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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning JUL 1, 2009 , and ending JUN 30, 2010

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
ALLIANCE HEALTHCARE FOUNDATION

A Employer identification number
33-0340635

Number and street (or P O box number if mail is not delivered to street address) Room/suite
5060 SHOREHAM DRIVE 350

B Telephone number
(858) 874-3788

City or town, state, and ZIP code
SAN DIEGO, CA 92122

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 59,010,139.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	5,000.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,406,131.	1,432,171.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-797,599.			
	b Gross sales price for all assets on line 6a 15,225,046.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	48,915.	48,915.		STATEMENT 2
	12 Total Add lines 1 through 11	662,447.	1,481,086.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	433,919.	123,940.		309,979.
	14 Other employee salaries and wages	187,992.	0.		187,992.
	15 Pension plans, employee benefits	95,970.	0.		95,970.
	16a Legal fees STMT 3	29,130.	0.		29,130.
	b Accounting fees STMT 4	92,863.	0.		92,863.
	c Other professional fees STMT 5	239,503.	16,274.		223,229.
	17 Interest	22.	0.		22.
	18 Taxes STMT 6	111,088.	0.		36,423.
	19 Depreciation and depletion	40,790.	0.		
	20 Occupancy	82,838.	0.		82,838.
	21 Travel, conferences, and meetings	54,222.	0.		54,222.
	22 Printing and publications				
	23 Other expenses STMT 7	170,563.	146,469.		102,478.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,538,900.	286,683.		1,215,146.
	25 Contributions, gifts, grants paid	1,306,656.			1,306,656.
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,845,556.	286,683.		2,521,802.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-2,183,109.			
	b **Net investment income** (if negative, enter -0-)		1,194,403.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,258,463.	191,710.	191,710.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	62,500.	53,141.	53,141.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	13,475,548.	15,521,434.	15,521,434.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	42,392,771.	41,939,550.	41,939,550.
	14 Land, buildings, and equipment: basis ▶ 259,245.			
	Less accumulated depreciation ▶ 112,653.	44,185.	146,592.	146,592.
	15 Other assets (describe ▶ STATEMENT 11)	2,165,611.	1,157,712.	1,157,712.
	16 **Total assets** (to be completed by all filers)	59,399,078.	59,010,139.	59,010,139.
Liabilities	17 Accounts payable and accrued expenses	169,549.	302,913.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	169,549.	302,913.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	58,704,650.	58,390,485.	
	25 Temporarily restricted	524,879.	316,741.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	59,229,529.	58,707,226.	
	31 **Total liabilities and net assets/fund balances**	59,399,078.	59,010,139.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	59,229,529.
2	Enter amount from Part I, line 27a	2	-2,183,109.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN	3	1,721,365.
4	Add lines 1, 2, and 3	4	58,767,785.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	60,559.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	58,707,226.

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Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	REALIZED LOSS ON INVESTMENTS	P	VARIOUS	VARIOUS
b	UNRECORDED K-1 NET REALIZED GAINS & LOSSES	P	VARIOUS	VARIOUS
c	UNRECORDED K-1 NET REALIZED GAINS & LOSSES	P		
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	15,189,685.		15,987,284.	-797,599.
b			35,361.	-35,361.
c	35,361.			35,361.
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				-797,599.
b				-35,361.
c				35,361.
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-797,599.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	4,446,553.	62,153,185.	.071542
2007	5,382,625.	80,586,452.	.066793
2006	3,228,792.	84,127,701.	.038380
2005	3,717,269.	76,167,450.	.048804
2004	3,284,230.	71,303,410.	.046060

2	**Total** of line 1, column (d)	2	.271579
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.054316
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	60,361,812.
5	Multiply line 4 by line 3	5	3,278,612.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	11,944.
7	Add lines 5 and 6	7	3,290,556.
8	Enter qualifying distributions from Part XII, line 4	8	2,683,926.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	23,888.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	23,888.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	23,888.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a: 47,491.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 37,500.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	84,991.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	61,103.
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ 61,103. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.ALLIANCEHF.ORG

14 The books are in care of ▶ ALLIANCE HEALTHCARE FOUNDATION Telephone no. ▶ 858-678-0974
Located at ▶ 5060 SHOREHAM PLACE STE. 350, SAN DIEGO, CA ZIP+4 ▶ 92122

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		413,230.	20,689.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
HAMSE WARFA 5060 SHOREHAM PL. #350 SAN DIEGO, CA	PROGRAM OFFICER 40.00	69,792.	4,066.	0.
ERICA ANZALONE 5060 SHOREHAM PL. #350 SAN DIEGO, CA	PROGRAM ASSISTANT 40.00	52,945.	5,396.	0.

Total number of other employees paid over $50,000 ▶ 3

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE ATTACHED SCHEDULE "B"	0.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	61,103,590.
b	Average of monthly cash balances	1b	116,878.
c	Fair market value of all other assets	1c	60,559.
d	**Total** (add lines 1a, b, and c)	1d	61,281,027.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	61,281,027.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	919,215.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	60,361,812.
6	**Minimum investment return.** Enter 5% of line 5	6	3,018,091.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	3,018,091.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	23,888.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	23,888.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	2,994,203.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	2,994,203.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	2,994,203.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,521,802.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	162,124.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,683,926.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,683,926.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				2,994,203.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006 623,573.				
d From 2007 1,581,924.				
e From 2008 1,353,966.				
f **Total** of lines 3a through e	3,559,463.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ $ 2,683,926.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				2,683,926.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	310,277.			310,277.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,249,186.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	3,249,186.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 313,296.				
c Excess from 2007 1,581,924.				
d Excess from 2008 1,353,966.				
e Excess from 2009				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 14				
Total			▶ **3a**	1,306,656.
b *Approved for future payment*				
NONE				
Total			▶ **3b**	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,406,131.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	900003		14	48,915.	
8 Gain or (loss) from sales of assets other than inventory			18	-797,599.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a K-1 PASSTHROUGH	900003	-7,198.			
b K-1 PASSTHROUGH	900003	7,198.			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		657,447.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	657,447.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer or trustee — Date: 5/11/11 — ▶ Title: CFO

Paid Preparer's Use Only

Preparer's signature: Patricia J. Mayer, CPA — Date: 5/11/11 — Check if self-employed ▶ ☐ — Preparer's identifying number

Firm's name (or yours if self-employed), address, and ZIP code: MOSS ADAMS LLP, 9665 GRANITE RIDGE DRIVE, SUITE 600, SAN DIEGO, CA 92123 — EIN ▶

Phone no. 858-627-1400

Form **990-PF** (2009)

923622
02-02-10

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

ALLIANCE HEALTHCARE FOUNDATION

Employer identification number

33-0340635

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
ALLIANCE HEALTHCARE FOUNDATION	33-0340635

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL AIDS FUND 1030 15TH ST., NW, SUITE 860 WASHINGTON, DC 20005	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: ALLIANCE HEALTHCARE FOUNDATION

Employer identification number: 33-0340635

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: ALLIANCE HEALTHCARE FOUNDATION

Employer identification number: 33-0340635

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

ALLIANCE HEALTHCARE FOUNDATION
JUNE 30, 2010
EIN:33-0340635
FORM:990-PF
SCHEDULE B: SUMMARY OF DIRECT CHARITABLE ACTIVITIES

PROGRAM SERVICE ACCOMPLISHMENTS

Alliance Healthcare Foundation (AHF) supports access to health (care) with a focus on improving the capacity of the care delivery system. Through advocacy, education, and collaborative grant-making, AHF works to improve care for the underserved populations of the greater San Diego region.

Since its inception, AHF has invested more than $43 million in community-based and nonprofit organizations in the San Diego region.

In order to ensure maximum impact and efficiency, AHF underwent an organizational and philosophical restructuring this past year. In FY 2010, the organization identified new strategic priorities and implemented a new grant-making cycle. AHF's grants focus exclusively on programs that serve the greater San Diego region's poorest and most vulnerable communities, identified as people under 250% of the federal poverty line, the working poor, children, and the homeless. Potential grantees must develop programs that illustrate high levels of innovation and collaboration across organizations. Funded programs focus on improving access to health care, including, prevention, primary care, specialty care, and mental health and substance abuse. AHF has an interest in leveraging technology to increase the capacity and coordination of the healthcare delivery system.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDENDS & INTEREST	1,406,131.	0.	1,406,131.
TOTAL TO FM 990-PF, PART I, LN 4	1,406,131.	0.	1,406,131.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
UNRECORDED K-1 PASS THROUGH LOSS	7,743.	0.	
UNRECORDED K-1 PASS THROUGH LOSS	-7,743.	0.	
MISCELLANEOUS INCOME	48,915.	48,915.	
K-1 PASSTHROUGH	-7,198.	0.	
K-1 PASSTHROUGH	7,198.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	48,915.	48,915.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY FEES	29,130.	0.		29,130.
TO FM 990-PF, PG 1, LN 16A	29,130.	0.		29,130.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	92,863.	0.		92,863.
TO FORM 990-PF, PG 1, LN 16B	92,863.	0.		92,863.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	712.	712.		0.
CONSULTING	51,856.	0.		51,856.
PROFESSIONAL SERVICES	186,935.	15,562.		171,373.
TO FORM 990-PF, PG 1, LN 16C	239,503.	16,274.		223,229.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	74,665.	0.		0.
PAYROLL TAXES	36,423.	0.		36,423.
TO FORM 990-PF, PG 1, LN 18	111,088.	0.		36,423.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UTILITIES/PARKING	10,467.	0.		10,467.
MEMBERSHIPS AND SUBSCRIPTIONS	8,028.	0.		8,028.
INSURANCE	23,472.	0.		23,472.
EQUIPMENT RENTALS	6,260.	0.		6,260.
OFFICE SUPPLIES	14,887.	0.		14,887.
POSTAGE	3,329.	0.		3,329.
PUBLIC RELATIONS	22,848.	0.		22,848.
REPAIRS & MAINTENANCE	3,926.	0.		3,926.
TELEPHONE	19,538.	0.		19,538.
K-1 PASS THROUGH DEDUCTIONS NOT RECORDED ON BOOKS	146,469.	146,469.		0.
ADJUSTMENT TO PASS THROUGH DEDUCTIONS TO BOOK NUMBERS	-146,469.	0.		0.
BANK CHARGES	11,570.	0.		11,570.
EQUIPMENT & SOFTWARE	19,371.	0.		19,371.
PROFESSIONAL DEVELOPMENT	11,735.	0.		11,735.
CONTRACT LABOR	712.	0.		712.
SPONSORSHIP	14,420.	0.		14,420.
ACCRUAL TO CASH ADJUSTMENT	0.	0.		-68,085.
TO FORM 990-PF, PG 1, LN 23	170,563.	146,469.	.	102,478.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	60,559.
TOTAL TO FORM 990-PF, PART III, LINE 5	60,559.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
LARGE CAP EQUITIES	15,521,434.	15,521,434.
TOTAL TO FORM 990-PF, PART II, LINE 10B	15,521,434.	15,521,434.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	FMV	27,519,414.	27,519,414.
INTERNATIONAL EQUITIES	FMV	4,507,597.	4,507,597.
PRIVATE EQUITY FUNDS	FMV	9,912,539.	9,912,539.
HEDGE FUNDS	FMV	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		41,939,550.	41,939,550.

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CHARITABLE REMAINDER TRUST	52,982.	52,982.	52,982.
CHARITABLE GIFT ANNUITY	1,104,730.	1,104,730.	1,104,730.
INVESTMENT RECEIVABLE	1,007,899.	0.	0.
TO FORM 990-PF, PART II, LINE 15	2,165,611.	1,157,712.	1,157,712.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KARMA BASS 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	CEO 40.00	175,000.	14,000.	0.
MICK BARBER 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	CFO 40.00	120,000.	6,689.	0.
ROBERT B. MCCRAY 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	19,235.	0.	0.
KATHLYN MEAD 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	17,240.	0.	0.
ELIZABETH MCPHAIL 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	17,465.	0.	0.
JOE RAMSDELL 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	12,600.	0.	0.
SEAN P. SHEPPARD 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	11,400.	0.	0.
DONALD JONES 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	9,200.	0.	0.
ROSEMARIE MARSHALL JOHNSON, M.D. 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	12,800.	0.	0.
STACEY LIEKWIG 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	0.	0.	0.
JEFFREY S. WILLMANN 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	8,690.	0.	0.

ATUL PATEL 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	TRUSTEE 2.00	9,600.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		413,230.	20,689.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 13
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

HAMSE WARFA, PROGRAM OFFICER
5060 SHOREHAM PLACE, SUITE 350
SAN DIEGO, CA 92122

TELEPHONE NUMBER

(858)678-0974

FORM AND CONTENT OF APPLICATIONS

PROVIDE A LETTER OF INTENT (DETAILING PROJECT, RATIONALE AND BUDGET), AND A COPY OF THE IRS EXEMPT STATUS DETERMINATION LETTER. UPON REVIEW, APPLICANTS WILL BE REQUIRED TO SUBMIT A FULL PROPOSAL REQUEST INCLUDING SUPPORTING DOCUMENTATION.

ANY SUBMISSION DEADLINES

FALL AND SPRING DUE DATES TO APPLY. SEE WEBSITE (WWW.ALLIANCEHF.ORG) FOR DETAILS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THERE ARE LIMITATIONS ON FUNDS FOR RESEARCH, LOBBYING AND PROJECT CONTINUATION. FUNDING IS PROVIDED PRIMARILY TO HEALTHCARE PROGRAMS THAT PROMOTE ACCESS TO HEALTHCARE FOR THE MEDICALLY UNDERSERVED IN SAN DIEGO COUNTY.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 14

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
211 SAN DIEGO, INFO LINE OF SAN DIEGO COUNTY P. O. BOX 881307 SAN DIEGO, CA 92168	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	25,000.
BOYS & GIRLS CLUBS OF GREATER 115 WEST WOODWARD AVE. SAN DIEGO, CA 92025	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	25,000.
CALIFORNIA RURAL LEGAL ASSISTANCE 631 HOWARD ST., SUITE 300 SAN DIEGO, CA 94105	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	17,313.
CASA DE AMPARO 3355 MISSION AVENUE, SUITE 238 SAN DIEGO, CA 92054	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	26,387.
CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DRIVE SAN DIEGO, CA 92109	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	19,693.
CITY OF CHULA VISTA PSB NORTH (BUILDING 300), 276 4TH AVENUE SAN DIEGO, CA 91910	NOT RELATED HEALTH CARE PROGRAMS	GOVERNMENT	14,000.
CLINICAS DE SALUD DEL PUEBLO 1166 K STREET IMPERIAL, CA 92227	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	19,033.
COUNCIL ON COMMUNITY CLINICS P.O. BOX 880969 SAN DIEGO, CA 92168	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	5,000.

COUNTY OF SAN DIEGO HEALTH 6950 LEVANT STREET SAN DIEGO, CA 92111	NOT RELATED HEALTH CARE PROGRAMS	GOVERNMENT	148,482.
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	20,000.
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	93,694.
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	25,000.
HORN OF AFRICA COMMUNITY 5296 UNIVERSITY AVENUE., SUITE F SAN DIEGO, CA 92105	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	12,310.
HORTON ELEMENTARY SCHOOL 5050 GUYMON STREET SAN DIEGO, CA 92102	NOT RELATED HEALTH CARE PROGRAMS	170B1AIV	5,000.
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN DIEGO, CA 92069	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	53,257.
PHOENIX HOUSE SAN DIEGO, INC. 3276 ROSECRANS STREET, SUITE 204 SAN DIEGO, CA 92110	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	21,370.
REGIONAL TASK FORCE ON THE HOM 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	19,493.
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	35,191.

SAN DIEGO FOUNDATION FOR CHANGE 3758 30TH STREET SAN DIEGO, CA 92104	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	7,500.
SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE #350 SAN DIEGO, CA 92122	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	25,000.
SAN DIEGO HUMAN DIGNITY FOUNDATION P.O. BOX 33245 SAN DIEGO, CA 92163	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	275,857.
SAN DIEGO ORGANIZING PROJECT 4305 UNIVERSITY AVE, SUITE 530 SAN DIEGO, CA 92105	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	18,132.
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DRIVE SAN DIEGO, CA 92108	NOT RELATED HEALTH CARE PROGRAMS	170B1AIV	60,000.
SAN DIEGO STATE UNIVERSITY 4100 NORMAL STREET SAN DIEGO, CA 92103	NOT RELATED HEALTH CARE PROGRAMS	170B1AIV	2,500.
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET SAN DIEGO, CA 92103	NOT RELATED HEALTH CARE PROGRAMS	170B1AIV	50,700.
SAN DIEGO SECOND CHANCE PROGRAM 6145 IMPERIAL AVENUE SAN DIEGO, CA 92114	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	30,500.
THE CENTER TO PROMOTE HEALTHCARE, DBA SOCIAL INTEREST SOLUTIONS - 1333 BROADWAY, SUITE 1020 ALAMEDA, CA 94612	NOT RELATED HEALTH CARE PROGRAMS	509(A)(1)	194,445.
UNITED AFRICAN AMERICAN 4981 MARKET STREET SAN DIEGO, CA 92102	NOT RELATED HEALTH CARE PROGRAMS	509(A)(2)	56,799.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			1,306,656.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	ALLIANCE HEALTHCARE FOUNDATION	33-0340635
	Number, street, and room or suite no. If a P.O box, see instructions. 5060 SHOREHAM DRIVE, NO. 350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN DIEGO, CA 92122	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ALLIANCE HEALTHCARE FOUNDATION
  Telephone No ▶ 858-678-0974 FAX No. ▶ 858-874-3656
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16, 2011.

5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO OBTAIN THE INFORMATION NECESSARY TO FILE AND COMPLETE AN ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	84,991.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	84,991.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Form **8868** (Rev. 1-2011)

923842
01-03-11