLIC HEALTH PROFESSIONAL DEVELOPMENT PROGRAM SECOND HARVEST FOOD BANK - $202,000 OVER 24 MONTHS TO DECREASE FOOD INSECURITY AT AFFORDABLE, SUPPORTIVE HOUSING COMPLEXES, AND MOBILE HOME PARKS SILICON VALLEY COUNCIL OF NONPROFITS - $69,200 OVER 12 MONTHS TO ENSURE THAT COUNTY-WIDE PUBLIC POLICIES SUPPORT OLDER ADULT NEEDS IN THE AREAS OF FOOD SECURITY, ACCESS TO CARE, AND HOUSING SILICON VALLEY LEADERSHIP GROUP FOUNDATION - $90,000 OVER 24 MONTHS TO PROMOTE AND SUPPORT PHYSICAL ACTIVITY DURING SCHOOL HOURS, AND IN AFTER-SCHOOL AND SUMMER PROGRAM SITES, TARGETING UNDERSERVED COMMUNITIES IN SANTA CLARA COUNTY SPUR - $30,000 OVER 12 MONTHS TO SUPPORT PHASE II OF THE DOUBLE UP FOOD BUCKS (DUFB) PROGRAM IN SANTA CLARA COUNTY WORKING PARTNERSHIPS USA - $75,500 OVER 12 MONTHS TO CREATE AFFORDABLE HOUSING OPPORTUNITIES WITH SUPPORTIVE SERVICES TARGETING PEOPLE WHO REQUIRE LONG TERM SERVICES & SUPPORT (LTSS), AND TO ADDRESS SYSTEM FLAWS AND POLICY GAPS THAT IMPEDE THE PROVISION OF ADDITIONAL HOUSING OPTIONS AND RELATED SERVICES YOUTH ALLIANCE - $75,000 OVER 12 MONTHS TO SUPPORT THE EXPANSION OF COMMUNITY-WIDE BEHAVIORAL HEALTH SERVICES FOR A CRITICALLY UNDERSERVED YOUTH POPULATION IN N SAN BENITO COUNTY GOOD SAMARITAN GRANTS AFRICAN AMERICAN COMMUNITY SERVICES AGENCY - $1,500 37TH ANNUAL JUNETEENTH IN THE PARK FESTIVAL - CELEBRATING SANKOFA ON JUNE 16, 2018 AGING SERVICES COLLABORATIVE OF SANTA CLARA COUNTY THROUGH SILICON VALLEY COUNCIL OF NONPROFITS - $2,500 8TH ANNUAL CAREGIVERS COUNT CONFERENCE ON MAY 19, 2018 ALUM ROCK COUNSELING CENTER, INC - $1,000 ALUM ROCK COUNSELING CENTER'S ANNUAL FUNDRAISING LUNCHEON "UNMASKING THE POTENTIAL IN TODAY'S YOUTH" ON MARCH 27, 2018 ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY - $1,500 AACI ANNUAL FUNDRAISER BETTER TOGETHER 2017 ON OCTOBER 7, 2017 ASSEMBLY DISTRICT 27 THROUGH VEGGIELUTION - $2,000 2018 SAN JOSE VEGGIE FEST ON JULY 28, 2018 BAY AREA WOMEN'S SPORTS INITIATIVE - $1,000 EVENING AT THE OLYMPICS - FUNDRAISER FOR BAWSI GIRLS AND BAWSI ROLLERS ON MAY 4, 2018 CHAVEZ FAMILY FOUNDATION - $1,000 CHAVEZ FAMILY VISION SCHOLARSHIP BREAKFAST ON APRIL 2, 2018 CITY OF MORGAN HILL - $1,000 SUMMER FUN IN THE PARK SERIES 2018 FROM JUNE 2018 THROUGH AUGUST 2018 CITY OF SAN JOSE, DISTRICT 9 - $1,000 CELEBRATE CAMBRIAN FESTIVAL ON AUGUST 26, 2018 COMMUNITY HEALTH PARTNERSHIP - $2,500 COMMUNITY HEALTH PARTNERSHIP 25TH ANNIVERSARY CELEBRATION ON SEPTEMBER 20, 2018 CONGREGATION SHIR HADASH - $1,500 HEALTHY LIVING FAIR 2018 ON APRIL 22, 2018 COUNTY OF SANTA CLARA, DISTRICT 3 - $2,500 DAY ON THE BAY MULTICULTURAL FESTIVAL ON OCTOBER 8, 2017 CRISTO REY SAN JOSE HIGH SCHOOL - $1,500 REY OF HOPE SCHOLARSHIP EVENT ON MARCH 15, 2018 DOWNTOWN STREETS TEAM - $2,500 DOWNTOWN DROP DOWN ON SEPTEMBER 9, 2017 ETHIOPIAN COMMUNITY SERVICES, INC - $1,000 4TH ANNUAL ETHIOPIAN HEALTH CONFERENCE HEART HEALTH AND STROKE PREVENTION ON APRIL 21, 2018 FOOTHILL HEALTH CENTER, INC - $1,000 2017 SANTA CLARA COUNTY BINATIONAL HEALTH WEEK KICK-OFF EVENT ON OCTOBER 7, 2017 GAY PRIDE CELEBRATION COMMITTEE OF SAN JOSE - $1,000 WORLD AIDS DAY ON DECEMBER 1, 2017 GILROY COMPASSION CENTER - $1,500 SOUTH COUNTY PROJECT HOMELESS CONNECT ON JANUARY 22, 2018 HEALTHIER KIDS FOUNDATION SANTA CLARA COUNTY - $2,500 HEALTHIER KIDS FOUNDATION 16TH ANNUAL WINE EVENT ON SEPTEMBER 29, 2017 IVY ROSE COMMUNITY FOUNDATION - $750 PINK GOES RED FOR THE DAY TRANSFORMING HEALTH IN OUR COMMUNITY 2018 WORKSHOP ON FEBRUARY 3, 2018 KIDS IN COMMON THROUGH PLANNED PARENTHOOD - $2,000 11TH ANNUAL SANTA CLARA COUNTY CHILDREN'S SUMMIT ON MARCH 9, 2018 LATINA COALITION OF SILICON VALLEY - $750 LATINA COALITION'S SISTERHOOD BRUNCH ON JUNE 10, 2018 LOAVES & FISHES FAMILY KITCHEN - $2,500 3RD ANNUAL FEED THE NEED 5K/10K ON JUNE 3, 2018 LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD - $2,500 ADOLESCENT MENTAL WELLNESS CONFERENCE ON MAY 27, 2018 ON LOK, INC - $1,020 BAY AREA SENIOR HEALTH POLICY FORUM ON DECEMBER 6, 2017 PARENTS HELPING PARENTS - $1,000 PHP ANNUAL GALA ON APRIL 28, 2018 PEOPLE ACTING IN COMMUNITY TOGETHER - $2,500 PACT'S 2017 LEADERSHIP LUNCHEON ON NOVEMBER 9, 2017 PORTUGUESE ORGANIZATION FOR SOCIAL SERVICES AND OPPORTUNITIES - $1,000 42ND ANNIVERSARY EVENT ON APRIL 7, 2018 ROTACARE BAY AREA CLINIC - $550 ROTACARE/CHAMBER MIXER 2018 ON JULY 19, 2018 SAN JOSE PARKS FOUNDATION - $2,500 GENERATION TO GENERATION SAN JOSE CAMPAIGN LAUNCH AND COMMUNITY ENGAGEMENT EVENT ON NOVEMBER 8, 2017 SAN JOSE STATE UNIVERSITY, COLLEGE OF APPLIED SCIENCES AND ARTS - $1,500 HEALTH AND WELLNESS WEEK INAUGURAL EVENT FROM NOVEMBER 13-17, 2017 SJB CHILD DEVELOPMENT CENTERS - $925 SJB HOLIDAY GALA ON DECEMBER 2, 2017 SOMOS MAYFAIR - $2,500 10TH ANNUAL GRACIAS A LA VIDA ON APRIL 19, 2018 SOUTH COUNTY COLLABORATIVE - $1,000 2017 SOUTH COUNTY BINATIONAL HEALTH CONFERENCE ACCESS, EQUITY AND PHYSICAL ACTIVITY ON OCTOBER 19, 2017 SV @ HOME - $1,000 2018 AFFORDABLE HOUSING WEEK IN SANTA CLARA COUNTY ON MAY 11, 2018 UPLIFT FAMILY SERVICES - $1,500 SILICON VALLEY COMMUNITY AWARDS LUNCHEON TO BENEFIT FOSTER CARE REDESIGN PROJECT ON APRIL 27, 2018 VMC FOUNDATION - $2,000 THE HEROES RUN ON NOVEMBER 4, 2017 WORKING PARTNERSHIPS USA - $2,500 CHAMPIONS FOR CHANGE 2017 ON SEPTEMBER 27, 2017 GETTING TO ZERO THE HEALTH TRUST IS COLLABORATING WITH THE SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT AND OTHER PARTNERS ON THE GETTING TO ZERO (GTZ) HIV INITIATIVE THE INITIATIVE AIMS TO HAVE "ZERO NEW HIV INFECTIONS, ZERO DEATHS FROM HIV, AND ZERO STIGMA RELATED TO HIV " ASIAN AMERICAN COMMUNITY SERVICES - $4,073 OVER 2 MONTHS TO HOST TWO STIGMA REDUCTION WORKSHOPS BILL WILSON MARRIAGE & FAMILY COUNSELING CENTER - $4,073 OVER 2 MONTHS TO HOST TWO STIGMA REDUCTION WORKSHOPS CAMINAR - $4,073 OVER 2 MONTHS TO HOST TWO STIGMA REDUCTION WORKSHOPS CAMINAR - $19,550 OVER 8 MONTHS TO REDUCE STIGMA LGBTQ YOUTH AND YOUNG LEADERS PARTICIPATED IN A PEER EDUCATION SERIES ON HIV/AIDS TOPICS AND DEVELOPED EDUCATION AND OUTREACH MATERIALS FOCUSED ON STIGMA REDUCTION, HIV SCREENING AND TESTING, AND EDUCATION ABOUT CURRENT PREVENTION AND TREATMENT STRATEGIES COLECTIVO ALA THROUGH VALLEY MEDICAL CENTER FOUNDATION - $4,073 OVER 2 MONTHS TO HOST TWO STIGMA REDUCTION WORKSHOPS PLANNED PARENTHOOD MAR MONTE INC - $20,085 OVER 8 MONTHS TO PROMOTE PREP AND PEP IMPLEMENTATION AND UNIVERSAL, COMPREHENSIVE STD SCREENING AND TARGETED HIV TESTING

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 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
CITY OF SAN JOSE 200 EAST SANTA CLARA STREET 3RD FLOOR SAN JOSE, CA 95112	94-6000419	501(C)(3)	10,000				SEE PART IV
COMMUNITY SEVA INC 3113 PINOT GRIGIO PL SAN JOSE, CA 95135	46-3038992	501(C)(3)	13,250				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 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
HAPPY HOLLOW CORPORATION 1300 SENTER RD SAN JOSE, CA 95112	23-7219471	501(C)(3)	10,000				SEE PART IV
JSI RESEARCH & TRAINING INSTITUTE INC 260 CALIFORNIA STREET 5TH FLOOR SAN FRANCISCO, CA 94111	04-2679824	501(C)(3)	37,752				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 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
LOAVES & FISHES FAMILY KITCHEN 1534 BERGER DR SAN JOSE, CA 95112	77-0370874	501(C)(3)	35,000				SEE PART IV
SAN JOSE PARKS FOUNDATION 200 E SANTA CLARA STR SAN JOSE, CA 95037	27-1186070	501(C)(3)	100,000				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH ST FL10 OAKLAND, CA 94607	94-1646278	501(C)(3)	555,998				SEE PART IV
SECOND HARVEST FOOD BANK OF SANTA CLARA & SAN MATEO COUNTIES 750 CURTNER AVE SAN JOSE, CA 95125	94-2614101	501(C)(3)	202,000				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 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 COUNCIL OF NONPROFITS 1400 PARKMOOR AVE STE 130 SAN JOSE, CA 95126	77-0524747	501(C)(3)	69,200				SEE PART IV
SILICON VALLEY LEADERSHIP GROUP FOUNDATION 2001 GATEWAY PL STE 101E SAN JOSE, CA 95110	91-2140464	501(C)(6)	90,000				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 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
SPUR 654 MISSION ST SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	30,000				SEE PART IV
WORKING PARTNERSHIPS USA 2102 ALMADEN RD STE 112 SAN JOSE, CA 95125	77-0387535	501(C)(3)	75,500				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ALLIANCE 310 4TH ST 101 HOLLISTER, CA 95023	77-0377245	501(C)(3)	75,000				SEE PART IV
CAMINAR 2600 S EL CAMINO REAL SAN MATEO, CA 94403	94-1639389	501(C)(3)	23,623				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 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
PLANNED PARENTHOOD MAR MONTE INC 1746 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	20,085				SEE PART IV
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD STE 5 OAKLAND, CA 94603	26-2583954	501(C)(3)	20,000				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION 210 NORTH 4TH ST - 4TH FLOOR SAN JOSE, CA 95112	94-6017638	501(C)(3)	20,000				SEE PART IV
NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) SANTA CLARA COUNTY 1150 S BASCOM AVE SUITE 24 SAN JOSE, CA 95128	94-2430956	501(C)(3)	22,500				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 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
PEOPLE ASSISTING THE HOMELESS 31 N 2ND STREET SAN JOSE, CA 95113	95-3950196	501(C)(3)	42,500				SEE PART IV
RECOVERY CAFE 80 S 5TH STREET SAN JOSE, CA 95112	45-4496745	501(C)(3)	32,500				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART COMMUNITY SERVICES 1381 S FIRST ST SAN JOSE, CA 95110	23-7179787	501(C)(3)	150,000				SEE PART IV

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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" on 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*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**	Yes	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on 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 on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 CHARLES BULLOCK PHD BOARD CHAIR/(INTERIM CEO TO 1/18)	(i)	245,476	21,000	5,747	0	796	273,019	0
	(ii)	0	0	0	0	0	0	0
2 IRA HOLTZMAN CFO - TO 9/17	(i)	192,842	40,000	2,257	6,985	776	242,860	0
	(ii)	0	0	0	0	0	0	0
3 TODD HANSEN COO	(i)	245,166	0	3,532	26,014	11,411	286,123	0
	(ii)	0	0	0	0	0	0	0
4 PAUL HEPFER V P OF PROGRAMS	(i)	166,579	0	791	9,162	671	177,203	0
	(ii)	0	0	0	0	0	0	0
5 JENNIFER LOVING DH, EXECUTIVE DIRECTOR	(i)	211,244	0	564	6,368	8,409	226,585	0
	(ii)	0	0	0	0	0	0	0
6 FREDERICK FERRAR CEO - FORMER	(i)	0	0	331,447	0	0	331,447	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 1A	BOARD CHAIR RECEIVES SOCIAL CLUB MEMBERSHIP BENEFITS
PART I, LINES 4A-B	THE HEALTH TRUST MAINTAINS A 457(F) DEFERRED COMPENSATION PLAN FOR SENIOR EXECUTIVES CONTRIBUTIONS TO THE PLAN ARE DETERMINED BY THE BOARD OF TRUSTEES EACH YEAR AND SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE BOARD MEMBER FREDERICK FERRAR RECEIVED SEVERANCE OF $331,447 IN JANUARY 2017
PART I, LINE 5	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)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

Part I **Excess Benefit Transactions** (section 501(c)(3), 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? Yes	No

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) SEE PART V	SEE PART V	529,191	SEE PART V		No
(2) SEE PART V	SEE PART V	87,746	SEE PART V LIST 70 _ 3VIVIAN ZHANG@AMLLP COM - 02/03/16 10 07 AM WORKSHEET SCHEDULE L - TRANSACTIONS WITH INTERESTED PERSONS _ 465940 _ -239617		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 FINANCIAL ADMINISTRATIVE SUPPORT SERVICES (FASS)(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION THE HEALTH TRUST IS THE SOLE STOCKHOLDER 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 $ 529,191 & $87,746(D) DESCRIPTION OF TRANSACTION THE HEALTH TRUST HAS CONTRACTED WITH FASS FOR THE PROVISION OF ACCOUNTING SERVICES ($529,191) 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 ($87,746) (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*

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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	838,447	$1 5/LB FEEDING AMERICA
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — **29** 0

		Yes	No
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		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 nonstandard 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 II 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, LINE 30B	DONATION OF FOOD WAS FROM SECOND HARVEST FOOD BANK

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE HEALTH TRUST

Employer identification number
94-6050231

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE CAO AND BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS A CO PY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 ACKNOWLEDGEM ENTS ARE RETAINED IN THE PRINCIPAL OFFICE OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO AND COO IS REVIEWED BY THE BOARD IN CLOSED SESSION (NO STAFF P RESENT) THE HEALTH TRUST REGULARLY ENGAGES AN OUTSIDE COMPENSATION CONSULTANT TO ARRIVE A T REASONABLE COMPENSATION THE OUTSIDE CONSULTANT REVIEWS COMPARABILITY DATA FROM COMPENSA TION STUDIES AND OTHER SOURCES IN ARRIVING AT A RANGE OF REASONABLE COMPENSATION THE BOAR D REVIEWS THE REPORT AND DATA PROVIDED BY THE OUTSIDE CONSULTANT, TOGETHER WITH EVALUATING PERFORMANCE, AND THEN VOTES ON ANY COMPENSATION ADJUSTMENTS THE MOST RECENT EXECUTIVE CO MPENSATION ANALYSIS WAS COMPLETED IN SEPTEMBER 2018 THROUGH GALLAGHER BENEFITS SERVICES, I NC FOR THE CAO

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSET TRANSFER - DESTINATION HOME SV -2,276,711 OTHER INCOME/GRANT RECOVERIES 121,665

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*.

OMB No 1545-0047

2017

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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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES 3315 ALMADEN EXPRESSWAY SUITE 10 SAN JOSE, CA 95118 45-4919178	ACCOUNTING SERVICE	CA	THE HEALTH TRUST	C	3,215,137	618,826	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.

			Yes	No
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 orgranization 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	**1a**	Yes	
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**		No
d	Loans or loan guarantees to or for related organization(s)	**1d**		No
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Dividends from related organization(s)	**1f**		No
g	Sale of assets to related organization(s)	**1g**		No
h	Purchase of assets from related organization(s)	**1h**		No
i	Exchange of assets with related organization(s)	**1i**	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o	Sharing of paid employees with related organization(s)	**1o**	Yes	
p	Reimbursement paid to related organization(s) for expenses	**1p**		No
q	Reimbursement paid by related organization(s) for expenses	**1q**	Yes	
r	Other transfer of cash or property to related organization(s)	**1r**		No
s	Other transfer of cash or property from related organization(s)	**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	M	529,191	CONTRACT
(2)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	N	53,771	CONTRACT
(3)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	A	33,975	FMV
(4)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	O	40,000	BONUS AMOUNT
(5)FINANCIAL ADMINISTRATIVE SUPPORT SERVICES	I	18,212	COST

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)